



# Save Residents' Homes at Developmental Centers

## Response to Task Force Report

The Task Force on the Closure of State Developmental Centers, created by the New Jersey Legislature, issued its final report on August 1, 2012. Its primary recommendation was to close two of the state's seven centers for developmentally disabled residents: North Jersey Developmental Center and Woodbridge Developmental Center.

The Task Force did not explain the reasoning behind their decision. They say that the decision is based on five factors suggested by the Legislature. But in fact they presented no data related to these factors, or any other factors that may have entered their reasoning, nor did they provide any

discussion to illustrate how any factors were weighed or otherwise demonstrate how their decision was reached. Most important to us, there is no data comparing the level of care available in different settings.

We agree with some of the suggestions of the Task Force, particularly as they have affirmed the right of residents to choose where they live. We specifically agree with the Task Force recommendation that the state should "Honor the rights of residents to continue to live in a Developmental Center if they so choose."

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We also agree with the recommendations that quality care should be maintained in both developmental centers and in community placement settings, using performance measurements, as well as that decisions should be based on a "person-centered process" with a team including their guardians to prioritize the health and safety of the residents.

We strongly disagree with the recommendation of the Task Force to close two developmental centers. These centers are homes for the state's most severely developmentally disabled citizens – who are our children, siblings and family – and closing them would be a detriment to the residents' health. Each developmentally disabled person has individual needs and should have the right to live where their needs and care are best met. Most do not adjust well to change. In fact they can have extreme reactions to change in ways that can harm themselves or those around them. Because many of the residents are so severely disabled that they do not have the cognitive ability to make such decisions and are in many cases "non-verbal", guardians and family members, in consultation with the medical caregivers, should have the right to decide where their loved one lives and will be best cared for.

Instead of allowing family members this choice, the Department of Human Services has already begun moving residents of developmental centers in anticipation of the recommended closures, giving guardians little time and few options. We do not believe, and the Task Force did not demonstrate, that adequate, high-quality, care and support services are available in the community placement setting to serve the complex needs of these

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**Stop moving residents now**

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residents. And yet transfers have started. We call on the Department of Human Services to stop the movement of residents now and allow a time for examination of the Task Force findings and an examination of the community-based residential infrastructure and its ability to provide the same or better level of care.

We are concerned that the Task Force suggested reducing housing options available in developmental centers and yet it did not address how the state should serve the 8,000 families with developmentally disabled loved ones waiting for placement in New Jersey. We believe that all of New Jersey's developmental centers must remain open as a choice for our most severely disabled individuals and their families.

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**It does not make sense to move residents out of developmental centers into community settings while **8,000 families** are on the **waiting list** for these same community placements**

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The Task Force did not mention the responsibility and desire we have as a society to care for people who cannot take care of themselves. On the other hand, the Task Force and the Department of Human Services seem quite concerned with meeting certain statistics – numbers that we believe distort the very real nature of the disabilities that our loved ones live with. Residents of disability centers are members of our families; they are individual people, not statistics.

We are also concerned that the decision to close centers seems to be based on a misplaced argument about costs. The centers chosen for closure are those that currently require the highest capital repairs without equal consideration of the cost of building and providing replacement care and housing in smaller community based facilities. It has been asserted that money can be saved by closing developmental centers, and indeed the Task Force states that the “full savings” should be reinvested to expand services. However, the residents

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**Money is not saved by moving severely disabled residents to a different setting**

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of the centers are the most severely developmentally disabled among us, most rated “non-mobile” and “non-verbal”, thus requiring a certain level of care. There are multiple studies showing that states do not save money by merely moving these individuals to a different setting.

Finally, we disagree with the allegation, often made by the Department of Human Services, that the Olmstead decision of the U.S. Supreme Court requires states to close developmental centers and move residents to community settings. As a matter of fact, the Olmstead decision says that a range of care options are essential to meet the range of needs among the developmentally disabled.

We believe that New Jersey's Developmental Centers provide the best care for our loved ones. Many of our family members, who are currently residents of these centers, do not have the cognitive ability to make decisions for themselves. We believe that family members and guardians, not Trenton bureaucrats, should have the right to choose where their loved ones live to best meet their individual needs and care.

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**"We emphasize that nothing in the Americans with Disabilities Act or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings . . . Nor is there any federal requirement that community-based treatment be imposed on patients who do not desire it."**

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- US Supreme Court, Olmstead v. L.C. (1999)