State of New Jersey

Department of Human Services

North Jersey Developmental Center Year Four Closure Report

NJ DHS Office of Research, Evaluation & Special Projects

Table of Contents

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[6] complicate year-to-year comparisons.

This report presents data for the fourth year following the closure of North Jersey Developmental Center. It addresses the topics mandated in legislation focusing on persons, settings, services and outcomes. Unless specified, tables and graphs depict information for Year 4. Contextual comparisons as feasible and appropriate are made between consumers moved into community placements and those residing in developmental centers. Information was obtained from many sources and utilized varied methodologies including consumer and family surveys, specialized

[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: https://www.state.nj.us/humanservices/news/hottopics/Final_Task_Force_Report.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] Mortality and movements, primarily from DC's to the community and both DC and community to SNF reduce the population sizes as well as alter the characteristics of both community and DC cohorts.

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.

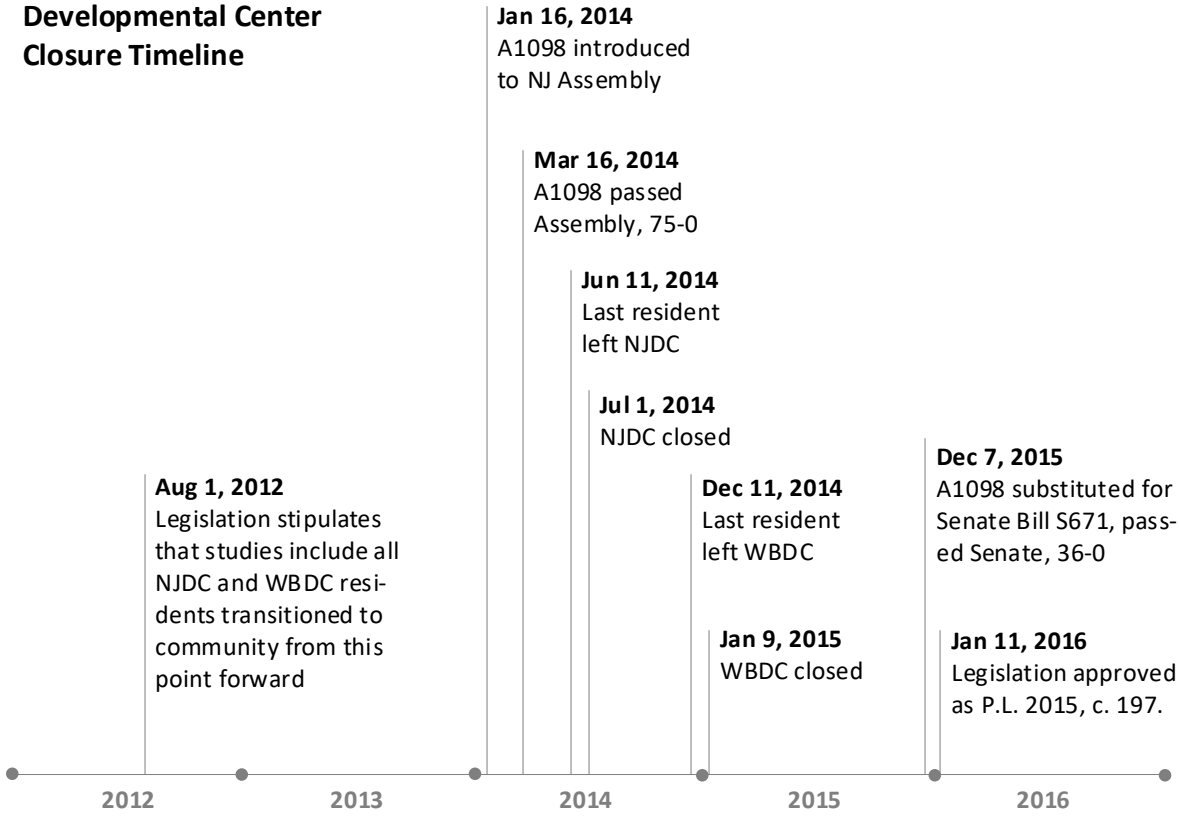

Figure 1 Timeline of DC closure

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 third report[7] cover the period from July 1, 2017 until June 30, 2018. At the start of that time period, there were 300 members remaining in the cohort. Fifty-nine individuals are not part of this report. Thirteen individuals passed away prior to placement from North Jersey. Following placement, 36 passed away in developmental centers (n=16), community placements (n=11), hospice (n=1) and skilled nursing facilities (n=8). One person was

[7] Covering Year 4 post-closure.

discharged before NJDC closed and two individuals were discharged subsequent to leaving NJDC. There were six deaths and one discharge during the third year.

Table 1 Cohort attrition

Cohort Attrition	Year 1& 2	Year 3	Year 4
Individuals at the start of the report period	359	307	300
Pre-placement deaths	13	--	--
Deaths	36	6	9
Discharges	3	1	--

Residential Settings

At the start of the report period, there were 300 former North Jersey Developmental Center residents. A total of 128 individuals or 42.7% of the 300 former North Jersey Developmental Center residents were residing in other developmental centers. Of the remaining 172 residents, 167 were living in the community. Four residents were in Skilled Nursing Facilities (SNF) and one was in a state psychiatric hospital. This report focuses on the 128 individuals residing in developmental centers and 167 persons living in the community.

Of the 128 individuals from North Jersey who were living in Developmental Centers at the start of the report period, 59.4% resided in either New Lisbon or Vineland. An additional 15.6% resided in Green Brook, 13.3% were living in Hunterdon and 11.7% in Woodbine.

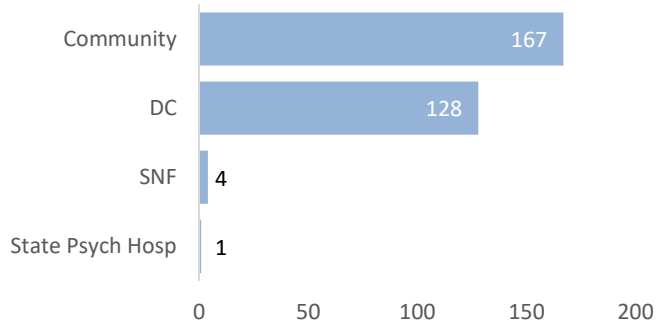

Figure 2 Placements from North Jersey by type as of 7/1/2017

Table 2 DC residents at start of report period by placement

Developmental Center	N	%
New Lisbon	41	32.0%
Vineland	35	27.3%
Green Brook	20	15.6%
Hunterdon	17	13.3%
Woodbine	15	11.7%
Total	128	100.0%

Table 3 Characteristics of North Jersey residents on July 1, 2017 (n=300)

Characteristics	Year 4
Gender	
Female	50.3%
Male	49.7%
Age Group	
22 - 44 years	22.7%
45 - 54 years	27.3%
55 - 64 years	29.7%
65+ years	20.3%

Persons

The 300 former NJDC residents who were cohort members in July 2017, were

nearly evenly split by gender (50.3% were female) and tended to be 55 years of age or older. The mean age of the population was 54.3 years.

Table 4 Guardians of DC and community residents by study year

Guardian Type by Placement	Year 1/2		Year 3		Year 4	
	N	%	N	%	N	%
Developmental Center	156		137		128	
Private (Family)	97	62.2%	85	62.0%	81	63.3%
State Guardian	43	27.6%	39	28.5%	35	27.3%
Self/Pending	16	10.3%	10	7.3%	12	9.4%
Community	181		167		167	
Private (Family)	92	50.8%	93	55.7%	94	56.3%
State Guardian	64	35.4%	53	31.7%	52	31.1%
Self	25	13.8%	21	12.6%	21	12.6%

Placement decisions were approved by the residents' guardians. Of the 128 former residents of North Jersey who were living in other developmental centers at the start of the fourth year of the study, 81 or 63.3% had private guardians, primarily parents[8] and siblings. This group also included grandparents, aunts/uncles, cousins, and friends. Just over one-fourth (35 or 27.3%) of former residents had state guardians and twelve (9.4%) consumers served as their own guardian.

Among the 167 former North Jersey residents living in community settings at the start of Year 4, private guardians were also more common with 56.3% of the residents having private guardians, predominantly parents or siblings. A total of 31.1% of community residents had state guardians[9]; twenty-one (12.6%) consumers served as their own guardian.

There were no guardianship changes during Year 4 for the DC residents.[10] There were two guardianship changes during Year 4 for the community residents[11]. One community resident had a state guardian at the start of Year 4 and a private guardian by the end of the report period. The other individual had a private guardian at the start of Year 4 and served as their own guardian by the end of the year.

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

[9] Of the three individuals in the community who passed away during Year 4, one had a state guardian and two had a private guardian. Of the six individuals in the DC who passed away, two had state guardians and four had private guardians.

[10] One individual was in a DC at the start of Year 4, but was transferred to a SNF and their guardianship status by the end of the year was unknown.

[11] Guardianship changes for four individuals are not available. Two of the individuals were under the care of DCF, one was in a SNF and one was discharged from DDD services at the time of data collection.

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, 2017 through June 30, 2018. Changes included movement from a developmental center into a skilled nursing facility, a transfer from one community placement agency to another or a move from one developmental center to another. Additionally, moves included a transfer 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.[12]
- 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).[13]

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 4. Four of the five individuals only moved once. Of these four, three individuals moved from one group home to a SNF and one individual, moved from a group home to a supervised apartment operated by a different agency. One of the five moved from a group home to a state psychiatric hospital and then back to a group home operated by a different agency[14].

Of the 128 North Jersey residents who were placed in other developmental centers, two or 1.6% moved in Year 4. Both of the residents each moved once to a skilled nursing facility from a developmental center.

[12] 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.

[13] 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 looked for and examined the Pre-Admission Screening and Resident Review (PASRR) document for guidance.

[14] This individual's hospitalization lasted 227 days and was discharged back to the community before the end of Year 4.

Two individuals moved into the community during the report period; one from a state psychiatric hospital[15] and the other from a SNF.

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.[16]

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 17 community placements was selected.[17] The weekly per capita hours of direct service staffing averaged 72.0 with hours that ranged from 50.4 to 111.0 hours per person per week.

The number of direct care staffing hours was highly correlated with the number of individuals living in the home.[18] 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.[19]

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[15] This individual's hospitalization lasted 594 days, starting in year 3 and including 354 days during the Year 4 reporting period. This individual was discharged back to the community before the end of Year 4.

[16] 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.

[17] Every individual was assigned a random number and the seventeen largest was selected and the program descriptions for their community facilities reviewed.

[18] Pearson correlation = .833

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

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 167 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	4	2.4
Senior Care	1	0.6
Retired (no formal programming)	3	1.8
Mental Health Day Programming	1	0.6
Competitive employment	1	0.6
Own home (formal supports)	1	0.6
None available[21]	1	0.6
Total	165	100.0

Four individuals participated in State Plan Medicaid-funded medical day programs.[22] One individual was in senior care and one individual was attending mental health day programming.

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 medical needs.[23]

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.[24] Adult Medical Day program transportation is funded through State Plan Medicaid. In addition, some

[20] Two individuals were in the care of DCF and were not included in this analysis.
[21] Individual was not participating in day programming due to changing medical needs.
[22] See https://www.state.nj.us/humanservices/doas/services/adc/
[23] See footnote 20. Staff noted day activities for this individual as being "none available."
[24] See Section 17.6 Day Habilitation of Community Care Program Policies & Procedures Manual https://www.state.nj.us/humanservices/ddd/documents/community-care-program-policy-manual.pdf & Section 17.7 Day Habilitation of Supports Program Policies & Procedures Manual https://www.nj.gov/humanservices/ddd/documents/supports-program-policy-manual.pdf

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."[25] 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 electronic records and group home staff.[26] Annual physical dates were unavailable for 11 individuals.[27] Analysis showed that 141 of 156 individuals or about 90.4% had an annual medical examination during Year 4. Of the fifteen individuals who did not receive a routine medical examination, three passed away before their scheduled annual examination date, two were in skilled nursing facilities around the time of their scheduled annual exam and ten annual exams were completed just before and/or after the report period.

The licensing standards for residents of group homes as set forth in New Jersey's Administrative Code[28] 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 DDD's electronic records. 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 126 individuals or 76.4% of the 165[29] in the community received an annual dental care examination during Year 4. Seventeen individuals had Medicaid claims for some dental procedures, albeit not an annual oral examination. Twenty-two had no Medicaid dental claims during the Year 4 report period. In nine of the twenty-two instances, documentation of dental examinations was located within electronic records or provided by group home staff, but not a Medicaid claim. These individuals may have private insurance or Medicare. There were thirteen individuals with no Medicaid claims or documentation of a completed dental exam during Year 4. Of

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

[26] Due to the transition to support coordination and migration from the ALA tool to a new monitoring tool and service plan during the Year 4 reporting period, annual physical dates for some individuals were unavailable. Calls and visits to group homes in the spring and summer of 2019 were adapted to collect annual physical dates. The change in data sources results in lack of comparability between previous reports.

[27] Reasons included not receiving services through DDD, missing documentation and change in providers.

[28] Ibid.

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

the thirteen who did not have an annual dental during the report period, five had exams immediately prior to and shortly after the end of the report period. Another individual who lived within their own private residence did not have an exam completed due to guardian preference. One individual's exam was delayed by insurance complications but was completed shortly after the end of the report period. Another individual had a dental exam the month before the report period began and completed their next exam about six months after the report period ended. One individual passed away prior to their exam date. Another individual refused treatment at an appointment right before the report period began and another appointment was attempted shortly after the report period ended. Two individuals' documentation was not recoverable and of those two, one was not available because at the time of data collection the individual was discharged from DDD services. The last individual completed an exam right before the report period began and due to a health incident had to reschedule their subsequent exam. The rescheduled exam was completed during the fifth year report period. Common barriers are typically hospitalizations and 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 4

Placement History	Total	Any Dental Procedure	%	Routine Annual Dental Exam	%
Community	120	106	88.3%	92	76.7%
Other DC then Community	45	37	82.2%	34	75.6%
Total	165	143	86.7%	126	76.4%

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 emergency.[30] 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

Table 7 ER visits during Year 4

# of ER Visits	N	%
0	54	32.3%
1	47	28.1%
2	23	13.8%
3	10	6.0%
4	8	4.8%
5	5	3.0%
6	5	3.0%
7	3	1.8%
8	1	0.6%
9	2	1.2%
10	0	0.0%
11+	9	5.4%
Total	167	100.0%

[30] See https://www.nj.gov/humanservices/ddd/providers/providerinformation/danielle/

Table 8 Top 3 reasons for ER visits

Reason for ER visit	N
Head, scalp and related injuries, abrasions, contusions and lacerations	76
Psychiatric conditions	68
Other injuries, abrasions, contusions, lacerations, fractures or sprains not involving the head	41

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 4, eighty-four individuals, or 50.3% 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.[31] There were a total of 217 Danielle's Law incidents among these 167 residents, of which about three-quarters (77.9%) were medically-driven and 22.1% were behaviorally-driven.

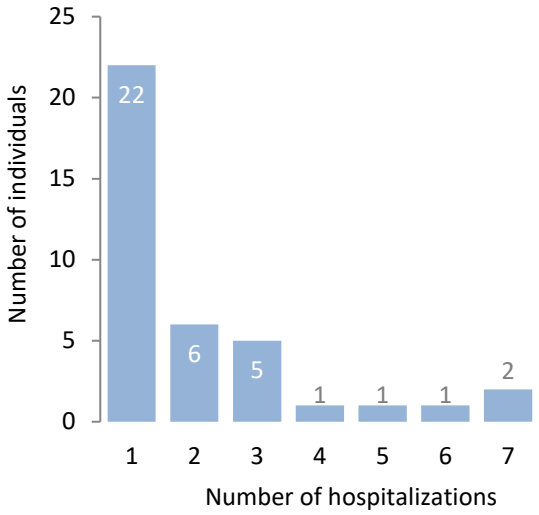

Figure 3 Number of hospitalizations in Year 4

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, 113, or 67.7%, had emergency room visits during Year 4. The number of visits ranged from one to more than ten, with a mean of 3.4 (among those with visits). The most common reason given for the emergency room visit was a head, scalp or related injury, abrasions, contusions and lacerations; psychiatric, behavioral or developmental disabilities or disorders; and other injuries, abrasions, contusions, lacerations, fractures or sprains not involving the head.

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 87 hospitalizations. Leading reasons for hospitalization included psychiatric disorders, sepsis, and cardiovascular conditions.

[31] Compared to 64.2% in the Initial Period from 7/1/13 to 6/30/15, 56.2% in Year 2 and 55.7% in Year 3.

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 assessments are completed by staff members who know the individual best.

Table 9 Top 3 reasons for hospitalization

Reasons for hospitalizations	N
Psychiatric disorders	13
Sepsis	11
Cardiovascular conditions	10

The information reported here is for Year 4 and compares scores for individuals placed in the community to those placed in other DCs. Data were available for 144 of the 167 community residents and 116 of the 128 DC residents. Within group comparisons were also made between Years 1/2 and 4,[33] including determination of statistically significant differences in these scores

[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 4 (n=116) and those who were in community placements in both years (n=101).

The cognition scale consisted of 21 items. 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 21 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. The average scale score for the community residents was 5.14 (n=144) and for the DC residents was 4.81 (n=116).

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 or one.

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 10) show that most 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.[34]

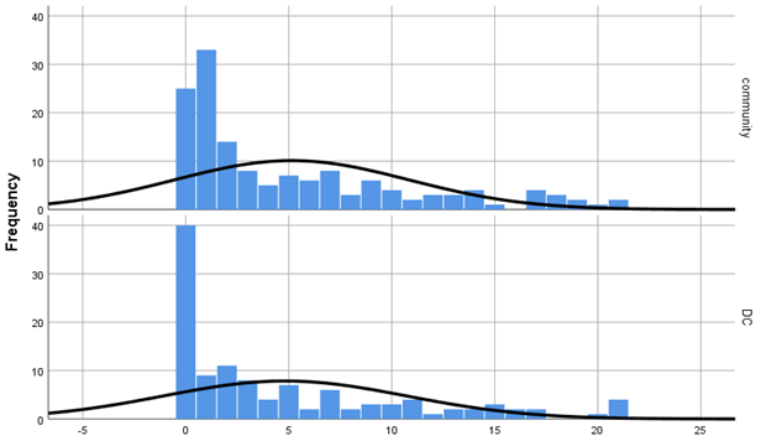

Figure 4 Cognition scores of community and DC residents

Table 10 Percentage with a cognitive limitation by type of residence

Limitation	Community	DC
No substantial limitation	5.6%	4.3%
Substantial limitation	94.4%	95.7%

Comparisons between Year 1/2 and Year 4 cognition scores for individuals in the community and DC could not be made due to the majority of individuals scoring on the lower end.

[34] 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.

The average scale score for community residents was 19.9. The DC residents' mean was slightly higher at 20.4. 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.[35]

The key difference is the large number with scores of zero among the DC population.

A comparison of Years 1/2 and 4 showed a statistically significant decrease in self-care scale scores for community residents. The DC residents showed a statistically significant increase in self-care scale scores, though the increase was slight.

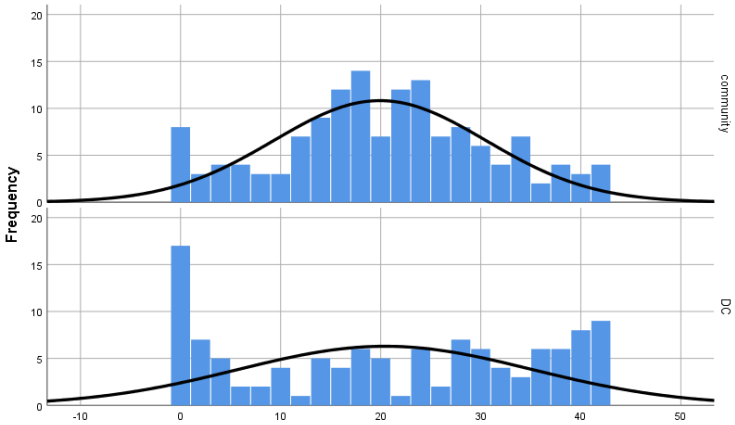

Figure 5 Basic self-care scores of community and DC residents, Year 4

This question captured mobility: *"Does (name) walk independently without difficulty, without using a corrective device, and/or without receiving assistance."* Analysis of Year 4 data shows 45.1% of the community residents and 44.8% of the DC residents were able to walk independently. Differences between the community and DC cohorts were not statistically significant.[36] Comparisons of Year 1/2 and Year 4 mobility scores show that fewer individuals walk independently in Year 4 in the community, 60.4% in Year 1/2 and only 43.6% in Year 4. These differences were statistically significant. By contrast in the DC, 45.7% walked independently in Year 1/2 and 44.8% were walking independently in Year 4. This slight decrease in mobility was statistically significant.

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

Consumer Interviews

Table 11 Consumer interviews: eligibility and completion

Population	Eligible (NJCAT)	Able to Complete
Original Community Placement	20	18
DC to Community	14	14
Total	34	32

Research staff interviewed consumers in order to determine their satisfaction with residential placements and whether they would prefer to return to a developmental center. Interviews with former residents aren't appropriate in every case. For the purposes of this study the authors determined that interview subjects should, at a minimum, be able to make comparisons and recollect past experiences. Four items from the most recent NJCAT evaluation were the criteria that had to be met in order for an individual to be selected: the ability to remember events that happened a month or more ago; the ability to understand the difference between yesterday, today and tomorrow; the ability to use a few simple words, signs or picture symbols; and finally, the ability to understand a joke or story.[37]

Many residents had significant cognitive impairment and could not be interviewed. Of the original community placements, twenty were determined eligible to be interviewed based on the NJCAT evaluations. An additional fourteen individuals initially placed in other developmental centers but subsequently given community placements were also eligible for interviews. Two individuals could not complete interviews due to cognitive or other limitations. A total of thirty-two interviews were successfully completed. 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 thirty-two community residents who were interviewed about their housing preferences, seventeen preferred their current residence. The reasons they gave often had to do with greater freedom, satisfaction with day programming, meals, and less noise. One individual stated "I'm not leaving here; I like it here." Another individual said, "I get to go out here more, they take me everywhere." Former NJDC residents talk about having televisions, gaming consoles, stereos, bicycles, and cell phones, as well as 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 negative experiences in the developmental center. One person said with reference to NJDC, "I'm so happy to be out of North Jersey."

Some shared positive recollections of North Jersey and were open to returning to NJDC. One missed the staff, former residents and the gym; another reported having a friend there. One individual who said of NJDC, "They used to take us to Christmas parties. They cook good. They cook good here, too. I miss going on the trips at North Jersey. In the summer time they had dances." This former NJDC resident didn't share any complaints about their current life however,

[37] The individuals identified using the first year NJCAT scores were interviewed for the third and fourth year.

they missed elements of the developmental center. One other individual was unhappy with their job because, compared to his job at North Jersey, he was paid much less.

Twelve individuals wanted to live somewhere else and of those, one has since moved. Among those who wished to live somewhere else, reasons included wanting to live with or in closer proximity to family, a desire to live more independently, a wish to find a better housemate situation, or the desire to return to a previous living situation, either another group home or a 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, family/guardian surveys and staff members from individual's residences.[38] There were 6 of 167 individuals who had missing or invalid data. Of the 161 with information regarding family, results show that 18 had no involved family.

Table 12 Family involvement among community residents

Family involvement	N	%
Family involved	143	88.8%
No family	18	11.2%

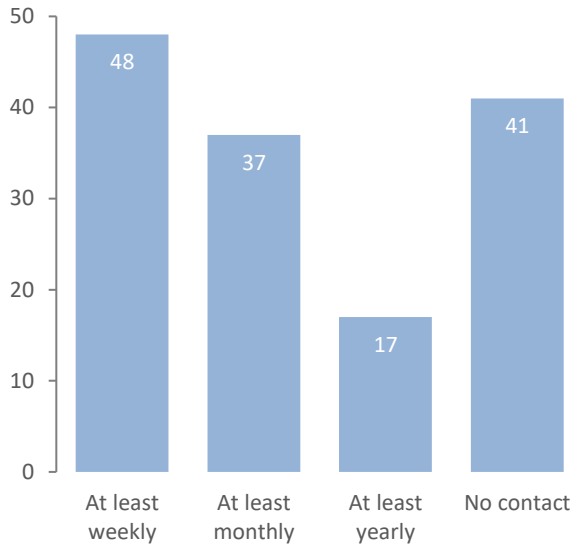

Figure 6 Frequency of family contact during reporting period (N= 143)

[38] Due to the transition to support coordination and migration from the ALA tool to a new monitoring tool during the Year 4 reporting period, ALA's for some individuals were not available. A new question on the Year 4 family/guardian survey, other documents in the DDD electronic records and calls and visits to group homes in the spring and summer of 2019 were adapted to capture the frequency of family contact. The change in data sources results in lack of comparability between Years 1/2 and Year 4. See Appendix A for family contact question.

Of the remaining 143 with family and information regarding the frequency of contact, 41 had no contact with family. Of the 102 with annual contact, 48 had at least weekly contact; 37 had at least monthly contact; 17 had contact at least once during the year.[39]

Of the 167 community residents, data regarding access to peers were available for 141 individuals. All 141 individuals had access to peers. The frequency of access to peers was available for 124 of the 167 individuals; contact with peers amongst this group was primarily on a daily basis.[40]

Year 4 Family/Guardian Survey: Community Residents

The study also incorporated the perspectives of private guardians about the North Jersey cohort's quality of life in the current residence. A survey[41] was mailed to the family/guardians of everyone (n=80) 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 6, 2019, 58 surveys had been received from 97 family/guardians. These 58 responses included two residents with two family respondents each; one survey for each consumer was chosen at random, leaving 56 surveys and a response rate of 70.0%. Fifty-three respondents (94.6%) were related to the former North Jersey resident, while three were unrelated private guardians (5.4%). Relatives were primarily either siblings (58.9%) or parents (30.4%). Other family members included a grandparent and niece or nephews (5.4% combined).[42]

Most (94.5%) of the respondents (n=52) 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 respondents contacted staff at the residence. Twenty respondents had contact with residents by phone or email. The totals summed to more than 55, because respondents could have multiple methods of contact. For example, nine individuals both visited and had contact via phone or email. Of the twenty respondents who contacted staff, eighteen also visited the residence. There were nine respondents who visited the resident, contacted staff at the residence and contacted the resident by phone or email.

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[39] The ALA form documents family contact by either the month or quarter. The ALA data were available for 120 of the 167 residents placed in the community. Other documents on the electronic records provided family contacts for 10 individuals, calls/visits to the group home provided 15, and the family/guardian survey provided 16.

[40] Comparisons between Year 1/2 and Year 4 were not made due to new data sources beginning in Year 3 and resulting lack of comparability.

[41] See Appendix. Items were based upon surveys conducted of previous institutional closures in New Jersey.

[42] Changes in guardianship relationships from previous year's report may reflect differences in who responded to the survey.

[43] One respondent left the contact question blank; the percentage was calculated on the basis of the 55 respondents who answered the question.

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

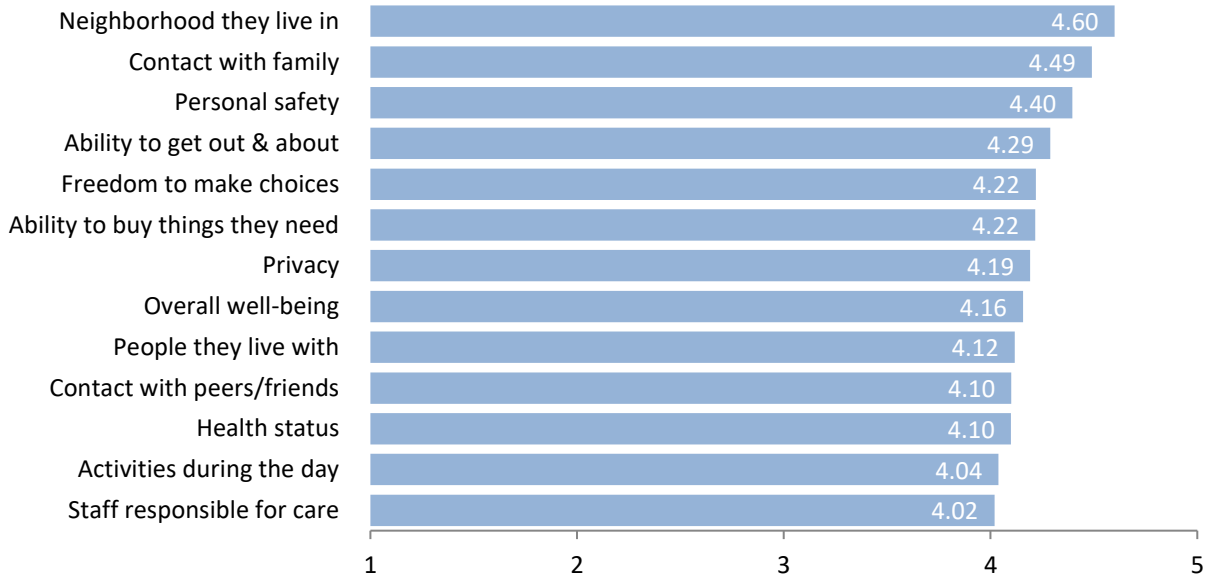

Figure 7 Family guardian perceptions of consumer's current living situation

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 staff responsible for their care.

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.

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

Ratings were assigned scores as follows: “very satisfied”= 5; “somewhat satisfied” = 4; “neither satisfied nor dissatisfied” = 3; “somewhat dissatisfied” = 2; and “very dissatisfied” = 1.

High reported satisfaction in programming and services as shown in Figure 8 was evident in the item averages, which ranged from a low of 4.14 to a high of 4.51, where a 5 indicates the respondent is very satisfied. The rating for average satisfaction with transportation to appointments or programs at 4.51 was the highest for any of the community programming ratings.

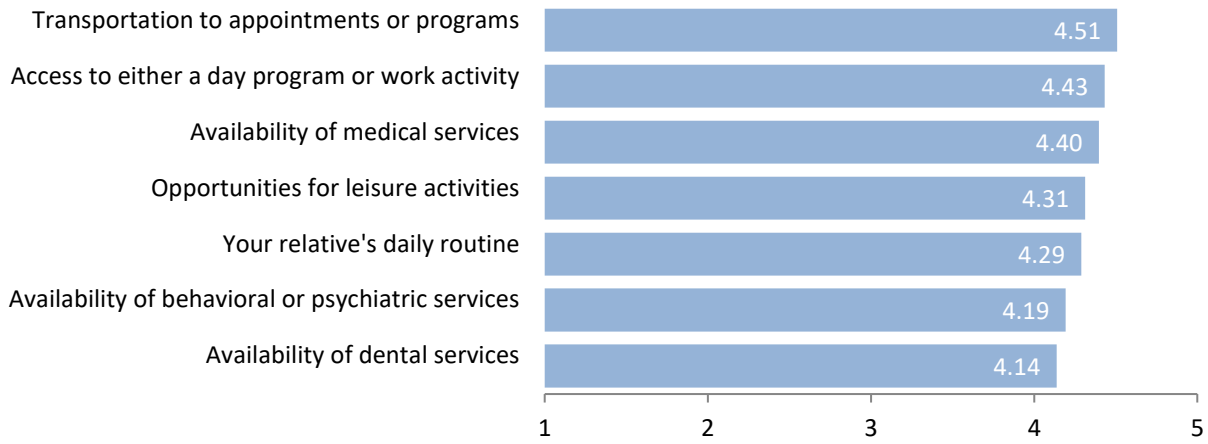

Figure 8 Average ratings of programming and services (higher scores indicate greater satisfaction)

Year 4 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 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=72) 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.

Family/guardians who did not respond to the initial mailing received a postcard reminder followed by up to three phone calls. As of July 6, 2019, 63 surveys had been received from 105 family/guardians. These included nine residents with two family respondents each and one resident with three respondents; one survey for each consumer was chosen at random, leaving 52 surveys and a response rate of 72.2% for the 72 DC residents. All of the respondents were family members, primarily siblings (50.0%) or parents (32.7%); Four of the respondents (7.7%) were cousins, and two respondents (3.8%) each of aunts/uncles and grandparents. One respondent was a niece/nephew (1.9%).

Asked to rate how their relative is doing overall. 42 of 56 (75.0%) guardians of community residents and 45 of 52 (86.5%) guardians of other developmental center residents reported their

relative was doing "Excellent" or "Good." Twelve (21.4%) guardians of community residents and five (9.6%) guardians of residents of other developmental centers rated their relative as doing "Fair/Poor." Two (3.6%) guardians of community residents and two (3.8%) guardian of a resident in another developmental center did not answer the question or responded "don't know."

Table 13 Guardian perception of relative's well-being

How relative is doing overall	Community (n=56)	DC (n=52)
Excellent/Good	75.0%	86.5%
Fair/Poor	21.4%	9.6%
Don't know/Missing	3.6%	3.8%

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 DC residents were significantly happier (or less apt to be unhappy) with the activities their relatives had access to during the day, staff responsible for their care, and availability of medical services. Family guardians of DC residents were significantly less worried about their relative's level of supervision, preparation of staff to handle behavioral or medical problems and staff turnover.

Table 14 Changes to individual's situation over the past year

Types of changes	Community (n=56)		DC (n=52)	
	N	%	N	%
Has different staff caring for him/her	35	62.5%	23	44.2%
Moved to a different residence	6	10.7%	3	5.8%
Has a different roommate	11	19.6%	11	21.2%
Attends a different day program	12	21.4%	---	---

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 (62.5%) and the least frequent change was moves to a different residence (10.7%). Guardians of developmental center residents also reported that the most frequent change was in staff caring for the relative (44.2%) and the least frequent change was moves to a different residence (5.8%).

Family/Guardian Survey: Year 1/2 and Year 4 Comparisons

The results from surveys of family guardians who completed a survey for both the Year 1/2 and the Year 4 report periods were compared. There were 40 family members of individuals living in DCs and 44 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 a minimum, in the positive categories, ranging primarily from happy to very happy.

Table 15 Comparison of average family guardian ratings of happiness with aspects of current living arrangement, Year 1/2 and Year 4.

	Community (n=44)				DC (n=40)			
Community & Social Interaction	**Year 1/2 Mean**	**Year 4 Mean**	**Difference**	**N**	**Year 1/2 Mean**	**Year 4 Mean**	**Difference**	N
Freedom to make choices	4.21	4.39	0.18	28	4.22	4.39	0.17	23
Contact with peers/friends	4.21	4.18	-0.04	28	4.32	4.32	0.00	31
Neighborhood they live in	4.67	4.61	-0.06	36	4.49	4.49	0.00	37
Ability to buy things they need	4.48	4.30	-0.17	23	4.46	4.54	0.07	28
Privacy	4.44	4.26	-0.18	34	4.41	4.41	0.00	34
Contact with family	4.71	4.51	-0.20	41	4.67	4.53	-0.14	36
Personal safety	4.53	4.33	-0.20	40	4.55	4.61	0.05	38
Activities during the day	4.23	3.98	-0.25	40	4.34	4.57	0.23	35
People they live with	4.30	4.00	-0.30	37	4.40	4.26	-0.14	35
Ability to get out & about	4.59	4.26	-0.33	39	4.28	4.14	-0.14	36
Health status	4.43	4.03	-0.40	40	4.41	4.31	-0.10	39
Staff responsible for care	4.49	4.08	-0.41	39	4.67	4.59	-0.08	39
Overall well-being	4.56	4.08	-0.49	39	4.46	4.49	0.03	39

Note: Sample sizes vary by item due to variations in item response; the term, “mean” is synonymous with the average score.

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 freedom to make choices more highly in Year 4 than Year 1/2. The remaining ratings decreased two years later. Despite these numeric decreases, ratings primarily fell between somewhat happy and very happy.

DC guardians rated five of the thirteen items higher in Year 4 than Year 1/2. The most improvement in happiness was reported for the consumers’ activities during the day, freedom to make choices and ability to buy things they need. The freedom to make choices improved among family/guardians of consumers in both the community and DCs. Conversely, perceived happiness

with contact with family, people they live with, ability to get out and about, health status and staff responsible for their care declined in both placement settings.

Table 16 Comparison of average family guardian ratings of satisfaction with aspects of current living arrangement, Year 1/2 and Year 4.

	Community (n=44)				DC (n=40)			
	Year 1/2 Mean	Year 4 Mean	Difference	N	Year 1/2 Mean	Year 4 Mean	Difference	N
Opportunities for leisure activities	4.30	4.35	0.05	37	4.49	4.40	-0.09	35
Availability of behavioral or psychiatric services	4.29	4.31	0.03	35	4.56	4.56	0.00	34
Your relative's daily routine	4.41	4.26	-0.15	39	4.66	4.63	-0.03	32
Access to either a day program or work activity	4.53	4.35	-0.18	40	4.45	4.35	-0.10	31
Availability of dental services	4.44	4.21	-0.23	39	4.59	4.50	-0.09	32
Availability of medical services	4.68	4.37	-0.32	41	4.76	4.78	0.03	37
Transportation to appointments or programs	4.88	4.46	-0.41	41	4.65	4.65	0.00	34

Note: Sample sizes vary by item due to variations in item response; the term "mean" is synonymous with the average score.

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 4 were compared to Year 1/2. All averages for Year 4 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 opportunities for leisure activities showed the largest average increase. Community guardians rated their relatives' daily routine, access to either a day program or work activity, availability of dental services, availability of medical services, and transportation to appointments or programs lower the fourth year than the first and second years. The DC guardians rated availability of medical services slightly higher the fourth year. The DC guardians rated all of the aspects lower in Year 4, except for transportation to appointments and availability of behavioral or psychiatric services which remained the same.

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 community rating decreased by 0.32 and the DC average remained the same.

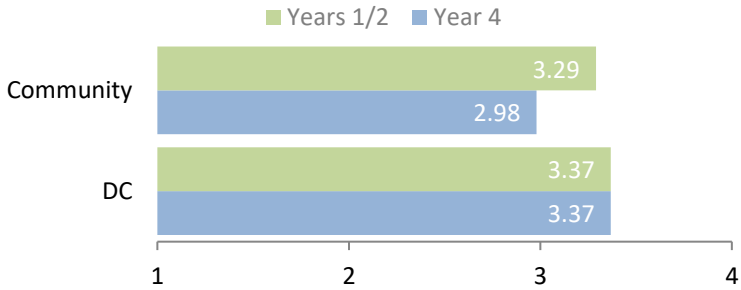

Figure 9 Average community (n=41) and DC guardian (n=38) overall ratings of current living situation by reporting year.

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.[45] 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 not statistically significant.[46]

Among community residents present in Year 1/2 and Year 4 (n=101), medical supports scores could not be tested for statistical significance due to the small number of residents in the community both years and all of the numerous possible changes each resident can experience. The percentage needing specialized medical increased 6.9 percentage points while the percentage without any on-site medical care decreased 12.9 percentage points. The DC residents' medical supports scores also could not be tested for statistical significance from Year

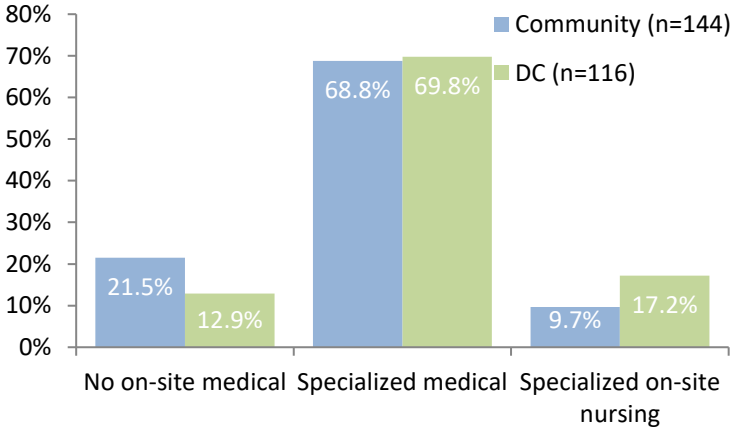

Figure 10 Medical assistance by residential placement type, Year 4

[45] 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.

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

1/2 to Year 4 (n=116). The categories with the largest change were specialized medical with a 6.0 percentage point increase and a 4.4 percentage point decrease of specialized on-site nursing.

The Behavioral Supports Level has scores ranging from 1 to 4, with higher scores associated with behaviors requiring more intensive support and environmental modifications.[47]

A comparison of data for community and DC residents shows that most community residents needed formal or intensive behavioral health supports (87.5%). While a plurality (53.5%) of DC residents also needed formal or intensive supports, a much larger percentage (32.8%) had no on-site behavioral health support needs compared to only 6.3% 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.[48]

Among community residents present in Year 1/2 and Year 4 (n=101), behavioral supports scores could not be tested for statistical significance due to the small number of residents in the community both years and all of the numerous potential changes each resident could experience. The category with the largest change was intensive supports which increased by 7.0 percentage points; there was a corresponding 7.9 percentage point combined decrease in the number of individuals with no on-site and minimal behavioral supports. The DC residents' behavioral supports scores also could not be tested for statistical significance from Year 1/2 to Year 4 (n=116). The category with the largest change was formal supports which decreased by 6.0 percentage points; the need for no on-site supports showed a 5.2 percentage point increase.

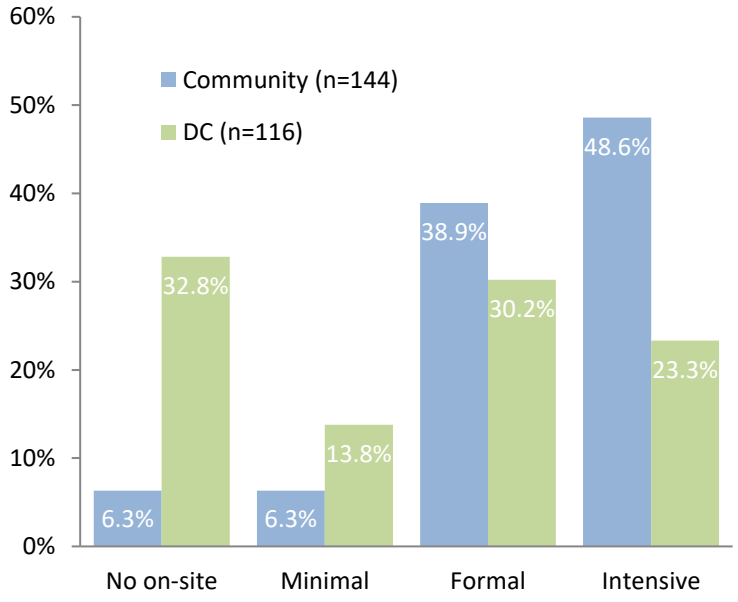

Figure 11 Need for behavioral supports by placement type, year 4

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

Mortality

Of the 167 individuals living in the community, three (1.8%) passed away in Year 4. All three deaths resulted from natural causes[49] (respiratory failure, aspiration pneumonitis and intracranial hemorrhage). While one of the deaths resulted in an investigation, neither abuse nor neglect were found to be contributing factors.

Of the 128 individuals living in developmental centers, six (4.7%) passed away in Year 4. All deaths resulted from natural causes. The specific causes of death were as follows:

- Cardiorespiratory failure
- Septic shock
- Respiratory arrest
- Intracranial hemorrhage
- Acute respiratory failure
- Ischemic myocardial arrhythmia

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), criminal activity, or media interest around a reportable incident. 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. However, there is often a lack of clarity and standardization in the documentation of law enforcement involvement. This is largely because the criminal justice system is not obligated to provide the Division with updates on its work. Therefore, incident codes were augmented by a review of the incident narratives. This review of UIRMS data yielded four incidents with law enforcement involvement. All four incidents each involved one former North Jersey resident. Plans of correction were put in place and polices were appropriately amended to address future issues.

[49] As contrasted with accidents or homicides.

This concludes the North Jersey DC closure evaluation for the third annual report (covering the fourth year post-closure). The fourth annual report out of four will cover the Year 5 period from July 1, 2018 through June 30, 2019.

Appendix: Family Guardian Survey

Family and Guardian Survey - North Jersey Developmental Center Residents in Community Placements - Year 4

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 various sources, including information from family members and/or guardians about former residents' 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 may have been contacted in past years for previous post-closure surveys. Even if you did not receive the previous surveys, you can still complete this one. As stipulated in the legislation, you will receive this annual survey once more. 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.

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!

Family and Guardian Survey - North Jersey Developmental Center Residents in Community Placements - Year 4

SURVEY

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

Your Name (Print):

Your Relative's Initials:

2. In addition to being a guardian, how are you related to the person who was impacted 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
- ◯ Niece/Nephew
- ◯ Cousin
- ◯ Friend/Family friend
- ◯ Other (please specify)

3. Have you had contact with your relative while he or she has been in a community residence in the past year? (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

4. How frequently have you had contact with your relative in the past year? (Select the answer that best reflects the amount of contact)

- ◯ Daily
- ◯ Weekly
- ◯ Monthly
- ◯ Quarterly
- ◯ Annually
- ◯ No contact in the past year
- ◯ Other (please specify)

5. 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 a different roommate
- ☐ Has different staff caring for him/her
- ☐ Attends a different day program

Other (please specify)

6. Regarding your relative'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	○	○	○	○	○	○

7. How worried are you about each of the following at your relative'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)

8. 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	◯	◯	◯	◯	◯	◯

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

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

10. Would you like a staff member to follow up with you directly regarding any concerns indicated on this survey?

◯ Yes ◯ No

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

11. 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

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