

Woodbridge Developmental Center Year Four Closure Report

NJ DHS Office of Research, Evaluation & Special Projects

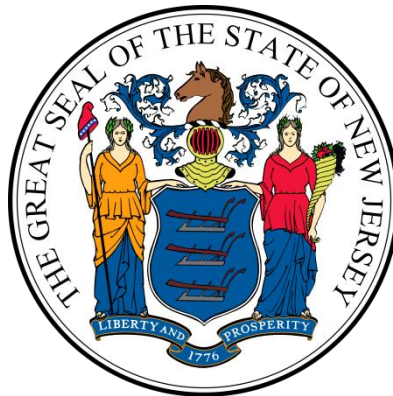


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Introduction

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

Subsequently, in January 2016, a law⁴ was enacted requiring the NJ DHS to “conduct or contract for follow up studies of former residents” of North Jersey Developmental Center and Woodbridge Developmental Center who transitioned into the community after August 1, 2012 as well as others who were placed in the community as a result of plans to close another State developmental center.⁵

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

This report presents data for the fourth year following the closure of Woodbridge Developmental Center. It addresses the topics mandated in legislation focusing on persons, settings, services and outcomes. Unless otherwise specified, tables and graphs depict information for Year 4. As feasible and appropriate, contextual comparisons are made between consumers moved into community placements and those residing in developmental centers. Information was obtained

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/JSOImPlanFinal.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 Huttler, Eustace, Diegnan, Giblin/Pou, Sarlo, Weinberg). See: http://www.njleg.state.nj.us/2014/Bills/PL15/197_.PDF

⁵ Or State psychiatric hospital.

from a variety of sources and utilized methodologies including consumer and family surveys, specialized data collection instruments, and multiple databases from the Division of Developmental Disabilities, the Division of Medical Assistance and Health Services, and the Division of Mental Health and Addiction Services.

Developmental Center Closure Timeline

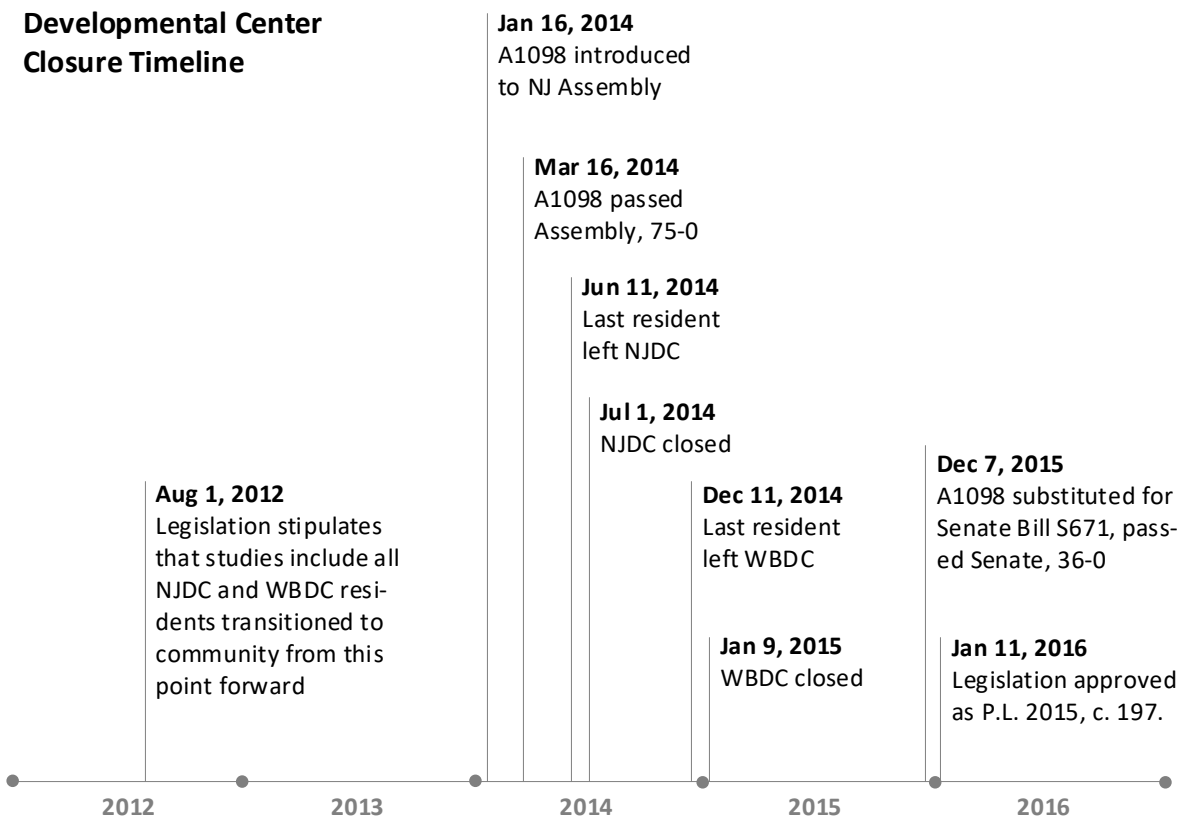


Figure 1 Timeline of DC closure

Woodbridge Developmental Center

The evaluation focuses on the 333 residents who were living at Woodbridge Developmental Center (WDBR) 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 December 2014. Woodbridge Developmental Center officially closed on January 9, 2015. The findings for this fourth report cover the period from January 8, 2018 until January 7, 2019. At the start of that time period, there were 278 members remaining in the cohort. Fifty-five individuals are not part of this report. Between August 1, 2012 and January 7, 2016, ten

Table 1 Cohort attrition

Cohort Attrition	Year 1	Year 2	Year 3	Year 4
Individuals at the start of the report period	333	295	284	278
Pre-placement deaths	10	--	--	--
Deaths	26	11	6	11
Discharges	2	--	--	--

individuals passed away prior to moving from Woodbridge. Following placement, between August 1, 2012 and January 7, 2016, 26 passed away in developmental centers (n=20), community placements (n=4), and skilled nursing facilities (n=2). Two were discharged to family out-of-state and nothing is known of their status. Eleven passed away during Year 2 of the report, January 8, 2016 to January 7, 2017 and six passed away during Year 3 of the report, January 8, 2017 to January 7, 2018.

Residential Settings

At the start of the report period, there were 278 former Woodbridge Developmental Center residents. A total of 200 individuals or 71.9% of the 278 former Woodbridge Developmental Center residents were residing in other developmental centers.⁶ Of the remaining 78 residents, 73 were living in the community. Five residents were in Skilled Nursing Facilities (SNF). This report focuses on the 200 individuals residing in developmental centers and the 73 persons living in the community.

Of the 200 individuals from Woodbridge who were living in Developmental Centers at the start of the report period, 46.0% resided in either Woodbine or Vineland. An additional 20.5% resided in New Lisbon and about 18.0% and 15.5% were living in Green Brook and Hunterdon, respectively.

Persons

The 278 former WBDC residents who were cohort members in January 2018, were

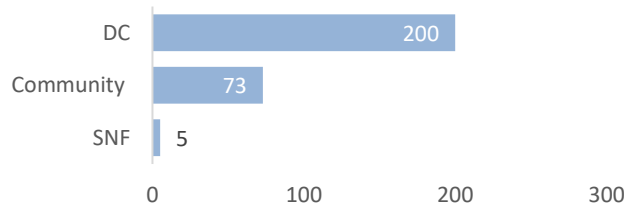


Figure 2 Placements from Woodbridge as of 1/8/2018 by type

Table 2 DC residents at start of report period by placement

Developmental Center	N	%
Woodbine	49	24.5%
Vineland	43	21.5%
New Lisbon	41	20.5%
Green Brook	36	18.0%
Hunterdon	31	15.5%
Total	200	100.0%

Table 3 Characteristics of Woodbridge residents on January 8, 2018 (n=278)

Characteristics	Year 4
Gender	
Male	56.5%
Female	43.5%
Age Group	
22 - 44 years	5.8%
45 - 54 years	18.0%
55 - 64 years	50.4%
65+ years	25.9%

⁶ Guardians approve placement decisions and may request placement in another developmental center if they feel it will be more appropriate.

more likely to be male (56.5%) and between 55 and 64 years old (50.4%). The mean age of the population was 59.2 years.

Placement decisions were approved by the residents' guardians. Of the 200 former residents of Woodbridge who were living in other developmental centers at the start of the fourth year of the study, 153 or 76.5% had private guardians, primarily parents⁷ and siblings, but also including aunts/uncles, cousins, and other family members. Less than one-fourth (43 or 21.5%) had state guardians; four consumers were their own guardian.

Among the 73 former Woodbridge residents living in community settings at the start of Year 4, private guardians also were more common with 60.3% of the residents with community placements having family guardians, predominantly parents or siblings. A total of 35.6% of community residents had state guardians and three were their own guardian.⁸

There were two guardianship changes from Year 3 to Year 4 for the DC residents. There was one guardianship change for the community residents.

Table 4 Guardians of DC and community residents by study year

Guardian Type by Placement	Year 1		Year 2		Year 3		Year 4	
	N	%	N	%	N	%	N	%
Developmental Center	236		212		204		200	
Private (Family)	179	75.8	164	77.4	159	77.9	153	76.5
State Guardian	56	23.7	46	21.7	43	21.1	43	21.5
Self	1	0.4	2	0.9	2	1.0	4	2.0
Community	83		80		77		73	
Private (Family)	50	60.2	49	61.3	49	63.6	44	60.3
State Guardian	33	39.8	31	38.8	26	33.8	26	35.6
Self	--	--	--	--	2	2.6	3	4.1

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 January 8, 2018 through January 7, 2019. Changes included movement from a developmental center into the community or when residents were transferred from one community placement agency to another or from one developmental center to another. Additionally, moves occurred from a community residential placement into a SNF as a

⁷ Including step, foster and spouses of biological parents, i.e., in-laws.

⁸ Of the two individuals in the community who passed away during Year 4, one had a private guardian and the other had a state appointed guardian at the time of death.

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.⁹
- 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).¹⁰

Based upon this definition and analysis, two or 2.7% of the 73 individuals residing in community placements at the start of the report period experienced residential movements in Year 4. In both cases, only one move occurred. Both individuals moved from a community placement to another community placement managed by a different provider. Of the 200 Woodbridge residents who were placed in other developmental centers, two moved in Year 4. One individual was placed in a skilled nursing facility and one moved to the community.

None of the Woodbridge residents placed in the community was admitted to a state psychiatric hospital during the fourth year of the study.¹¹

Community Services

Services for people affected by the closure of Woodbridge 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

⁹ 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.

¹⁰ In some instances, e.g., when the resident had a terminal illness, placement in a Skilled Nursing Facility was a residential placement. Where there were questions regarding an SNF placement, DDD staff examined the Pre-Admission Screening and Resident Review (PASRR) document for guidance.

¹¹ Community residents were cross-referenced with the Division of Mental Health and Addiction Services and the Department of Health’s shared state psychiatric hospital database for hospitalizations occurring from January 8, 2018 through January 7, 2019.

has not been identified as a need in their plan. The most recent Community Care Program Renewal application was approved in March 2017 and added several new services and habilitative therapies as available options.¹²

The amount of staffing in community placements varied depending on the number and needs of the individuals being served. To examine the staffing at these community placements, a 10% random sample (n=8) was selected.¹³ The per capita hours of direct service staffing in these placements was calculated and an average of 82.8 weekly direct staffing hours with a range from 51.5 to 111 hours per person per week was found.

The number of direct care staffing hours is significantly associated with the number of residents in the placement; the more residents in a placement, the higher the number of direct care staffing hours.¹⁴ However, other factors may come into play in determining staffing levels. Two placements can be managed by the same agency and could have different per capita hours of staffing; such differences are based on needs of individuals. Most programs planned for minimal staff during weekday daytime hours from about 7 am to 3 pm when individuals were expected to be attending 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 consumers are sick and unable to attend their day programs, staffing is provided; similarly, additional staff is hired on an as needed basis for special activities or to ensure adequate coverage.

Of the 73 residents in community placements, all but eight participated in some type of out-of-home day activity. 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.

Fifty-seven individuals participated in a DDD-funded formal adult training program available outside of the residential placement setting. These programs were of two types, depending on the level of support needed.

¹² 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 Comprehensive Medicaid Waiver, and was re-named the Community Care Program.

¹³ Every individual was assigned a random number and the eight largest was selected and the program descriptions for their community facilities reviewed.

¹⁴ Pearson correlation = .851, statistically significant at the .05 level.

Eight individuals participated in State Plan Medicaid-funded medical day programs offering medical, nursing, social, personal care and rehabilitative services along with lunch and transportation to and from the program.

Table 5 Types of day activities

Day Activity	N	%
DDD-Funded Adult Training (various types)	57	78.1
State Plan Funded Medical Day Programs	8	11.0
In-home supports	8	11.0
Total	73	100.0

Eight individuals received in-home supports. These individuals were not currently participating in day programs for a variety of reasons including individual preference and retirement.¹⁵

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.¹⁶ Adult Medical Day program transportation is funded through State Plan Medicaid. In addition, some medical transport for doctors’ appointments, hospitals and therapies can be paid for by the Medicaid State Plan. If the resident attends an adult medical day program, transportation must be provided by the day program.

Medical and dental care is governed by the licensing standards for residents of group homes and community care residences as set forth in New Jersey’s Administrative Code. For medical care, the relevant portion of section 10:44 mandates that “Each individual shall have an annual medical examination.”¹⁷ 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, group home staff and support coordinators. Analysis showed that 65 of 70¹⁸ individuals or about 92.9% had an annual medical examination during Year 4. Of the five individuals who did not receive a routine medical examination, one passed away before their scheduled annual examination date. Three individuals had medical examinations that occurred just before the start of the Year 4 period, with the Year 5 examinations occurring just after the end of the Year 4 report period, and one was transferred to a SNF before an examination could be completed.

¹⁵ Two individuals with in-home supports were enrolled in a day program by the end of Year 4.

¹⁶ 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> and Section 17.7 Day Habilitation of Supports Program Policies & Procedures Manual <https://www.nj.gov/human-services/ddd/documents/supports-program-policy-manual.pdf>

¹⁷ See http://www.state.nj.us/humanservices/ool/documents/10_44A_eff_4_18_05.pdf

¹⁸ Three individuals documentation was not available at the time of data collection. Documentation was not available due to two individuals who had transferred providers since the report period and one individual passing away before data could be recorded.

The licensing standards for residents of group homes as set forth in New Jersey's Administrative Code¹⁹ 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), residential staff, 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.

Sixty-six individuals or 90.4% of the 73 in the community received dental care during Year 4. Seven individuals did not receive annual dental care during the reporting period. One individual did not have an annual dental exam because the individual was in a SNF for most of the report period. Due to health conditions that require prior medical clearance for dental work, another individual had not completed an annual dental. The third individual did not complete an exam because they would have needed sedation and the individual was ineligible for sedation due to other health conditions. Two other individuals needed sedation for dental work. Another individual's guardian opted to have the individual's primary care physician complete the dental exam due to various reasons and the seventh individual received a dental exam three months late, during the Year 5 report period.

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.²⁰ 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 or incidents where 9-1-1 was called involve life-threatening emergencies as subsequently determined by medically trained personnel. Staff members often act out of an abundance of caution and contact 9-1-1, regardless of the particulars, because they face a \$5,000 fine when a "covered" incident is not reported and may not feel equipped to judge the severity

¹⁹ Ibid.

²⁰ See <https://www.nj.gov/humanservices/ddd/providers/providerinformation/danielle/>

of the event.²¹

During Year 4, thirty-nine, or 53.4% of the 73 individuals living in the community, had one or more incidents that triggered a 9-1-1 call in compliance with Danielle’s Law. The total number of Danielle’s Law-coded incidents was 110. 98.2% of the incidents were medical in nature while only two, or 1.8%, were behavioral.

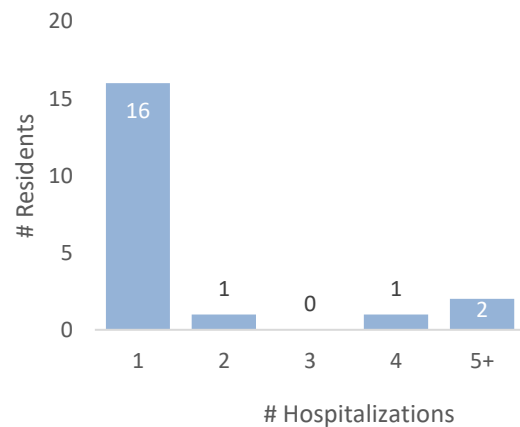
Claims data extracted from the State’s Medicaid Management Information System (MMIS) were analyzed to determine whether residents placed in community settings utilized emergency rooms. Of the 73 residents living in community placements, 47, or 64.4%, had emergency room visits during Year 4. The number of visits ranged from one to more than seven, with a mean of 3.45 (among those with visits). The most common reasons given for the emergency room visit were gastrointestinal complications and conditions; head, ear or eye laceration, contusion, abrasion or other injury; and epilepsy, convulsions, or seizures. It is important to note that Danielle’s Law elevates ER visits as a consequence of mandated 9-1-1 calls.

Of the 73 Woodbridge residents living in the community, 20 or 27.4% had one or more hospitalizations for medical conditions. Community residents had a total of 37 hospitalizations, 27% of them involving one individual.²²

Table 6 ER visits during Year 4

# of ER visits	N	Percent
0	26	35.6%
1	19	26.0%
2	10	13.7%
3	1	1.4%
4	3	4.1%
5-6	7	9.6%
7+	7	9.6%
Total	73	100.0%

Table 7 Number of hospitalizations in Year 4



²¹ In place of the previously used UIRMS, the New Jersey Incident Reporting Management System, (NJIRMS) was rolled out on July 9, 2018. In the new NJIRMS, a Danielle’s Law code was no longer used, and instead a “911 called” box was utilized. Then on September 25, 2018 in order to track incidents more accurately in NJIRMS, a life threatening emergency box was also added. The addition of both boxes helps more accurately indicate what incidents fall under Danielle’s Law, because not all 911 calls are necessarily for life threatening emergencies. The number of incidents reported during this period should not be compared to previous reporting periods due to this change.

²² Reasons for hospitalizations for this report are excluded to maintain confidentiality due to one individual representing the most common reasons for hospitalization. It should also be noted that each hospitalization could result in more than one claim if the length of stay continues into the next month.

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 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.²³

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.

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 59 of the 73 community residents and 167 of the 200 DC residents. Within group comparisons are also made between Years 1 and 4, including determination of statistically significant differences in these scores between those who were in DCs in both Years 1 and 4 (n=166) and those who were in community placements in both years (n=56).

²³ 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.

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. Average scale scores for the community residents was 0.63 and for the DC residents was 1.19.

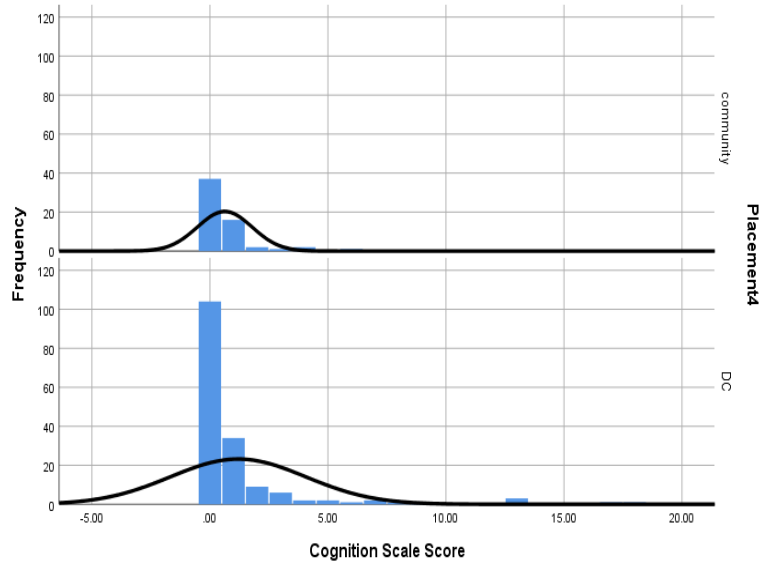


Figure 3 Cognition scores of community and DC residents, Year 4

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 3 show that the majority of residents both in the community and the developmental centers had scores of zero.

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

A total of 56 individuals in the community and 166 in the DC’s had NJCAT data for years 1 and 4. Comparisons between Year 1 and Year 4 average cognition scores for individuals in the community showed no significant differences. The DC residents showed a decline in cognition scale scores in Year 4²⁴.

Table 8 Percentage with a cognitive limitation by type of residence

Limitation	Community	DC
No substantial limitation	0.0%	0.6%
Substantial limitation	100.0%	99.4%

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

²⁴ Statistical significance could not be tested due to the lack of variability in scores over time.

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 the community residents was 7.92 and for the DC residents was 11.01.

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

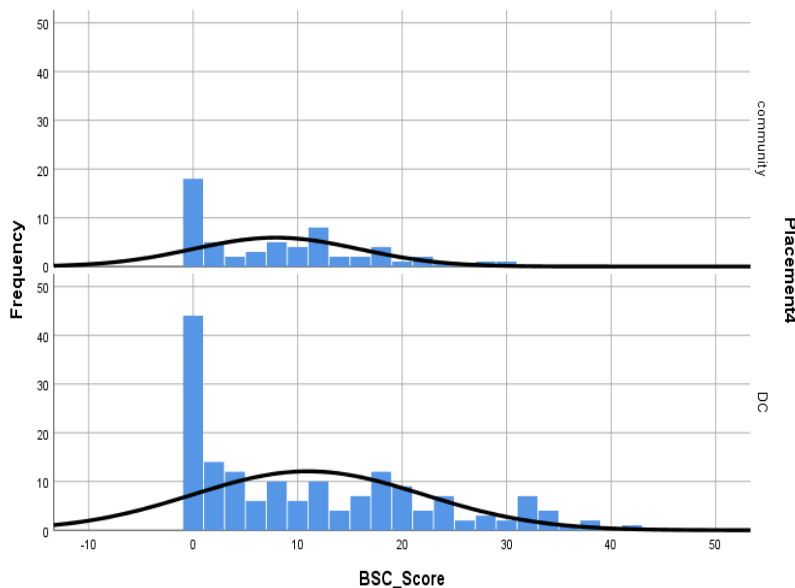


Figure 4 Basic self-care scores of community and DC residents, Year 4

Given the substantial skew in basic self-care scores, the analysis utilizes a dichotomous variable that captures whether or not the self-care scores reflect a substantial limitation. According to NJCAT documentation, summary scores of less than 34 on basic self-care indicate a substantial limitation while scores above that threshold indicate no substantial limitation. Data show that almost all of the individuals have a substantial limitation with negligible differences between DCs and the community.

Table 9 Limitation in basic self-care by type of residence, Year 4

Limitation	Community	DC
No substantial limitation	0.0%	3.0%
Substantial limitation	100.0%	97.0%

For both community and DC residents meaningful comparison of Years 1 and 4 could not be done due to lack of variability in the scores. Fifty-five of the 56 individuals residing in the community during both years had a substantial self-care limitation during Year 1; all 56 had a substantial limitation during Year 4. Twelve, or 7.2% of DC individuals did not have a substantial self-care limitation in Year 1; only five or 3.0% had no substantial limitation during Year 4. A large majority in both years had substantial self-care limitations.

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 13.6% of the community residents and 21.6% of the DC residents were able to walk independently in Year 4. These differences were not statistically significant between community and DC cohorts.

Comparisons of Years 1 and 4 suggest very slight differences among community and DC residents. Statistical testing was not feasible for the community residents given the small sample size. Thirty-five DC residents were able to walk independently during Year 1 and 36 residents in Year 3. This difference was statistically significant²⁵, but because changes in ability to walk independently improved for some individuals but worsened for others, there is no direction of statistical significance.

Consumer Interviews

Consumers were interviewed in order to determine their satisfaction with residential placements and whether they would prefer to live in a developmental center. In order to determine who could be interviewed, the researchers analyzed information from the most recent NJCAT to determine the likelihood that former residents could make a comparison and were able to recollect past experiences. Four items were utilized for this purpose: whether former residents were able to remember events that happened a month or more ago; understood the difference between yesterday, today and tomorrow; were able to use a few simple words, signs or picture symbols; and were able to understand a joke or story²⁶.

Many residents had significant cognitive impairment and could not be interviewed. The three individuals who were eligible for the third interview were also interviewed for Year 4. One individual who was not previously interviewed was identified as a new respondent. Of the four interviews conducted, two individuals completed the interview with valid responses; results are based upon in-depth interviews with the two community residents. Both individuals were interviewed at the consumer’s residence. 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, including Woodbridge or another group home.

Among the two community residents who could be interviewed about their housing preferences, both preferred living in the community to living at Woodbridge DC. One of the two was happy with their current placement; this individual responded, “Everything is good to me” and spoke positively about going to church, the food and the staff. They said “I never go back to places like that anymore. I’m too old for that” in reference to Woodbridge DC and “I think I’ll stay here

²⁵ There were six individuals who were not able to walk independently in Year 1 but could walk independently in Year 4. There were five individuals who were able to walk independently during Year 1 but could not in Year 4.

²⁶ The individuals identified using the first year NJCAT scores were interviewed for the second, third and fourth year.

forever.” The other individual preferred to live in the community but wanted to move to another group home. This individual said “I don’t like to be here, I’ve been here too long...I like to get away from people” and said they like the staff which might indicate they are unhappy with one or more housemates.

Family Contacts

Information about contacts 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. There was one individual for whom frequency of family contact was not available. Where data were available, results show that 11 of the 72 placed in the community with available information had no family.

Of the remaining 61 with family and information regarding the frequency of contact, 47 had at least annual contact and 14 had no contact during the annual reporting period. Of the 47 with annual contact, 19 had at least weekly contact; 12 had at least monthly contact; 16 had at least once during the year.

Sixty-eight of the 72 community residents for whom frequency of peer contacts were available or 94.4% had access to peers, primarily on a daily basis.

Year 4 Family/Guardian Survey: Community Residents

The study also incorporated the perspectives of private guardians about the Woodbridge cohort’s quality of life in the current residence. A survey²⁷ was mailed to the family/guardians of everyone (n=42) who had been placed in the community, still resided in the community at the time of the survey, had private guardians (i.e., family members, friends, or advocates) and did not opt out of the survey in previous years. Family/guardians who did not respond to the initial mailing received a postcard reminder followed by up to three phone calls.

Table 10 Family involvement among community residents

Family involvement	N	%
Family involved	61	83.6%
No family	11	15.1%
Missing ALA information	1	1.4%

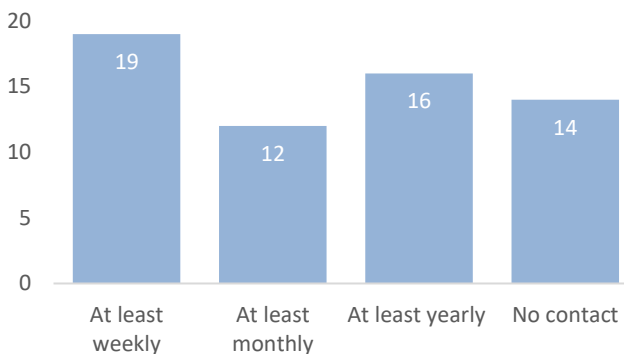


Figure 5 Frequency of family contact (N=61)

²⁷ See Appendix. Items were based upon surveys conducted of previous institutional closures in New Jersey.

As of January 2020, 32 family/guardians of 42 former Woodbridge residents living in the community had responded to the survey, a response rate of 76.2%.²⁸ All thirty-two respondents (100.0%) were related to the former Woodbridge resident. Relatives were primarily either siblings (62.5%) or parents (25.0%). Other family members included an aunt or uncle and cousin (12.5% combined).²⁹

Most (78.1%) of the respondents (n=25) had visited former Woodbridge residents in their community placements. All but one of the individuals that responded to the question had some form of contact with their loved one. Thirteen respondents contacted staff at the residence. Eight respondents had contact with residents by phone or email. The totals summed to more than 32, because respondents could have multiple methods of contact. For example, two individuals both visited and had contact via phone or email. Of the thirteen respondents who contacted staff, five also visited the residence. There were four respondents who visited the resident, contacted staff at the residence and contacted the resident by phone or email.

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

Ratings focused on family and private guardian perceptions of the residents' living situation and community programming. Respondents were asked to indicate their happiness with each of thirteen aspects of the community resident's current situation. Ratings were assigned scores as follows: "very happy" = 5; "somewhat happy" = 4; "neither happy nor unhappy" = 3; "somewhat unhappy" = 2; and "very unhappy" = 1.

²⁸ Where there were more than one respondent for one individual, one survey for each individual was chosen at random.

²⁹ Changes in guardianship relationships from the previous reports may reflect differences in who responded to the survey.

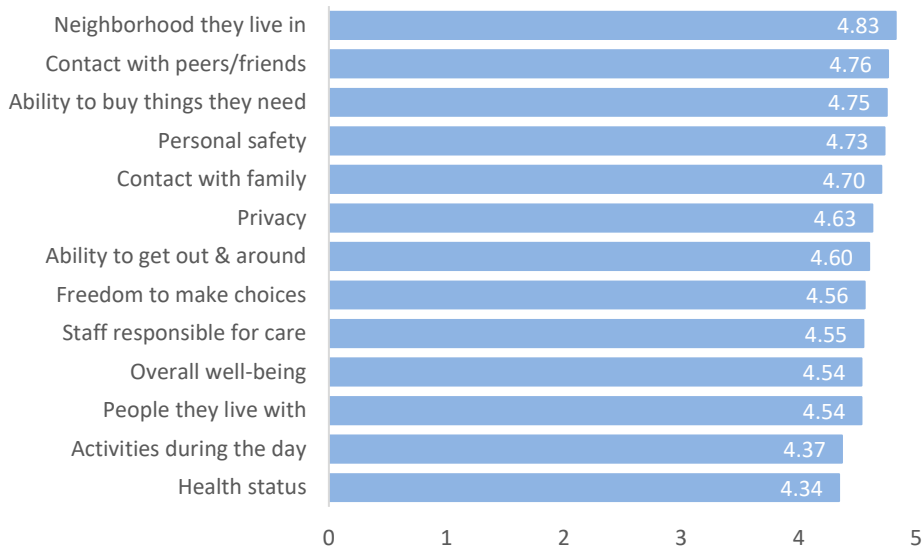


Figure 6 Family guardian perceptions of consumer’s current living situation
Average scores for each of the 13 items fall between 4.34 and 4.83 with the neighborhood they live in the highest for any of the community ratings.³⁰

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

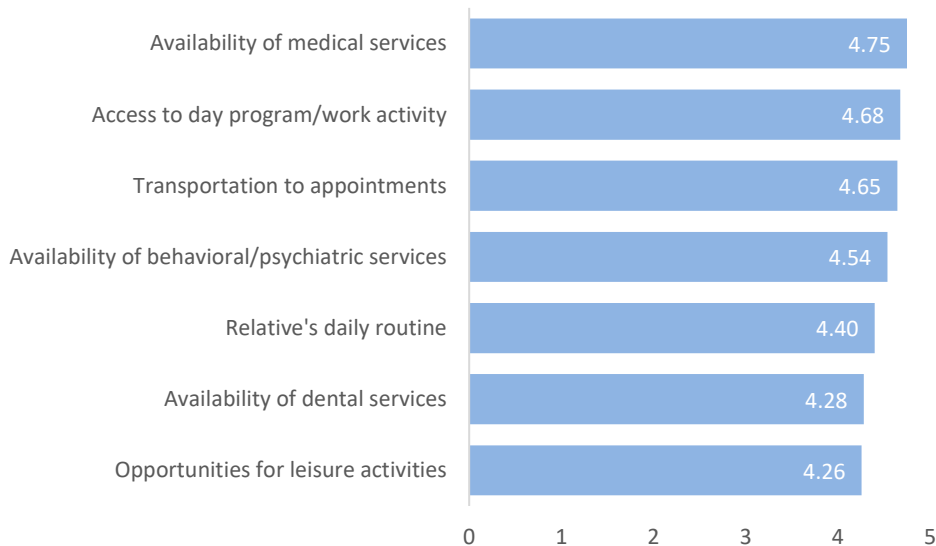


Figure 7 Average ratings of programming and services (higher scores indicate greater satisfaction)

³⁰ The legislation specifically mentions personal safety and health status, both of which are rated over 4.0.

High reported satisfaction in programming and services as shown in Figure 7 was evident in the item averages, which ranged from a low of 4.26 to a high of 4.75, where a “5” indicates the respondent is “very satisfied.” The rating for average satisfaction with availability of medical services at 4.75 was the highest for any of the community programming ratings.

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 Woodbridge residents in community placements to the private guardians of individuals from Woodbridge who were transferred to other developmental centers. In order to make this comparison, surveys were sent to family/guardians of 137 residents who had been placed in another developmental center, still resided in a developmental center at the time of the survey, had private guardians (i.e., family members, friends, or advocates) and did not opt out 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 January 2020 surveys had been received from 105 family/guardians. These included seven residents with two family respondents each and one with three respondents; one survey for each individual was chosen at random, leaving 96 respondents and a response rate of 70.1%. All of the respondents were family members, primarily siblings (64.6%) or parents (26.0%); 9.4% of the respondents were aunts/uncles and cousins.

Asked to rate how their relative is doing overall. 30 of 32 (93.8%) guardians of community residents and 84 of 96 (87.5%) guardians of other developmental center residents reported their

Table 11 Guardian perception of relative's well-being

How relative is doing overall	Community (n=32)	DC (n=96)
Excellent/Good	93.8%	87.5%
Fair/Poor	3.1%	10.4%
Don't know/Missing	3.1%	2.1%

relative was doing “Excellent/Good”. One (3.1%) guardians of community residents and ten (10.4%) guardians of other developmental centers rated their relative as doing “Fair/Poor.” One (3.1%) guardians of community residents and two (2.1%) guardians of residents in other developmental centers did not answer the question or responded “don’t know.”

Comparisons between the perceptions of family/guardians of community and DC residents were also made with regard to their happiness with various aspects of quality of life and their satisfaction with community programming. However, with a few exceptions, none of the results were statistically significant. Domains in which family/guardians of community residents were statistically significantly happier the neighborhood they live in, personal safety and the contact that they have with peers and friends.

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

Types of changes	Community (n=32)		DC (n=96)	
	N	%	N	%
Moved to a different residence	4	12.5%	15	15.6%
Has a different roommate	4	12.5%	16	16.7%
Has different staff caring for him/her	16	50.0%	31	32.3%
Attends a different day program	4	12.5%	---	---

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 (50.0%); all of the other changes were reported in 12.5% of the responses. Guardians of developmental center residents also reported that the most frequent change was in staff caring for the relative (32.3%) and the least frequent change was move to a different residence (15.6%).

Family/Guardian Survey: Year 1 and Year 4 Comparisons

The results from surveys of family guardians who completed a survey for both the first and the fourth report periods were compared. There were 62 family members of individuals living in DCs and 16 from the community who responded to the survey both years of the study. Because of these small sample sizes, statistical significance cannot be determined. As such, the following results are purely descriptive. As noted throughout, even in situations where satisfaction has decreased, the average scores are still, at minimum, in the positive categories, primarily ranging from "happy" to "very happy."

Table 13 Changes in average family guardian happiness across several items after Year 1. Note: Sample sizes vary by item due to variations in item response; the term, “mean” is synonymous with the average score.

Community & Social Interaction	Community (n=16)				DC (n=62)			
	Year 1 Mean	Year 4 Mean	Difference	N	Year 1 Mean	Year 4 Mean	Difference	N
Ability to buy things they need	4.36	4.82	0.45	11	4.20	4.55	0.35	20
Personal Safety	4.88	4.88	0.00	16	4.41	4.50	0.09	56
Neighborhood they live in	5.00	4.94	-0.06	16	4.64	4.68	0.05	44
Contact with family	4.81	4.75	-0.06	16	4.56	4.54	-0.02	50
People they live with	4.80	4.67	-0.13	15	4.36	4.47	0.11	45
Contact with peers/friends	4.79	4.64	-0.14	14	4.37	4.43	0.07	30
Privacy	4.93	4.71	-0.21	14	4.47	4.55	0.08	38
Freedom to make choices	4.56	4.33	-0.22	9	4.21	4.47	0.26	19
Ability to get out & about	4.88	4.63	-0.25	16	4.39	4.49	0.10	41
Activities during the day	4.53	4.20	-0.33	15	4.52	4.48	-0.04	46
Staff responsible for care	4.88	4.50	-0.38	16	4.67	4.70	0.04	57
Overall well-being	4.93	4.47	-0.47	15	4.35	4.65	0.31	55
Health Status	4.88	4.38	-0.50	16	4.27	4.47	0.20	55

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 their ability to buy things they need higher in Year 4 than Year 1 while their personal safety remained the same in Year 1 and Year 4. The remaining ratings decreased three years later. Despite these numeric decreases, all ratings fell between somewhat happy and very happy.³¹

DC guardians rated 11 of the 13 items higher in Year 4 than Year 1. The most improvement in happiness was reported for the consumers’ ability to buy things they need, overall well-being and freedom to make choices. Perceived happiness with the contact they have with family and the activities they have during the day declined in both placement settings.

³¹ The data show that among the small number of community residents with data at both intervals, ratings almost invariably declined. However, for those in a DC during both time periods, ratings were unchanged or increased. The decrease in community ratings may reflect regression towards the mean since higher ratings are most apt to fall.

Table 14 Comparison of average family guardian ratings of satisfaction with aspects of current living arrangement, Year 1 and Year 4. Note: Sample sizes vary by item due to variations in item response; the term “mean” is synonymous with the average score.

Services	Community				DC			
	Year 1 Mean	Year 4 Mean	Difference	N	Year 1 Mean	Year 4 Mean	Difference	N
Availability of medical services	4.81	4.75	-0.06	16	4.62	4.79	0.17	58
Availability of behavioral/psychiatric services	4.53	4.47	-0.07	15	4.52	4.67	0.15	46
Access to day program/work activity	4.75	4.63	-0.13	16	4.47	4.44	-0.03	32
Transportation to appointments	4.81	4.69	-0.13	16	4.65	4.74	0.09	46
Daily routine	4.75	4.38	-0.38	16	4.63	4.70	0.07	46
Availability of dental services	4.69	4.25	-0.44	16	4.61	4.46	-0.14	56
Opportunities for leisure activities	4.69	4.19	-0.50	16	4.53	4.60	0.07	40

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 are compared to Year 1. All averages for Year 4 across all aspects were rated between “somewhat satisfied” and “very satisfied” by both the community and DC guardians. Community guardians rated all programming lower the fourth year than the first year. The DC guardians rated the availability of dental services and access to a day program or work activity lower the fourth year while all of the rest of the ratings increased. The largest increases in programming satisfaction of family/guardians of DC residents were availability of medical services and behavioral or psychiatric services.

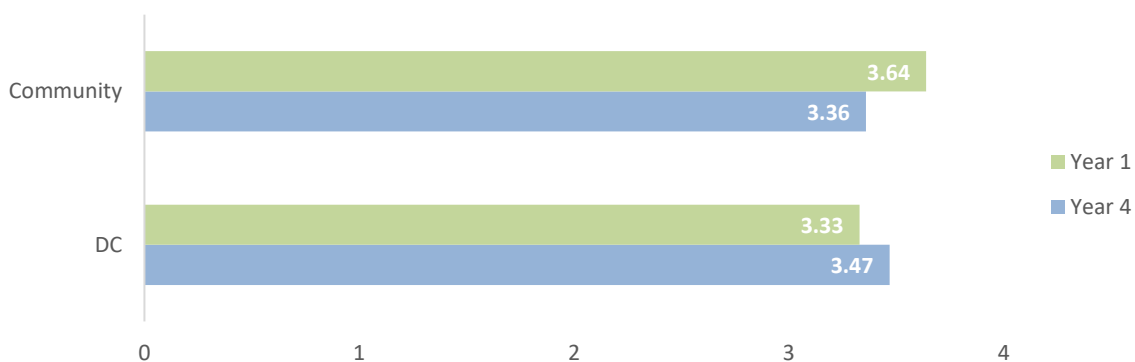


Figure 8 Average community (n=14) and DC guardian (n=57) overall ratings of current living situation by reporting year

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. The average ratings for both the community and DC guardians were between “Good” and “Excellent”. Additionally, DC ratings increased from Year 1 to Year 4 by 0.14 and the community decreased by 0.28.

Health Status

The study also examined health status outcomes such as the need for medical and behavioral health supports and mortality using the NJCAT tool.

The measure of the need for medical supports considers three levels of medical need.³² As shown in Figure 9, both populations predominantly need specialized medical care, but compared to the community residents, a greater percentage of DC residents needed the more intensive specialized on-site nursing care. These differences were not statistically significant.³³

Among the 56 community residents with completed NJCATs for both years, statistical significance from Year 4 compared to Year 1 could not be determined due to the lack of variability in the responses. The category with the largest change was specialized on-site nursing which had a 9.0 percentage point increase which reflected five individuals who went from specialized medical in Year 1 to specialized on-site nursing in Year 4. For the 166 DC residents with completed NJCATs both years, statistical significance in medical supports scores from Year 1 compared to Year 4 also could not be determined also due to the lack of variability in responses. The category with the largest change was specialized medical with a 6.7 percentage point increase.

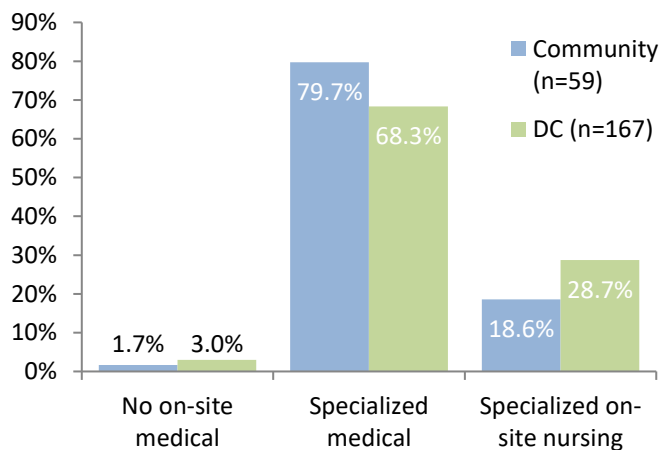


Figure 9 Medical assistance by residential placement type, Year 4

Among the 56 community residents with completed NJCATs for both years, statistical significance from Year 4 compared to Year 1 could not be determined due to the lack of variability in the responses. The category with the largest change was specialized on-site nursing which had a 9.0 percentage point increase which reflected five individuals who went from specialized medical in Year 1 to specialized on-site nursing in Year 4. For the 166 DC residents with completed NJCATs both years, statistical significance in medical supports scores from Year 1 compared to Year 4 also could not be determined also due to the lack of variability in responses. The category with the largest change was specialized medical with a 6.7 percentage point increase.

³² 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.

³³ Per analyses using Pearson’s chi-square.

The Behavioral Supports Level has scores ranging from 1 to 4, with higher scores associated with behaviors requiring more intensive support and environmental modifications.³⁴

A comparison of data for community and DC residents show that most community residents needed formal behavioral health supports while most DC residents needed no on-site supports. Decisions regarding residential placements were made by the residents' guardians. Among those who selected to live in the community, greater behavioral health supports were required than among those who moved to a developmental center. These differences were statistically significant.³⁵

Statistical significance testing of behavioral health supports from Year 1 to Year 4 was not feasible for the community residents or the DC residents due to lack of variability in responses. For the community residents, the category with the largest change was no on-site supports which decreased by 14.3 percentage points. The magnitude of change for DC residents was less than community residents. There were modest increases in the percentage of individuals needing less behavioral supports and a 9.1 percent decline in those needing formal supports.

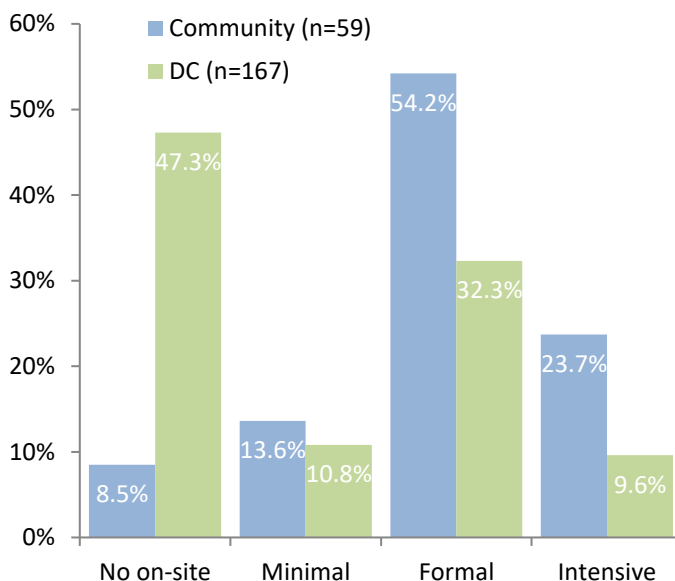


Figure 10 Need for behavioral supports by residential placement type, Year 4

Mortality

Among the 73 individuals living in the community at the start of the report period, two (2.7%) passed away in Year 4.³⁶ The two deaths resulted from natural causes including pancreatic cancer and cardiac arrest due to coronary artery disease.

Seven (3.5%) of the 200 individuals who were residing in other developmental centers at the start of the report period passed away. All seven deaths during Year 4 were due to natural causes

³⁴ Lerman, et al., op. cit., 188-190.

³⁵ Per analyses (using Pearson's chi-square).

³⁶ One individual was residing in hospice at the time of death.

including sepsis, pneumonia, respiratory failure, ischemic myocardial arrhythmia, acute hypoxic respiratory failure due to pneumonia and septic shock³⁷.

Two individuals who were living in SNF's at the start of the report period passed away during Year 4. Both individuals lived in the community at one point after the closure of Woodbridge DC and both deaths were due to natural causes including end stage cerebral palsy and failure to thrive.

Unusual Incidents

The New Jersey Incident Reporting and Management System (NJIRMS) captures information on a range of unusual incidents including operational (e.g., a minor fire extinguished by staff), operational breakdowns (when an outage or disruption poses a threat to health and safety and/or impacts facility operations), unexpected staff shortages (if the shortage results in the inability to safely evacuate residents or if appropriate levels of supervision cannot be maintained) or criminal activity³⁸. 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 NJIRMS database include the incident code, date of the incident, the responding party, and the action taken. The documentation of law enforcement involvement is not often standardized. This is largely because the criminal justice system is not obligated to provide the Division with updates on its work. Therefore, incident codes were augmented by a review of the incident narratives. This review of UIRMS and NJIRMS data yielded two incidents with law enforcement involvement. Each incident involved one former Woodbridge resident and appropriate administrative action has been taken.

This concludes the Woodbridge DC closure evaluation for the fourth annual report (covering the fourth year post-closure). The fifth annual report out of five will cover the Year 5 period from January 8, 2019 through January 7, 2020.

³⁷ Commonly, there are multiple causes of death listed.

³⁸ In July 2018, a new incident reporting system, NJIRMS was rolled out. In the old system, UIRMS, any time there was a report of a potential criminal act it was reported as criminal activity. In the new system, criminal activity is only used when charges are pressed. The number of reported incidents during this period should not be compared to other reporting periods due to this change in systems.

Appendix A: Family Guardian Survey



Family and Guardian Survey - Woodbridge 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 Woodbridge 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 Woodbridge 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 - Woodbridge 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 Woodbridge 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 Woodbridge Developmental Center? I am: (Select ONE)

- | | |
|-----------------------------------------------------------------------------|--------------------------------------------|
| <input type="radio"/> Grandparent | <input type="radio"/> Niece/Nephew |
| <input type="radio"/> Parent/Stepparent | <input type="radio"/> Cousin |
| <input type="radio"/> Sibling (Brother/Sister/Brother In-law/Sister In-law) | <input type="radio"/> Friend/Family friend |
| <input type="radio"/> Aunt/Uncle | |
| <input type="radio"/> 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)

- | | |
|---------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Moved to a different residence | <input type="checkbox"/> Has different staff caring for him/her |
| <input type="checkbox"/> Has a different roommate | <input type="checkbox"/> 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff responsible for their care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The activities they have during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their ability to get out and get around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The neighborhood they live in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their personal safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The contact they have with you or other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The contact that they have with peers and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their freedom to make choices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their ability to buy things they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their health status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their overall well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparation of staff to handle behavioral or medical problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff turnover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk of abuse or neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for leisure activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to either a day program or work activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to appointments or programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of behavioral or psychiatric services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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. Previous closure reports can be accessed at <https://bit.ly/2JJjQfT> 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.