

Jennifer Velez - VDC Blueprint Testimony
Joint Committee Hearing:
Senate Health, Human Services and Senior Citizens
and
Assembly Human Services
Tuesday, May 17, 2011

Good afternoon, Chairwomen Weinberg and Vanieri Huttle and members of the Senate Health, Human Services and Senior Citizens Committee and Assembly Human Services Committee. I'm here with staff from the Division of Developmental Disabilities: Deputy Commissioner Dawn Apgar and Director of Developmental Center Operations Patt Howell. We also have our CEO of Vineland Developmental Center Eloise Hawkins, Department Chief of Staff Diane Zompa and Department CFO Chris Bailey. We're here at your request to discuss the Department's recommendation to close Vineland Developmental Center, which is included in the proposed Fiscal Year 2012 budget.

In preparation for today's hearing, you were emailed the Blueprint for Closure report – an addendum to our 2007 *Olmstead* Path to Progress. We also sent to you a publication entitled 'Moving Forward', which includes profiles of a number of individuals who have moved from developmental centers to the community. I'd like to first focus on this piece, since I believe it embodies how transformative movement to the community from a developmental center can be. The individuals and their families interviewed for this publication represent at least 165 of the individuals currently living at VDC. Their stories echo the stories of hundreds of people who have left institutions to join the community by living in a home or apartment with the supports they need to thrive. They are proof positive that what we're proposing is 1. The right thing; 2: Neither new nor groundbreaking; and 3. Possible.

Having said that: closure is understandably emotional and controversial and not the very least, difficult. It takes thoughtful planning, an immense amount of coordination, multiple levels of cooperation and security in the knowledge that what we're doing is right. We have all of that, in spades. Many of our staff participating in this process were actively involved in the closure of North Princeton Developmental Center, which closed in 1998. They remember what worked and what didn't. They have years of experience working with individuals and their families making decisions in the best interest of the individuals.

In 'Moving Forward' there's one profile in particular that may resonate with families grappling with what they perceive to be an uncertain future for their loved one moving to the community. Mr. Lee Weider, a very vocal and forceful opponent of the North Princeton closure, wrote a letter five months after his son's move to a group home to thank the Department and DC staff, and to share his 'joy and enthusiasm'. In his words: "the old adage that it takes a big man to admit he was wrong certainly fits here."

The story about John, Francis, Joseph and Alphonso shows that no matter an individual's diagnosis or longevity in a developmental center, community living is achievable. John lived at New Lisbon for 52 years and moved on his 80th birthday; Joseph lived 42 years at New Lisbon; the others, over 20 years each, there. Two of them are non-ambulatory and have challenging medical conditions. But the four, who chose to live together, are enjoying organized day programming, outings to the mall and other community sites and activities. They, with the group home staff, have become each other's extended family.

I testified during my budget hearings that this is not a budget-based decision. Yes, closing a facility ultimately saves money. But this is an obligation we have to acknowledge, honor and advance individuals' civil right to live in the least restrictive setting with appropriate services to keep them safe and supported. It's required by the US Supreme Court's *Olmstead* ruling, it's been long-awaited and long-advocated among individuals and their families, and it's a decision that is right and is principled.

The Blueprint lays out the rationale for a decision to propose closure, and it was based on several factors: the system-wide census among the 7 developmental centers has decreased by 1,200 residents – about the same number of residents that currently reside in three developmental centers - since the last closure; many more families are choosing in-home services to support their loved one with developmental disabilities; the state has made strides in developing housing opportunities for placement of special needs populations; there is a pending but still unsettled lawsuit against NJ for its slower pace in complying with *Olmstead*. In comparison to other states, we are 49th in the country, above only Texas in institutions per capita. And, finally, community infrastructure requires investment that can't be made if the state continues to pay for excess capacity in aging institutions that are becoming obsolete. These points are rarely debated.

The selection of Vineland, specifically, is subject to much debate, but was as follows: Nearly half of the residents - with the agreement of their families and attending staff - want to move into the community; the number of local, move-in ready community placements available and under development allows for easier transition of residents and continued proximity to family in the region; VDC is the oldest DC, established in 1888, with many of the original buildings still in use, but in disrepair, requiring millions in continued infrastructure maintenance; regional accessibility will be maintained with the closure of Vineland since there are two other developmental centers in the southern portion of the State: Woodbine DC (26 miles away) and New Lisbon DC (60miles away); and, Vineland's decreasing census will create a growing funding challenge for the state since it has the second lowest number of residents among the DCs.

Included in the details of the Blueprint are our transition and placement goals. There are very specific protocols that are followed before, during and after an individual moves from a DC to the community. It involves a Transition Team, an Interdisciplinary Team that assesses the resident, a Transfer Team that coordinates visits to the community for residents, a Family Support Team that works with the families throughout the process, a Resource Team with psychologists and nutritional experts, Advocacy Coordinators who represent – specifically – the residents' interest, and Support Coordinators. There is no coercion involved in community placement. During the Senate Budget Committee, Senator Van Drew raised concerns about this particular issue and I'll reiterate today what I had said then: If any family or staff believes they are being manipulated by the process, it is incumbent upon them to report it so that it can be investigated. We cannot appropriately address an alleged breakdown in the system if we're not given the information we need to do so, effectively.

I want to make another important point: During the Senate Budget hearing, Senator Van Drew asked me if I could guarantee that there would be no problems, no setbacks, no incidents with regard to moving individuals from VDC to the community. He challenged that the 'spreading out' of residents among group homes and apartments would make monitoring safety more difficult.

First, it is this Department's charge to do everything we can to keep individuals safe, no matter their location. Second – and I don't say this dismissively – there can be no absolute assurance that every move for every resident will be trouble-free. Adjustments may need to be made with location or with agencies. This is not unusual. Every person is unique, with varying needs – and people cannot be moved without very close and careful regard to their preferences and their needs. It is why staff works so closely with families to determine the most suitable arrangements.

Further, and very importantly, over the course of the last three years, the Department has shored up its community safety structure. In collaboration with DDD's case management, quality management and quality assurance groups, our Office of Program Integrity and Accountability supports community agencies by fingerprinting and providing criminal history background checks on all newly hired personnel. Our Office of Licensing inspects conditions and ensures safety protocols are followed, and our Office of Investigations reviews incident reports, investigates and issues authoritative findings.

In addition, the Department provides a Risk Management Report that is updated quarterly and posted online. This 'data dashboard' measures agencies' operations in health, safety and fiscal integrity and serves as a resource for DDD, providers, stakeholders, consumers and their families to navigate the universe of residential and day programs.

Finally, in 2010, Governor Christie signed bipartisan legislation establishing a Central Registry of Offenders against Individuals with Developmental Disabilities to record the names of formerly contracted caregivers who have been determined to have abused, neglected or exploited a consumer. These individuals are banned from working in the DD community. Agencies contracted with the Department have access to this registry, to prevent them hiring anyone on it. The registry is populated. It is working.

I'd like to close my remarks by correcting a regrettable inaccuracy that has been circulating regarding the Department's regard for Vineland Developmental Center employees. The decision to close is not in any way – in any way at all – a reflection of the work, expertise and commitment of VDC's employees. The work that is performed everyday at the developmental center is difficult, challenging, rewarding, gratifying – and very much appreciated by the Department and by families. The care received by VDC residents – and other DC residents throughout the state – is not at all a determining aspect of closure.

This is, instead, about the civil rights of individuals to live in the least restrictive, most integrated setting – in a community. Thank you.