

New Jersey
Department of Human Services
Division of Developmental Disabilities

ADDENDUM TO THE OLMSTEAD PATH TO PROGRESS

**Blueprint for
the June 30, 2013
Closure of
Vineland Developmental Center**

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Revised

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Executive Summary

New Jersey's Department of Human Services (DHS) operates seven developmental centers located throughout the state. The Governor's proposed Fiscal Year (FY) 2012 budget contains language identifying the [closure](#) of the Vineland Developmental Center (VDC) by June 30, 2013. The proposed closure decision was made after careful consideration of multiple factors, including: system census reduction *Olmstead* obligations; nationwide best practices; availability of local community placements; residents' readiness for placement; residents' family support; facility infrastructure; and regional accessibility. Collectively, the determinations of these components reinforce the proposal to close VDC.

Specifics include:

- ◆ The State operates more developmental centers than it needs to support a declining population. Census among state developmental centers has decreased by over 1,200 (33 percent) since 1998;
- ◆ The proposed closure of VDC advances New Jersey's progress toward meeting its *Olmstead* obligation. The DHS Division of Developmental Disabilities (DDD) has a pending lawsuit with Disability Rights NJ for non-compliance with the United States' (US) Supreme Court decision, which requires states to provide community living options and other supports to individuals with disabilities who do not require/want institutionalized care;
- ◆ New Jersey ranks 49th among states for the number of developmental centers per capita with the highest number of institutionalized residents by percentage;
- ◆ The comparatively low population density of the Vineland, NJ region, as compared to other regions of the state, provides for substantial development of community placements;
- ◆ Among the 380 residents of VDC, 165 (nearly half of the residents) already have the support of their family/guardian and Interdisciplinary Team (IDT) for placement in the community;
- ◆ VDC is 123 years old, with significant infrastructure needs throughout the facility; and,
- ◆ With the closure of VDC, there still are two developmental centers accessible to the region: the New Lisbon and Woodbine Developmental Centers.
- ◆ Developmental Centers cost account for 33 percent of the DDD appropriations and supports 6 percent of the DDD population served (approximately 40,000 individuals).

In order to facilitate the movement of individuals currently residing in developmental centers:

- ◆ Safe, affordable and appropriate housing options being developed;
- ◆ Efforts underway to increase community resources;
- ◆ Investment in service infrastructure to provide necessary supports for individuals investment in the community; and
- ◆ Interested families are engaging in all stages of planning as decisions are made regarding their family members' move to the community.

DHS is committed to providing employee supports that promote workforce stability and opportunities for employees to determine their future. The information contained within this blueprint details DHS' rationale for closing VDC, and provide additional insight into the overall process.

Introduction

The Vineland Developmental Center Closure Blueprint outlines the context for the proposal to close the facility and describes the activities that will be undertaken by DHS and its Division of Developmental Disabilities (DDD) to close the Center by June 30, 2013, including providing expanded community-based housing and services, and assisting individuals, families and staff with their transition.

“Path to Progress”

This Closure is an addendum to the goals set forth in the [“Path to Progress,”](#) DDD’s eight-year action plan issued by DHS in May 2007 to develop opportunities for individuals residing in developmental centers to live in the community. The long-range purpose of the “Path to Progress” calls for a population reduction in the state’s developmental centers, from 2,987 at the start of FY’08, to 1,500 or fewer by the end of FY’15.

As of March 2011, 351 individuals moved from developmental centers into community placements as part of DHS’s “Path to Progress” plan. This depopulation has resulted in the reduction of a number of residential buildings in developmental centers (allowing for additional space for programming). The Woodbridge Developmental Center closed two cottages and its infirmary area. The New Lisbon and Hunterdon Developmental Centers have each closed one cottage. The Vineland Developmental Center, which has two campuses, is closing its West Campus in June 2011.

National Trends and Initiatives

The focus of the Vineland Developmental Center Closure also is consistent with national trends and legal mandates, such as:

- The landmark Supreme Court ruling in *the Olmstead v. L.C case*, that the unjustified institutional isolation of people with disabilities is a form of unlawful discrimination under the Americans with Disabilities Act;
- New Jersey’s pending lawsuit with Disability Rights NJ regarding the state’s non-compliance with the *Olmstead* ruling;
- The Federal Developmental Disabilities Act, which directs that individuals with developmental disabilities must have access to opportunities and the necessary support to become included in community life, have independent relationships, live in homes and communities, and make contributions to their families, communities, states and the nation;
- The US Department of Justice’s concern that unnecessary institutionalization deprives people with disabilities of opportunities that are available to people without disabilities and unnecessary institutionalization reinforces public stereotypes and prejudices against people with disabilities;
- The nationwide trend to decrease reliance on large state institutions for the provision of residential services. New Jersey is one of only ten states with over 2,000 people living in public institutions;

- A survey conducted late October 2009 by the National Association of State Directors of Developmental Disabilities Services revealed that 11 of the 50 states and the District of Columbia (or 22 percent) have closed all of their publicly-operated institutions and 27 states (or 53 percent) plan to close and/or downsize their existing state institutions;
- The prediction, made by Dr. David Braddock, that as the nation’s institutional census continues to fall and average daily costs increase, there will be continued pressure on states to close institutions. Dr. Braddock is a nationally-recognized expert in the field of developmental disabilities’ research and policy, and the Executive Director of the University of Colorado’s Coleman Institute for Cognitive Disabilities;¹
- The testimony provided by Dr. Deborah Spitalnik, Executive Director of the Elizabeth Boggs Center on Developmental Disabilities, during a special legislative panel in May 2010, urging lawmakers to “consolidate and rebalance the system” by using the money saved from closing developmental centers to fund smaller community housing and to provide more services to people living with their families.

New Jersey in Comparison to National Trends

According to 2009 DDD data, 2,785 New Jerseyans (23 percent) with developmental disabilities lived in state-operated developmental centers, an increase above the national average of seven percent (see table 1). Only the State of Texas has a greater number than New Jersey of individuals residing in state institutions. The percentage in comparison to the proportion of residents living in all residential settings, however, is lower. ²

Table 1
Utilization of Residential Settings by Size
New Jersey, Texas and USA ²

	Number of Residents in State Institutions	Total Number of Residents in Residential Settings	Percentage of Residents in State Institutions
New Jersey	2,785	12,113	23%
Texas	4,541	25,640	18%
United States	32,909	439,515	7%

¹ Braddock, Hemp, and Rizzolo (2008). *The State of the States in Developmental Disabilities*. Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado.

² Lakin, K.C., Larson, S., Salmi, P., Webster, A. (eds.) (2010). *Residential Services for People with Developmental Disabilities: Status and Trends Through 2009*. Minneapolis: University of Minnesota, Research and Training Center on Community Living.

Community Placement Efforts in New Jersey

DHS's commitment to reducing reliance on institutional services, along with expanding community living options and services for individuals currently residing in developmental centers, will be advanced as the number of individuals choosing to move to the community continues to increase. The declining population within developmental centers underscores the diminished need for these settings.

The goal of the proposal to close VDC is to provide institutionalized individuals with developmental disabilities the opportunity to live in the community, and to realign fiscal, staffing and operational resources to support community living. The vision for New Jersey is to operate fewer developmental centers and to use remaining facilities to provide specialty services for individuals with developmental disabilities who exhibit high-risk behaviors, have intense medical needs or are court-ordered.

Over the past several decades, home-based services and community placement efforts have been successful in affording institutionalized individuals opportunities to live in the community. Table 2 provides an overview of this effort and reveals that 5,727 individuals resided in New Jersey's developmental centers in December 1984. This number dropped significantly, to 2,659 individuals, in December 2010. The population in New Jersey's developmental centers was reduced by 3,068 over this time period – a nearly 50 percent decrease/reduction.

In the late 1970's and early 1980's, individuals were moved from developmental centers to comply with regulations set forth by the Intermediate Care Facilities ICF program for the purpose of acquiring federal funding. These efforts continued throughout the late 1990's and provided a basis for the closures of the Edison Habilitation Center, the Developmental Center at Ancora, the ER Johnstone Training and Research Center, and the North Princeton Developmental Center (NPDC).

Closure and Follow-up with NPDC Residents

The closing of NPDC in April 1998 was the largest project of its kind at that time, and required 32 months to secure appropriate placement for 523 individuals. A bridge fund of over \$5 million dollars was appropriated by the Legislature to facilitate the progress.

Extensive follow-up (during the first five years after closure) on the quality of life of the former NPDC residents was conducted by the Developmental Disabilities Planning Institute (DDPI) at the New Jersey Institute of Technology. The reports reveal that nearly 75 percent of residents who left NPDC in community settings, including group homes, supervised apartments and Community Care Residences; while about 25 percent moved to alternate developmental centers, nursing homes, or other institutional settings.³ The studies also indicate that there was no evidence of an increase in mortality due to deinstitutionalization.⁴

Analysis conducted by DDPI showed that individuals living in the community were doing "equal or better than" their institutional counterparts, with strong empirical evidence linking community living with a better quality of life in the areas of community participation, family contact, self-care, freedom via lower social controls, utilization of mental health care, productivity, personal choice and autonomy, and safety of the person and their possessions.⁵

³ Apgar, Lerman, and Jordan (November 2003). *Life After North Princeton Developmental Center: Final Outcomes, A Follow-up of Former Residents*. New Jersey Institute of Technology, Developmental Disabilities Planning Institute.

⁴ *Ibid.*

⁵ *Ibid.*

Table 2
Community Placement Efforts at New Jersey Developmental Centers

Developmental Center	Number of Residents as of December 31, 1984	Number of Residents as of December 31, 1990	Number of Residents as of December 31, 2000	Number of Residents as of December 31, 2010
Developmental Center at Ancora	25	58	Closed in 1992	----
Edison Habilitation Center	53	Closed in 1988	----	----
ER Johnstone Training and Research Center	256	229	Closed in 1992	----
Green Brook Regional Center	115	117	105	92
Hunterdon Developmental Center	638	643	624	541
New Lisbon Developmental Center	733	718	671	404
North Jersey Developmental Center	661	456	414	386
North Princeton Developmental Center	553	528	Closed in 1998	----
Vineland Developmental Center	1,295	983	541	395
Woodbine Developmental Center	756	687	567	471
Woodbridge Developmental Center	642	636	568	370
Total From All Centers	5,727	5,055	3,490	2,659

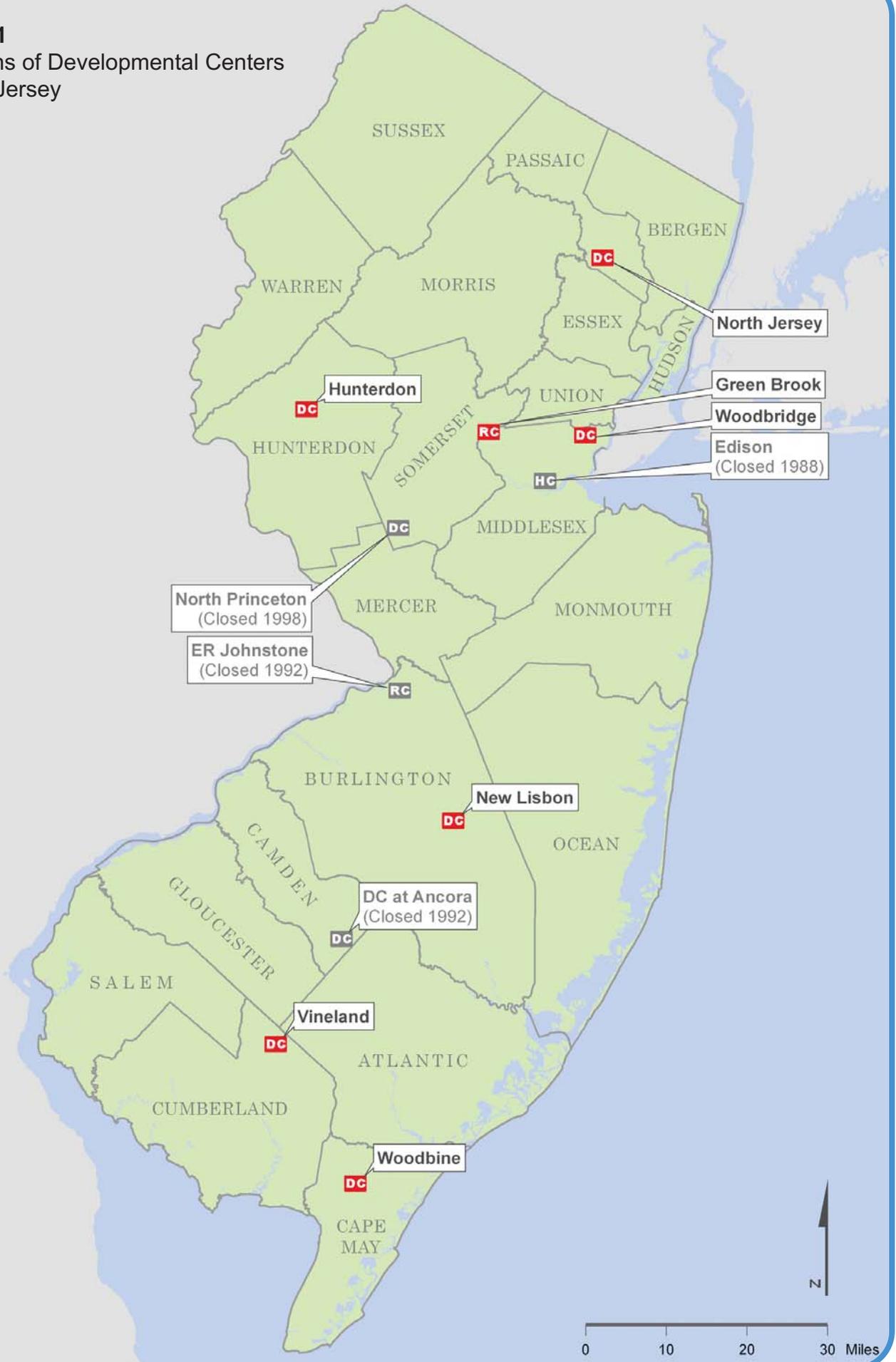
Overview of DHS Developmental Centers

Table 3
Overview of Developmental Centers

Statistics as of December 31, 2010

Name of Facility	Location & Proximity to Nearest DC	Description of Campus	Number of Individuals Served	Description of Individuals Served	Program Specialties	Number of Staff (FT/PT)
Green Brook Regional Center (GBRC)	Busy Suburban area in Green Brook, NJ. 18 miles to Woodbridge	Single standing building with 2 residential floors on 26 acres of land	92	Age 55+ Fragile Medical needs typical of geriatric population	Programs are geared to geriatric population	243
Hunterdon Developmental Center (HDC)	Rural area outside of Clinton, NJ. 26 miles to Green Brook	23 buildings, 18 of which are residential along with 3 units in the Health Service residence; situated on 102 acres of land	541	44% are non ambulatory	Can accommodate individuals on ventilators. Extensive fine arts programs	1,372
New Lisbon Developmental Center (NLDC)	Rural area on the edge of the South Jersey Pinelands. 60 miles to Vineland	58 buildings, 14 of which are residential, situated on 1,896 acres of land	404	85% are males 72% are ambulatory	MSU located on grounds which offers a secure placement for individuals with legal/criminal involvement	1,373
North Jersey Developmental Center (NJDC)	Busy suburban area, Totowa, NJ. 28 miles to Woodbridge	35 buildings, 11 of which are residential, situated on 188 acres of land. Eight are two-story buildings	386	78% are ambulatory	NJDC has the capacity to house juveniles who have been determined to have an intellectual disability and who have legal/court involvement in an unlocked, 7 bed, Special Support Unit (SSU)	949
Vineland Developmental Center (VDC)	Rural area in Vineland, NJ. 26 miles to Woodbine	49 buildings, 14 of which are residential, situated on 257 acres of land	395	68% are ambulatory	VDC serves only women	1,336
Woodbine Developmental Center (WDC)	Rural area in Woodbine, NJ. 26 miles to Vineland	41 buildings, 17 of which are residential, situated on 250 acres of land	471	77% are ambulatory	WDC serves only men. Extensive Learning Center and Horticulture Program	1,205
Woodbridge Developmental Center (WDBR)	Busy suburban area in Woodbridge, NJ. 18 miles to Green Brook	25 buildings, 16 of which are residential, situated on 68 acres of land	370	73% are non ambulatory. Majority have physical and nutritional needs	Can accommodate individuals with medical issues	1,227

Figure 1
Locations of Developmental Centers
in New Jersey



Overview of Vineland Developmental Center

History

VDC is the oldest among the state's developmental centers, created by statute by former Governor Robert S. Green in 1888 for indigent females fifteen years and older with intellectual disabilities. By the turn of the century, more than 100 girls and women resided at the institution and, by 1926, the population had grown to 1,000. By late 1950's, the population had grown to 2,100 individuals. Eventually, nine residential buildings, an infirmary (1970), a pool, a learning center (1980), boiler, and cemetery were constructed on this campus. Today, there are 347 residents at VDC and 587 women interred in the center's cemetery.

Vineland Residents

The highest priority of DHS, and its DDD, in developing this Closure Blueprint remains the continued health and safety of the VDC residents before, during, and after their transition to appropriate living arrangements, identified through the individual planning process.

The following provides a quick-fact summary of the population demographics of VDC residents:

- **Age:** Forty-eight percent of VDC residents are between the ages of 22 and 54, with the remaining 52 percent at age 55 years of age or greater.
- **Eligibility for residence in a New Jersey developmental center:** Section 1.3 of Division Circular #3, N.J.A.C. 10:46-1.3, effective March 24, 2011, defines the developmental disability that must be present in order to receive services as a severe, chronic disability of an individual, which is attributable to a mental impairment, physical impairment, or combination of both; is manifested before age 22; is likely to continue indefinitely; results in a combination of functional limitations in major life activities; reflects the need for a combination of special interdisciplinary care or treatment of lifelong or extended duration; and includes, but is not limited to, intellectual disabilities, autism, cerebral palsy, epilepsy, spina bifida, and other neurological impairments.
- **Disabilities:** Seventy-six percent of the individuals who reside at VDC have profound intellectual disabilities: and 10 percent have severe intellectual disabilities. There are 13 percent who have been assessed with mild and moderate levels of intellectual disability. A majority of individuals have additional disabilities, including: 65 percent of the population diagnosed with seizure disorders, 17 percent diagnosed with autism, and 28 percent diagnosed with cerebral palsy. In addition, 37 percent of individuals are non-ambulatory or require assistance with ambulation, 46 percent have vision difficulties, and 12 percent have hearing impairments.

- **Gender and Ethnicity:** The population at VDC is entirely female. Seventy-seven percent of the population is Caucasian, 18 percent is African American, four percent is Hispanic, and the remaining small percentage (0.20 percent) identifies as “Filipino” and “Other.”
- **Length of Residence:** The majority of individuals have lived at VDC for many years, with 68 percent residing there for more than 30 years. The breakdown on the length of stay for the remaining individuals shows: eight percent have lived at VDC for 21 - 30 years; six percent have lived at VDC for 11 - 20 years; eight percent for 5 - 10 years; and 9.5 percent for fewer than five years.
- **Number of individuals residing at VDC:** The facility is licensed as an Intermediate Care Facility (ICF) with a total capacity of 556 individuals. Due to a declining census, several residential cottages have been closed and the West Campus was identified for consolidation by June 2011. 347 individuals resided at VDC in February 2011.
- **Primary Service Needs:** Individuals at VDC require a variety of services and supports. Four broad areas of service are defined below, along with the percentage of individuals for whom that service is their primary need:
 - **Significant Health Care Services** - Significant nursing intervention and monitoring are required to effectively treat some VDC individuals. About seventy VDC individuals have significant health care needs as their primary service need. This includes the need for intermittent pressure breathing, inhalation assistive devices, tracheotomy care, or treatment for recurrent pneumonias or apnea.
 - **Ambulation** - Approximately 63 percent of the individuals are ambulatory; and 37 percent are non-ambulatory or require assistance with ambulation.
 - **Extensive Personal Care** - Approximately three-hundred VDC individuals require extensive personal care as their primary service need. This need refers to people who require total assistance and care provided by direct service staff in the areas of either activities of daily living (e.g., oral hygiene, bathing, grooming) or in dining.
 - **Significant Behavioral Support** - About sixty-three individuals have been identified as requiring significant behavioral support as their primary service need. This need addresses individuals who have challenging behaviors that may require intervention for the safety of themselves or others.

Rationale for Vineland Developmental Center Selection for Closure

The recommendation to close Vineland Developmental Center (VDC) resulted from thorough deliberations that included a review of the system's census, an analysis of the seven state developmental centers, reports on the residents in each facility and community placement opportunities throughout the state. After careful evaluation and consideration of collective factors, VDC was subsequently chosen for closure.

VDC already is in the process of consolidating the West Campus, which is scheduled for completion by June 30, 2011. VDC's decreased census will make the movement of individuals into the community more manageable.

Parent and Friends Association ([PAFA](#)) Group Homes, currently staffed through VDC and located in the Atlantic, Cumberland and Salem Counties, are a recognized, respected community placement option for VDC residents. With use of VDC staff and by providing additional vehicles, DHS will bring the Vineland PAFA Group Homes to capacity, immediately creating forty new placements. This can allow many families to have their loved ones live in community residences which have been established for approximately 30 years and have always had individuals from VDC living in them.

Among the individuals residing at VDC, 63 percent are ambulatory, making movement into the community much easier to accomplish because the Americans with Disabilities Act (ADA) modifications to housing would not be necessary.

In August 2010, the Individual Habilitation Plans for VDC residents indicated that 165 individuals have the support of their family and/or guardian and the Interdisciplinary Team (IDT) for placement into the community. This is the highest percentage, per census, across the seven developmental centers, in which the individual, family and/or guardian and the Interdisciplinary Team are in agreement with recommendations for community placement.

With the closure of VDC, DDD still will have two developmental centers remaining in the southern portion of the State, with [Woodbine](#) Developmental Center 26 miles away and [New Lisbon](#) Developmental Center located 60 miles away. These centers have sufficient staffing and expertise to provide services to their current residents and any VDC residents who can not live in the community at this time and require transfer. The developmental centers also can provide services to any individuals who are admitted for severe behavioral, psychiatric, and/or medical issues.

Established in 1888, VDC is the oldest of the seven developmental centers with numerous facility-wide infrastructure needs that will have to be addressed if the Center remains open. The projected expenditures for long-range capital improvements are among the highest of all developmental centers. Many of these needs are essential in maintaining safety and continued federal funding. VDC's capital project needs are approximately \$20 million that would be requested in the FY'13 and FY'14 DHS Capital Budget Request. These costs will be avoided with the closure of the facility. The highest priority projects for DHS in the next two fiscal years include replacement/improvements in the HVAC system; the next highest priority project includes roof replacements that together total approximately \$6.2 million.

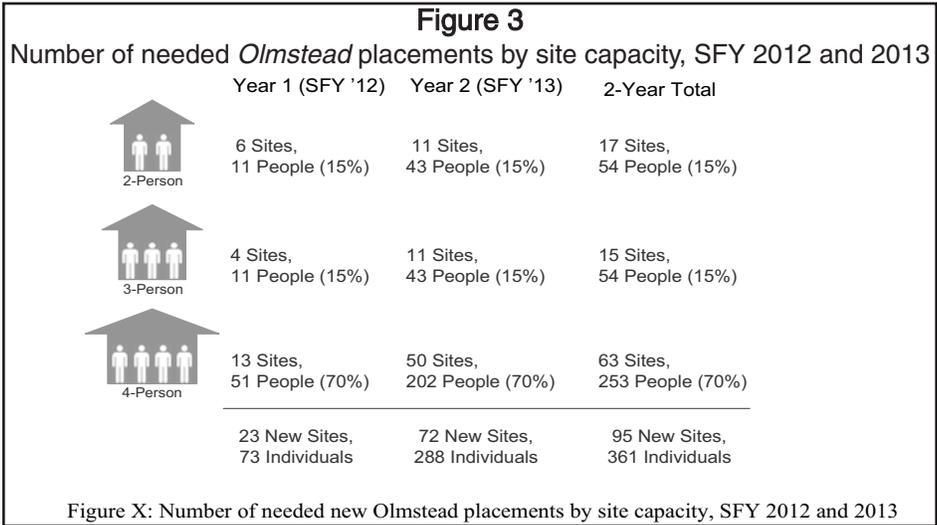
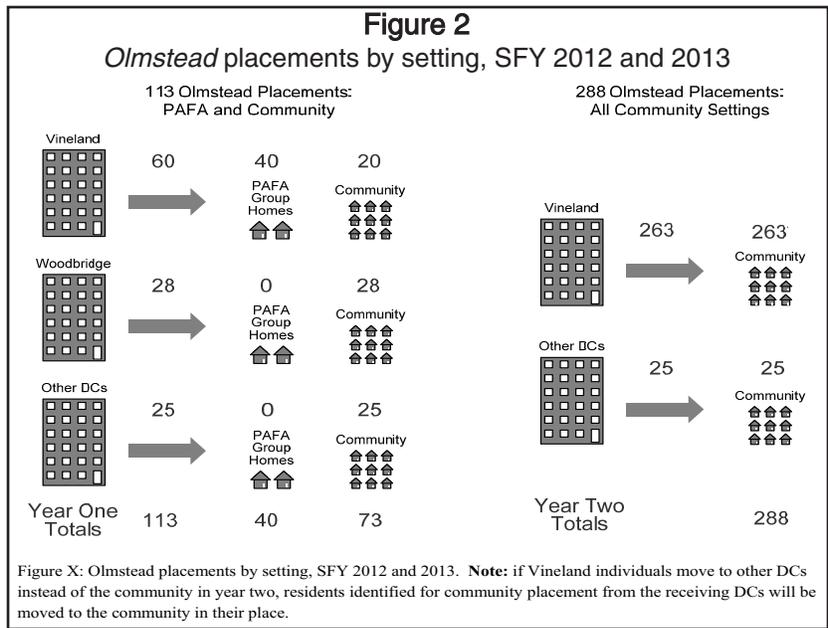
Closure Timeframe

Model for Moving People Out of Developmental Centers

The discharge planning for VDC is a two-year project that begins in July 2011 and concludes in June 2013. It is anticipated that in July 2011, the census at VDC will be approximately 347 due to the West Campus consolidation project.

Year one of the Closure calls for the census reduction of 72 individuals from VDC, year two projects a reduction of the remaining 275 individuals. The census reduction includes natural attrition (averaged at 12 individuals per year), community placements and transfers. In addition, DDD is expanding community capacity to move individuals from developmental centers other than Vineland through its commitment to *Olmstead*, which requires states to provide community living opportunities to individuals residing in institutions. It is estimated that through these efforts, 401 community placements will be made between July 2011 and June 2013.

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



Year One:

Year one of the VDC Closure allows for 113 individuals to move from developmental centers to community settings. The breakdown is as follows:

- 60 discharges from Vineland
 - 40 will move to existing capacity in the PAFA group homes
 - 20 will move to the community
- 28 discharges from Woodbridge (funded via *Olmstead*)
- 25 discharges from other developmental centers (funded via *Olmstead*)
 - These individuals are actively seeking placement in the community, who would otherwise have to wait until the VDC closure was completed to be placed.

Housing Capacity for Year One

With the utilization of existing capacity at PAFA for 40 of the 113 individuals, housing for the remaining 73 individuals must be secured. Using a combination of two-, three- and four-person residential arrangements, approximately 23 alternate locations will be developed to satisfy the housing needs in this year of the plan. Some placements will be made to existing vacancies, and some will require new housing. It is important to note that to the extent possible, more placements will be made in year one. Due to existing vacancies in newly developed programs, as well as the recently announced Shared Special Needs Housing Partnership between DCA and DHS, additional housing units will be available for placement prior to June 30, 2012.

Year Two:

Year two of the VDC Closure allows for 288 individuals to move from developmental centers to community settings. The breakdown follows:

- 263 discharges from Vineland
 - 263 will move to the community*
 - *If individuals move to other developmental centers instead of the community, residents identified for community placement from the receiving developmental centers will be moved to the community in their place.
- 25 discharges from other developmental centers (funded via *Olmstead*)
 - These individuals will be those who are actively seeking placement in the community, who otherwise have to wait until the VDC closure is completed for them to be placed.

Housing Capacity for Year Two

Using a combination of two-, three- and four-person residential arrangements, approximately 72 alternate locations will be developed to satisfy the housing needs in this year of the plan. Many of these placements will require newly created housing. These efforts – securing and leveraging funding, completing renovations and obtaining licensure - will begin in year one.

Fiscal Analysis

Since 2007, with DHS' release of the 'Path to Progress', the Legislature and subsequent Administrations have supported the *Olmstead* philosophy through annual appropriations to the Community Care Waiting List, community placements, emergency placements and *Olmstead*. The continued funding of excess capacity in the state's developmental centers is contrary to the goals of *Olmstead*, sible resource management, and fiscal discipline.

The closure of VDC will reallocate DDD resources, allowing an additional seven percent to be directed towards community placements, housing opportunities and services. At present, the developmental centers receive 32 percent of DDD's resources and the community receives 68 percent of the DDD FY'11 Adjusted Appropriation.

There is substantial savings upon VDC's closure. Gross expenditures for FY'11 (including costs attributed to VDC that are budgeted interdepartmentally) are projected at \$119.6 million. In contrast, the ongoing service budget costs for consumers moving into the community are projected at \$48 million. With ongoing maintenance costs of the VDC property projected at \$1.5 million, closure would result \$30 million instate dollar savings plus cost avoidance of repairs.

The VDC financial plan models closure over a two-year period. With an anticipated starting census of 347 consumers, the model assumes the following census reductions in each year:

- Year one Census Reduction: 72
- Year two Census Reduction: 275

The accelerated year two placement schedule is achievable since a portion of the one-time, start-up and development costs are built-up in year one. The budget proposal includes an appropriation of bridge funding. The following chart (Table 4) illustrates the cost of community placements and the state bridge funding allocated after savings at VDC are taken into account.

Table 4
VDC Community Placement State/Federal Costs and Bridge Funding

VDC Community Placements Costs (000's)	FY'12	FY'13	FY'14
Year One Development	1,516	-	-
Year One Service Budgets	4,439	7,887	7,887
Year Two Development	3,709	10,497	-
Year Two Service Budgets	-	18,429	40,195
Total Community Funding (State/Federal)	9,664	36,812	48,082
VDC Savings (against base FY'11 funding)	(2,930)	(27,105)	(118,055)
Total Community Bridge Fund Cost/(Savings)	6,735	9,708	(69,973)
Community Federal Funds	(1,574)	(9,293)	(16,967)
VDC Federal Funds	1,421	13,146	57,257
Total Community STATE Bridge Fund Cost/(Savings)	6,582	13,560	(29,683)

On a per capita basis, VDC costs for FY'11 referenced in the FY'12 Governor's Budget Message are estimated at \$231,000 per person. Incorporating costs budgeted interdepartmentally, this amount increases to \$310,000. In comparison, the ongoing community service budget per capita costs are estimated at \$160,000.

Pursuant to state law, the developmental centers pay a 5.3 percent ICF Provider Tax on expenditures, thus generating a cost for which federal matching funds can be claimed. These federal matching funds support other programs within DDD. As VDC clients move to the community and developmental center expenditures decrease, federal matching funds claimed on the ICF Provider Tax cost will be reduced by approximately \$2.6 million annually, with the full impact in FY'14. The costs associated with this amount will then be funded by other state and federal resources.

Closure Process

The VDC Closure emphasizes the Department's vision that citizens of New Jersey with developmental disabilities can and should be integrated within our communities. It affirms the Supreme Court's ruling that people with developmental disabilities should not be isolated from mainstream life because of their disabilities.

Follow-up reports performed by the Developmental Disabilities Planning Institute at the New Jersey Institute of Technology confirm that residents discharged from North Princeton Developmental Center in 1998 have improved quality of life, enhanced programming, advanced skill sets and their families are happier with their post-developmental centers placement.

Transition Team

To facilitate residents' moves into the community, a Transition Team will consist of staff appointed to assist with the closure including:

- Project Manager – to manage all aspects of the closure project, including individual and staff movement.
- Assistant Project Manager – to assist the manager in all aspects of the closure.
- Community Program Specialists – two staff, to review all service plans and to supervise the 12 Transition Case Managers (TCMs) assigned to the closure.
- Transition Case Managers – twelve staff, to plan individuals' transitions to the community or other residential settings, each with a caseload of approximately 20 individuals.
- Quality Assurance Specialist – staff, to provide quality oversight of the closure in relation to the Money Follows the Person program for which DDD is a participant. This staff will also assure appropriate follow-up reviews are conducted for all individuals who moved to the community. It is anticipated that this position will be at least partially funded through the Money Follows the Person Grant.

Additionally, existing staff will assist with the closure in the following roles:

- Human Resources Staff – to handle all employee issues, including staff transfers to other developmental centers or positions, job fairs, counseling and the Career Development Center.
- *Olmstead* Staff – three existing Central Office Staff, to facilitate transitions for individuals from developmental centers other than VDC, working in conjunction with Transition Case Managers assigned to the developmental centers.
- VDC Chief Executive Officer – current CEO, to assure a safe and secure environment at the developmental center and that all services continue to be provided during the process of closure. CEO will assist in eliminating barriers that may arise and work to maintain morale at the developmental center.
- VDC Supervisor – one existing VDC staff, to coordinate visits and moves to the community and supervise the transfer team. Supervisor will also assist with the consolidation of buildings.

- Transfer Team – a group of bus drivers and escort staff who will assist with visits and moves to the community, of the individuals with their belongings.
- Family Support Representative – one existing staff from the UMDNJ Community Living Education Project (CLEP), to work with families on increasing knowledge of community living.
- UMDNJ Bogg's Center Representative – one existing staff, to assist with Service Plan training and policy input.
- Advocacy Coordinator – one existing staff from an advocacy agency, to provide support to individuals moving to the community or other developmental centers
- IT staff – one existing staff from VDC, to assist in creating databases to track the progress of the closure.
- Support Staff – one existing staff from VDC, to set-up meetings and record minutes.
- Support Coordinators – existing staff to complete the service plans until state Habilitation Plan Coordinator (HPCs) are trained to takeover this responsibility.
- Resource Teams (Physical/Nutritional Management) – teams consisting of rehabilitation staff to provide training for case managers, day program staff, and staff from homes when individuals with physical/nutritional management needs move to the community. These teams will remain in the community once VDC is closed and will be available for crisis intervention.
- Resource Teams (Behavioral Support) – teams consisting of psychologists and behavior support technicians to provide training for case managers, day program staff, and staff from homes when individuals with behavioral challenges move to the community. These teams will remain in the community once VDC is closed, and will be available for crisis intervention.
- Registered Nurses – to provide health information and training to providers and other developmental center staff on medical issues pertaining to VDC individuals. After the closure, these positions will move to community services to provide ongoing healthcare support.

During the transition process, the VDC's CEO and Project Manager are committed to planning on behalf of the residents, their families/guardians and staff. Each will work collaboratively and provide ongoing education, support and communication to all involved parties. The CEO and Project Manager will work to eliminate barriers, in the developmental center and in the community, that may slow the transition process. While VDC is in operation, the CEO will ensure a safe, secure environment, which includes the provision of active treatment for all individuals. The CEO will coordinate and implement the consolidation of buildings and strive for minimal disruptions. The Project Manager will oversee and ensure the smooth transition of individuals into their new homes and ensure that information is entered into a database and placements are tracked.

The Vineland IDT consists of a HPC, the resident, the guardian, family and staff to assist in the development of transition plans with community services and to provide technical assistance where needed. Transition plans provide strategies including, but not limited to, appropriate positioning, diet awareness and behavioral interventions.

Training on "Person Centered Thinking" will be conducted for the VDC Interdisciplinary Teams, Transition Case Managers and the regional staff. The VDC HPCs also will receive training on the service plans. As needed, agency staff (where the placement is to occur) will be provided mandatory training at VDC. Additionally, prior to placement, agency staff will "shadow" the developmental center staff for "hands-on training" and to foster a relationship with the resident for an easier transition.

Developmental Disabilities Resource Tool (DDRT) and Individual Budgets

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

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

Information from the assessment is combined to give indices relating to the supports an individual may need to live successfully in the community. The three indices include levels of Self-Care Support, Medical Support and Behavioral Support.

Based on the combination of the above factors, DDD establishes an “up to” budget for the individual’s residential and day/employment services. The estimated budget allows DDD to properly set aside funds each year for the continued support of individuals in the community – it is not a cash or stipend allowance to individuals or their families. The budgets for individuals who reside in provider managed settings (e.g. Group Homes, Supervised Apartments, etc.) can range from \$98,000 for individuals with minimal needs up to \$190,000 for individuals who have a high acuity of medical and behavioral needs.

Housemate Selection

When individuals are referred for community placement, a Demographic Survey and Profile are completed. Individuals and their guardians or families have the opportunity to participate in the selection of potential housemates. Information about potential housemates will be included in the service plans. The starting point for housemate groupings is based on health and safety compatibility, followed by preferred geographical location.

Each of the potential housemates is interviewed to assess interest in the suggested housemate match. If the individuals involved are not able to communicate their preferences, the staff and family members who best know the individuals are interviewed and make a preliminary decision whether to pursue the matches. If potential housemates are not known to each other or have never met, arrangements are made for all parties to meet.

Service Plan Development

Individual referred for community placement will have customized service plans, which outlines their preferred and necessary services in a community setting. Additionally, Health and Safety Risk Summaries (HSRS) will be completed. If significant risks such as fire-setting behaviors, a history of inappropriate sexual behavior or conviction of a sexual offense are identified, community agency proposals are reviewed by a Risk Assessment Committee prior to proceeding with community placement.

Agency Selection

Housemates, families, guardians, and provider agencies will be invited to attend a “Provider Fair” which will be held at VDC. Prior to the fair, agencies will be provided the Service Plans and HSRS for each group of housemates for whom they are qualified to provide services. And, upon arrival, housemates will be provided with a similar folder identifying the agencies that are qualified to provide them with an appropriate level of support. The potential housemates and their family or guardians will have the opportunity to meet the agency representatives, ask/answer questions and get to know each other. At the conclusion of the fair, individuals will complete preference sheets to indicate the agencies from which they would like to receive proposals. The top three agencies selected by the potential housemates will be asked to complete proposals, which includes a section that is individualized, as well as a portion that addresses the housemates together.

Once the proposals are received and reviewed by their TCM, individuals, their family member(s), guardians and IDTs will review the proposals and select the agency that can best meet the needs. Provider interviews will be scheduled if there are outstanding questions that need to be addressed prior to making a decision. If all housemates are in agreement, the planning process continues with budget submissions/approvals, licensing, agency staff hire and training, transitioning and movement into the community. The involved agencies will be notified in writing of the group’s decision. An E-blast from DDD will be sent if the housemate group is unable to identify an agency from the Fair to provide services.

Transfers to Other Settings

There will be some VDC residents who will be unable to move to the community at this time. Other options will be explored for these individuals, including transfer to other developmental centers. Residents and their families will be given an opportunity to learn about and visit alternate developmental centers, where vacancies are available and their needs can be met. Once another developmental center is selected, transition plans will be developed by the IDT and visits will occur, as necessary, prior to transfer.

DDD does not promote placement of individuals receiving services from DDD into nursing homes. Nursing home placements may be considered, however, when individuals no longer benefit from active treatment services, and require increased nursing care found in long-term care settings.

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

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

In addition to DCA/DHS partnership announcement, in year one, (FY’12), 113 individuals will be transitioned to community placements (inclusive of Olmstead movement from other developmental centers); forty of these individuals will be moved into homes currently operated by PAFA. The remaining

73 individuals will be placed into either existing projects in development or into new sites, which includes approximately: 13 four-person homes, 4 three-person homes and 6 two-person residences. The two-person sites likely will be apartment settings and in this case, the agency would identify accommodating apartments and enter into lease agreements with the landlords. Before developing new sites, all programs currently in development will be inventoried and, when possible, matches will be made between existing programs and individuals transitioning from developmental centers.

There are currently about 457 beds in development. Of this number, there are 161 vacancies for which individuals have yet to be identified. This is a fluid number, however, due to the need to maintain space for emergency placements. The goal will be to first match as many individuals to these existing programs, as possible. The remaining homes will be newly developed.

In year two of the closure, 288 individuals (inclusive of Olmstead movement from other developmental centers) will be transitioned to the community. It is projected that this will require the creation of approximately 72 new housing sites. This will consist of approximately 50 four-person homes, 11 three-person homes and 11 two-person residences. Again, the two-person locations likely will be developed in apartment settings. The agency would locate appropriate apartments and enter into lease agreements.

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

DCA recently announced the Special Needs Housing Partnership, with DHS, to assist in the development of housing options for individuals transitioning from VDC. DCA will make available, a variety of funding sources, to housing developers to create the number of units referenced within this plan. In order to accomplish this, DCA in partnership with HMFA and DDD, will issue a Request for Qualifications (RFQ) is to identify experienced developers that can deliver a prescribed number of units consistent with our time line. The respondents can be housing developers or service providers who have experience in housing development.

Participation in the Money Follows the Person Program

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

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

To be eligible for MFP, an individual must:

- have spent a minimum of three months (90 consecutive days) in a nursing facility, requiring long-term care services, or a developmental center;
- meet both the clinical and financial eligibility requirements for Medicaid for at least one (1) day prior to transition from the nursing facility or developmental center; and
- transition to one of three CMS defined community residence categories:
 - a home owned or leased by the individual or the individual's family member;
 - an apartment with an individual lease, with lockable access and egress, which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control; or
 - a residence, in a community-based residential setting, in which no more than four (4) unrelated individuals reside.

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

Each VDC resident also will be administered a CMS-developed MFP Quality of Life Survey on three occasions: just prior to transition to the community, one year post-discharge and two years post-discharge. The information is used to inform CMS about each person's quality of life as a result of transition to the community. As DDD moves residents eligible for MFP from developmental centers into the community, it will receive an enhanced federal match of 75 percent (compared to current 50 percent) through the Community Care Waiver (CCW) for individuals living in homes with fewer than four residents. The additional 25 percent match will be placed into a rebalancing fund for use in improving or increasing home and community-based service infrastructure.

Additionally, DDD will seek to increase the number of Community Care Residences (CCR) in the community. These are private residences in which unrelated persons or families serve as caregivers to adult with developmental disabilities. As VDC proceeds with the closure plan, there may be a number of staff who will be interested in becoming CCR providers, or skill sponsors. These CRRs provide a home/family-like environment for residents whose needs can be adequately served in this setting. CCRs can serve one to four individuals. The VDC staff has long-standing relationships with residents and is very knowledgeable in the services and supports required for individuals to live in the community. In many states, this model is referred to as Family Living. Another advantage to this model is that it takes a shorter time to develop, therefore allowing residents to move into these homes relatively quickly.

Throughout the process, all involved parties will adhere to the strict timeframes that are established for the scheduled transitions to maintain compliance with the Closure Plan. Any exception to the timeframes would be based solely on specific resident needs.

Community First Choice

In addition to the MFP program, New Jersey is examining and analyzing the newly established Community First Choice Program – a state plan option under Section 1915 of the Social Security Act that provides community-based attendant supports and services to individuals with disabilities, who are Medicaid eligible and, who require an institutional level of care. This includes activities of daily living and health-related tasks. States that choose the Community First Choice Option are eligible for enhanced federal match rate for reimbursable expenses in the program for five years.

The Community First Choice Option also would require data collection to monitor how states are providing home and community-based services, the cost of those services, and whether states are offering this option, in accordance with the U.S. Supreme Court in *Olmstead v. L.C.* (1999).

Minimizing Admissions to Developmental Centers

An essential component of the VDC Closure and *Olmstead* is to minimize admissions to developmental centers. Developmental center staff works collaboratively with local and regional provider agencies, sharing their expertise and knowledge, to ensure successful placements in the community, thereby reducing admissions. DDD established an Admission Review Panel that meets every two months to discuss each new developmental center placement and make recommendations to reduce admissions, when possible.

To advance the success of minimizing admissions to the developmental centers, DDD is pursuing the following initiatives to:

- provide Family Support for people who choose to care for family members with DD at home;
- develop “mobile crisis teams” to respond to emergencies in the community where individuals with developmental disabilities require immediate intervention;
- develop “specialized emergency homes” that provide stabilization for behavioral, psychological and/or medical crises that temporarily preclude individuals with developmental disabilities from living at home with their families; and
- assist individuals living at home who receive waiver services to gain access to transportation, employment, education, medical/psychiatric/behavioral services and social activities, along with any other related service, that may be necessary.

Through this collaborative model, services and supports will be readily available to individuals living in the community when emergent needs arise and to redirect potential placements into developmental centers.

Increasing Community Placements and Supports

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

With DHS’ commitment to develop the necessary infrastructure and expertise in the community, the focus will be on the expansion of resources to provide necessary supports to individuals living outside of the DCs. As the Closure Plan moves forward, avenues to increase the following community resources will be pursued:

- Housing (including barrier-free environments for individuals who are non-ambulatory and emergency housing that provides stabilization for behavioral, psychological and medical issues);
- Staffing (nurses, case managers - sufficient in number for a 1:50 caseload, regional staff, licensing staff, resource teams);
- Day Programs;

- Employment supports;
- Transportation/vehicles;
- Medical services;
- Dental services;
- Rehabilitation services (physical therapy, occupational therapy, speech therapy);
- Psychiatric/Behavioral services; and
- Community supports and network (through contact with churches, temples, organizations, clubs, civic groups and senior programs, etc.).

Filling Community Vacancies

DDD has established a statewide e-blast system for Provider Agencies to monitor referrals, and is working to develop, support and provide funding for Emergency Capacity Beds (E-Cap) to keep ineligible individuals from admission to developmental centers. Additionally, a new initiative has been instituted regarding emergency admissions. When individuals require emergency admission to developmental centers and it is unlikely that they will return to their placements, developmental centers will submit the names of three individuals who meet a similar profile to the agency for consideration to fill existing vacancies.

Community Safety

DDD recognizes the need to ensure individuals are healthy and safe in every setting. Some of the systems in place to assure health and safety include: the Office of Licensing (OOL); Office of Program Integrity and Accountability (OPIA); Community Services Case Management; the Division's Office of Quality Management and Planning (OQMP); and Internal Agency Quality Assurance.

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

- Policy and procedure manual developed and implemented;
- Criminal history background checks are completed by the Central Fingerprint Unit, within the Office of Program Integrity and Accountability, for all agency employees, volunteers, and Community Care Residence Providers.
- Staff trained in basic and specialized areas such as diets and adaptive equipment;
- Individuals' records include the plan of care, medical follow up, medication administration and financial records;
- Advocacy, rights and provision of services ensured;
- Nutritionally balanced meals/snacks are provided;
- Fire safety; and
- The safety of the interior and exterior of the residence are inspected.

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

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

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

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

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

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

Communication

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

Essential Communication Actions:

- **Public Hearings for all Stakeholders**

Prior to closing VDC, there are required actions that DDD must take. Pursuant to current statute, at least one public hearing must be held in the region; it must be held at least 45 days prior to closure and within 15 days of a publication of a Notice of Intent to close the facility. The public hearing is open to the general public, not just for the people who live and work at the facility, and must give an opportunity to all persons to either provide written or in-person testimony.

- **Individuals and Families**

DHS believes that the closure of VDC is about respecting residents' civil rights to live in the most independent, community-based environment possible with services to support their quality of life. DHS has developed a publication of profiles entitled, "Moving Forward," highlighting the wonderful new lives of former developmental center and VDC residents living in the community. Arrangements will be made to promote discussions with individuals who have had successful placements, along with their family members, to allay the fears and concerns of residents moving into the community. Family and advocacy groups will share important information about community living with individuals and their families.

Additionally, families will be invited to participate actively in the development of residents' Service Plans. At these meetings, "what is important to the individual" and "what is important for the individual" will be discussed and explored, so their wishes, desires and needs can be realized in the community.

- **Staff**

It is the intent of DHS to minimize the impact of the closure on developmental center employees. The decision to close VDC is not a reflection on the caliber of staff at the facility or the high quality of care they have provided. The closure is about doing what is right for people with developmental disabilities to afford them the opportunity to live in the community. Employees will be provided with timely and accurate information about the closure process and employee rights and options.

- **Community**

Meetings will be conducted as needed with community members to discuss fears and concerns as homes are established in their proximity. Placements into the community also will be closely monitored and tracked to avoid saturating particular neighborhoods.

Facility Employees

Table 5
Characteristics of Vineland Developmental Center Staff

VDC Staff Characteristics (est. March 10, 2011)	Full-Time excl. PAFA	Percentage
Gender	1,336	100%
Female	1,154	86%
Male	182	14%
Ethnicity	1,336	100%
White/Caucasian	381	29%
Black/African American	804	60%
Asian	16	1%
American Indian/Alaskan	3	0%
Unknown	132	10%
Age	1,336	100%
Under 40 years old	501	38%
40-49 years old	378	28%
Over 50 years old	457	34%
Years of Services	1,336	100%
Less than 5 years	415	31%
6-10 years	295	22%
11-20 years	259	19%
21-25 years	180	14%
Over 25 years	187	14%

Table 6
Job functions of permanent staff at Vineland Developmental Center

Job Function	Number	Percentage
All Staff	1,336	100%
Direct Care Staff	713	53%
Medical/Clinical	175	13%
Building/Facility/Maintenance	162	12%
Professional/Administrative	98	7%
Clerical	55	4%
Food Service	76	6%
Managerial	57	4%

Figure 2: Permanent staffing levels at Vineland Developmental Center by job function

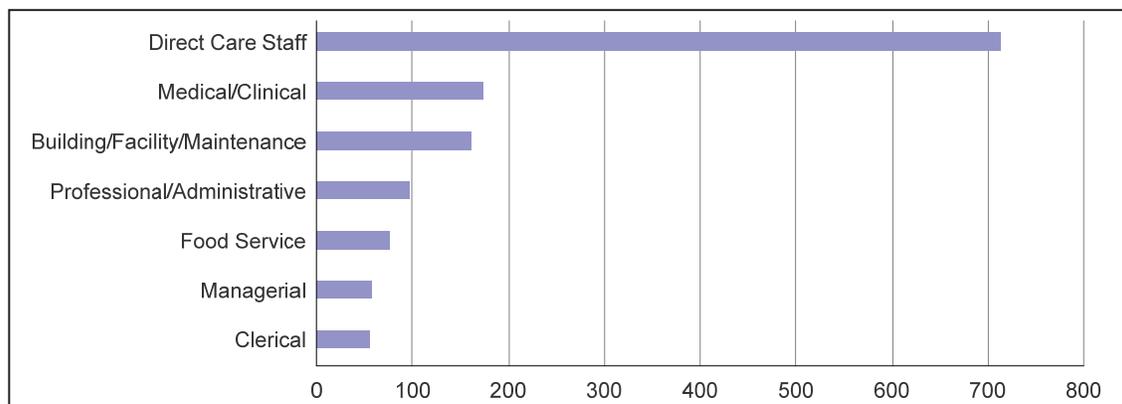


Table 7
Residence of Vineland Developmental Center staff

Location	FY'10 Census	VDC Employees	% of Total Employees	% of Census
Cumberland County	156,989	1,093	82%	0.7%
City of Vineland	59,610	539	40%	0.9%
Legislative District #1	n/a	808	61%	n/a

Staff Assistance

DHS is committed to establishing and implementing employee supports that promote workforce stability and provide opportunities for employees to determine their future. Employee retention during the closure and transition process is, and will remain, a high priority to assure continuity of services to the residents.

Special meetings will be held between management and union representatives, specifically the American Federation of State, County, and Municipal Employees (AFSCME) Local 2620, AFL-CIO, Communication Workers of America (CWA) Local 1049 and the International Federation of Professional and Technical Engineers (IFPTE). These meetings will provide an opportunity for the unions and DHS to discuss closure issues and the needs of employees.

Career Development Center

VDC employees will be surveyed to obtain information on their future employment interests, including relocation to other developmental centers; and also to solicit from them the resources and assistance they believe they will need during the closure process.

A Career Development Center will be established at VDC to provide personal support and assistance for each employee in identifying employment options.

The Career Development Center will be accessible to staff on all shifts and provide activities that will include:

- Community Services information on various opportunities for serving individuals with developmental disabilities in community settings, and related requirements;
- Computer access for job searches, online application submission;
- Up-to-date lists of job opportunities within the Department of Human Services, including Community Services, Developmental Centers and Psychiatric Hospitals;
- Retirement and benefit workshops in collaboration with the New Jersey Public Employees' Retirement System (PERS); and
- Personnel-related Q&A sessions.

VDC employees also will be offered, at no cost, the opportunity to participate in the College of Direct Support Program, which offers online learning to strengthen the knowledge and skills needed to support people with disabilities in various settings. It utilizes the latest technology, along with a state-of-the-art curriculum developed in partnership with an editorial board of national experts. Completion of this coursework not only improves the services provided to individuals with disabilities, but helps to enhance the employee's resume and subsequent marketability. Some community colleges are accepting completion of this course as 9 credits toward an Associates Degree in Human/Social Services.

Opportunities in DHS and Other Organizations

Employees at VDC, as well as at other developmental centers, have learned or developed a wide range of special skills that make them effective in providing services and supports to persons with developmental disabilities. In New Jersey, many professionals have to complete training programs and/or pass licensing exams administered by the State. In addition, these professionals have developed a repertoire of expertise beyond their formal education that is invaluable in working with persons

with developmental disabilities. Because a great number of VDC employees have committed many years of their lives to providing services and supports to this special population, it is hoped that many of them will be interested in continuing their service to individuals with developmental disabilities in the years ahead.

VDC's employees will be encouraged to fill critical vacancies at other developmental centers. Opportunities to transfer to developmental centers in other parts of the State will be facilitated through bargaining unit negotiations.

VDC employees will be considered for any advertised vacancies to which they apply within WDC, NLDC, DDD Community Services and DDD Central Office.

An additional benefit derived from VDC's employees transferring to other DHS employment is that it provides flexibility in setting employee start dates to ensure VDC retains adequate staffing levels during the facility closure.

Retiring employees may become CCR Providers. This is a program in which retired employees can be trained and certified to provide care in their own homes for up to four individuals. A stipend is provided to them for this care.

Employee Access to Communication

It is recognized that accurate and timely communication throughout the consolidation process is essential to maintaining stability in the workforce. Communications within all levels of the VDC organization will take place to ensure that employees are kept informed about progress on the facility closure and about available job opportunities. Key aspects of this communication include:

- **Vineland's Employee Newsletter:** VDC's employee newsletter will continue throughout the closure process and will include updates on the closure, expanded job listings, a Career Center calendar and announcements, a Q&A column, and other related items of interest.
- **General Employee Meetings:** A consistent schedule of employee meetings will be established to provide staff of all shifts with regular access to VDC management for information sharing and support.
- **Website:** A link has been established from the VDC homepage on the DDD Website to provide all interested parties with access to notices and information regarding the proposal to close the Center.

Staff Support Advisory Group

VDC recognizes the importance of retaining experienced staff at the facility throughout the closure process. To support its goal of ensuring adequate staffing and to assist the employees in developing personal plans for their future, the Center will convene a Staff Support Advisory Group. This advisory group will include representatives of VDC's employee groups and management, DDD, and related bargaining units. The advisory group will help ensure continuity of staffing, that employment assistance activities meet the needs of employees, and identify morale-boosting activities that encourage camaraderie among the staff as the closure process proceeds.

Projected Staff Reduction Prior to Closure

It is projected that there will be a reduction of over 700 staff prior to the closure date of June 30, 2013. These staff numbers will be reduced through retirements, separations, increases in PAFA staffing, and filling of vacancies at other developmental centers, DDD Community Services and DDD Central Office, without layoffs.

Table 8
Projected Staff Reductions

VDC Closure Staffing	Full-Time excl. PAFA
FY'11 VDC Staff (March 10, 2011)	1,336
Projected Separations through June 30, 2011	(35)
Retirement	(16)
Other	(19)
TOTAL FY'11 REDUCTION	(35)
FY'12 Staff	1,301
PAFA Position Reallocation	(168)
Separations	(114)
Retirement	(51)
Other	(63)
DHS Vacancies	(180)
Woodbine DC	(90)
New Lisbon DC	(90)
TOTAL FY'12 REDUCTION	(462)
FY'13 Staff	839
Separations	(108)
Retirement	(48)
Other	(60)
DHS Vacancies	(180)
Woodbine DC	(90)
New Lisbon DC	(90)
TOTAL FY'13 REDUCTION	(288)
FY'14 - Potential Layoff	551
Projected Shift to Community	(50)
VDC Transition Team and HPCs	(20)
Resource Teams (Behavior and Nutrition Specialists)	(24)
Mortality Review Teams	(6)
FY'14 - Projected Layoff	501
<i>The projected savings decreases if employees fill positions within DHS, as the closure model was based on no salary expenses remaining.</i>	

Projected Shift to Community

(8) Resource Teams (three staff/team): VDC-staffed teams of rehabilitation staff, and teams of psychologists and behavior staff. These staff will assist in providing needs services to assure smooth transitioning for individuals moving from VDC and other DCs during the closure process. Additionally, they will be available to serve the needs of those individuals already living in the community across the regions.

VDC Transition Team and HPCs: This will be some combination of the transition team and current HPCs at VDC. Some staff may choose other opportunities, but a percentage of staff from these groups will move to community services to support infrastructure.

(2) Mortality Review Teams (three staff/team): One team for NRO/UCR and one team for LCR/SRO will provide additional regional nursing services along with mortality reviews in order to improve quality of life and health and safety of the individuals living in the community.

Advisory and Oversight Processes

The *Olmstead* Implementation and Planning Advisory Council will monitor the VDC Closure, make recommendations for changes when needed, and ensure adherence to established timeframes. Working closely with the DDD leadership, the Council will provide on-going review and feedback from a wide spectrum of perspectives. The Council consists of representatives from the following:

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

Throughout the closure process, DDD will monitor closely the outcomes. Any significant findings and/or modifications will be communicated to stakeholders. All written communications, media, analyses and other documents related to the VDC closure will be archived and preserved for the future with those from the closure of NPDC.

Evaluation

Individuals

In addition to the monitoring of health and safety that occurs for all individuals in the community, a series of reviews will be conducted for individuals at 30, 60, 90, 180 days following their move to the community and annually thereafter for three years. The reviews will be done with a face-to-face visit with the person by a team consisting of, at a minimum, the community services case manager and a staff person who knows the person well.

The visits will be documented on the “*Olmstead* Follow-up Review” form which includes questions about satisfaction and captures issues that are identified as needing follow-up by the community services case manager and the provider agency. Quantitative and qualitative data will be aggregated from the visits and analyzed by the Office of Quality and Planning as DDD strives towards continued client satisfaction.

Overall Closure

An evaluation designed to encompass the interests and values of interested persons and groups concerned about the implementation and outcomes of the closing of VDC will be conducted. The review will be conducted to meet the technical standards of social science research. The measurements will be methodologically sound and any changes in the quality of life of former VDC residents will be based on empirical evidence and sound research design.

Property

DHS has advised the New Jersey Department of Treasury of the intent to close VDC, and once completed, the property will be turned over to that department for disposition. Meetings have taken place with the Economic Development Authority and efforts to repurpose the site will be made by exploring potential local, county or state uses. Discussions will continue to focus on potential alternative uses for the vacated sites and avenues to keep jobs within the area. The potential sale of the properties also will be explored. Vehicles, furnishings, office equipment and supplies at the site will be transferred to the community and other state offices, where needed, once the doors of the facility are closed.

National Trends

At the request of the State of Delaware, The National Association of State Directors of Developmental Disabilities Services (NASDDDS) conducted a survey regarding the disposition of buildings and property of developmental centers that states have closed, or significantly downsized.

Table 9

National Trends Regarding the Disposition of Closed/Downsized DCs and Properties

State	Disposition of Buildings and Properties
Hawaii	<ul style="list-style-type: none"> ▪ A State Lab for the Department of Health was built on the site. ▪ Old buildings were converted into offices for staff. ▪ State Police utilize a portion of the campus as a training center. ▪ The Department of Land and Natural Resources occupies several buildings and use part of the campus as an equipment yard. ▪ The cafeteria was used by a private contractor for the Meals on Wheels program in the area.
New Mexico	<ul style="list-style-type: none"> ▪ One facility was changed into a prison. ▪ Another facility was used for administrative offices until 4 years ago. ▪ The city utilizes the pool that is on the grounds.
Oregon	<ul style="list-style-type: none"> ▪ Legislation was passed that allowed for the sale of the property and for 95% of the proceeds to be placed in a Trust Account. ▪ An account with the remaining 5% of the corpus, plus interest, was established to provide grants to individuals not living in licensed settings, for housing modifications.

Closure Activities

Following the Governor's Budget address on February 22, 2011, DHS and DDD completed to date, the following activities regarding the closure of VDC:

Table 10
Closure Activities Completed

Task	Completion Date
Contacted Legislators and Stakeholders	2/22/11
Contacted VDC CEO	2/22/11
Contacted Union officials	2/22/11
Met with key VDC Executive Staff	2/22/11
Contacted Head of Parents Association	2/22/11
At conclusion of each shift, met with general staff at an open forum	2/22/11-2/23/11 11pm, 7:30am, 3:30pm, 5:00pm
Contacted VDC Board of Trustees President	2/23/11
Met with individuals from VDC that are capable of understanding the message on closure	Began 2/23/11
Set up meeting with VDC families and guardians	2/24/11 Meeting set up for 3/14/11 at 2:00pm and 6:30pm
Invited the Community Living Education Project Group (CLEP) to attend VDC family and guardian meeting on 3/14/11	2/24/11
Began calls to VDC families and guardians regarding closure	Began week of 2/24/11
Closure announcement placed on DDD website	2/25/11 – Fact Sheet, FAQs
Distributed closure letter to VDC staff	2/28/11
Distributed closure letter to VDC State Guardians	2/28/11
Distributed letter to VDC family and guardians including notification of a meeting on 3/14/11	3/2/11
Chat and Chew held with VDC staff to share concerns	3/8/11
Met with local Union Presidents (AFSCME and CWA)	3/11/11
Met with local Union Presidents (IFPTE)	3/14/11
Met with VDC families and guardians to discuss closure. CLEP in attendance.	3/14/11 2:00pm and 6:30pm
Chat and Chew held with VDC staff to share concerns	3/22/11
Meeting held with Senator Jeff Van Drew	3/30/11
Distributed letters to family notifying them of additional meetings to discuss concerns	3/30/11
Conducted a tour of VDC with: Cumberland County Freeholder Director Bill Whelan, Assistant Director James Dunkins and Robert Romano, Mayor of Vineland	3/31/11
Geographic preference letter and form mailed to families	4/11/11
Met with families and guardians to discuss closure	4/19/11 3:00pm and 6:00pm
Met with families and guardians to discuss closure	4/26/11 3:00pm and 6:00pm

Appendix A2

Figure A2: Vineland Developmental Center's West Campus

