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The Arc of New Jersey's 10% Solution: Ending the Wait for Individuals with Developmental Disabilities Living at Home with Aging Caregivers

Executive Summary

Many people with developmental disabilities are living with aging parents who are no longer able to care for their adult child at home. In fact, many of these aged families are currently living in crisis situations, with adult sons or daughters who require assistance with basic needs such as toileting or bathing or have very challenging behavioral or mental health issues. Parents are struggling trying to meet these basic needs with little or no assistance while simultaneously facing their own medical issues related to aging. Despite how desperate this need is, individuals with developmental disabilities and their families currently face an extensive waiting list for residential services.

According to the Department of Human Services, Division of Developmental Disabilities, as of September 30, 2007, there were 7,983 individuals with developmental disabilities on the waiting list for residential supports and services. About half of these individuals – 3,902 – are in the Priority Category and are living at home with aging parents. These families have been waiting for many years for a community placement that is carefully planned and appropriate for their son or daughter.

While there are a number of challenges to appropriately addressing the community residential services waiting list for individuals with developmental disabilities, one thing is clear: there is an urgent need to address this problem now. The Arc of New Jersey has developed several specific recommendations to address this issue, in both the short and long term.

1. **Implement the 10% Solution.** Given the fiscal constraints of the State, addressing 10% of the Priority Category Residential Waiting List each year is a realistic, attainable goal for a long term, viable solution to these critical challenges.
2. **Reinvest Federal Medicaid Dollars into the Developmental Disability Service System.** The needed funding to implement the 10% Solution and further enhancement of services would likely be readily available if New Jersey reinvests all of the federal dollars received from the Medicaid Community Care Waiver back into the developmental disability service system.
3. **Improve Data Collection and Transparency.** An assessment of the supportive housing needs of those on the waiting list should be done regularly in order to have a basis for long-term planning. Aggregate information about the status of the waiting list and the needs of those on it should be made readily available to the general public.
4. **Strengthen and Expand Medical, Mental Health, and Behavioral Supports in the Community.** Individuals with intellectual or developmental disabilities that have significant ongoing medical needs must have community-based residential options available to them. Without a substantial investment in community-based medical, mental health and behavioral support services, it will be almost impossible to achieve the larger goal of increased residential capacity in the community.

The Arc of New Jersey's 10% Solution: Ending the Wait for Individuals with Developmental Disabilities Living at Home with Aging Caregivers

Introduction

As individuals with developmental disabilities grow into adulthood, they and their families face many challenges. The most significant concern continues to be housing.[1] Individuals with developmental disabilities, just like their peers without disabilities, want to live on their own when they enter adulthood. The fact that individuals with developmental disabilities require supports to live independently does not diminish the important role that independent living plays in their personal growth, success, participation in society, and ability to be a contributing member of their community. In addition, many people with developmental disabilities are living with aging parents who are no longer able to care for their adult child at home. In fact, many of these aged families are currently living in crisis situations, with adult sons or daughters who require assistance with basic needs such as toileting or bathing or have very challenging behavioral or mental health issues. Parents are struggling trying to meet these basic needs with little or no assistance while simultaneously facing their own medical issues related to aging. Despite how desperate this need is, individuals with developmental disabilities and their families currently face an extensive waiting list for residential services.

The goal of this paper is two-fold: (1) to outline the background, current status, and context of this crisis, and (2) to make practical recommendations for immediate and long-term solutions.

Background

Prior to 1978, there was no community-based service system in New Jersey for individuals with intellectual and other developmental disabilities. In fact, they had only two options: continue to live at home with their family, or spend the rest of their lives in an institution. In 1978, New Jersey's Division of Developmental Disabilities (at that time the Division of Mental Retardation) entered the Intermediate Care Facilities (ICF/MR) program through Medicaid in order to capture federal funding for institutional care.[2] While some states at this time elected to build smaller, community-based Intermediate Care Facilities, New Jersey did not choose to invest in this option.

The ICF/MR program required developmental centers to meet certain standards which meant, among other things, performing extensive renovations.[3] Extensive group home development occurred at this time, part of which was expected to temporarily house those living in developmental centers while renovations occurred.[4] This new community-based housing also offered a residential alternative that was attractive to parents who had been caring for their adult children at home because they did not want to place them in an institution.[5] The exposure of families to a new way of providing services in an integrated community setting attracted unanticipated interest resulting in demand outpacing supply.

Interest in this new option exceeded availability and by 1986 there was a waiting list of 767 people for community residential services.[6] This problem was exacerbated in 1985 when the Division of Mental Retardation became the Division of Developmental Disabilities (the

Division) and instantly acquired responsibility for providing services to individuals with, not just mental retardation, but all developmental disabilities.[7] Unfortunately, this expanded role was not accompanied by increased funding.[8] Between 1986 and 1996 the waiting list increased from less than 1,000 individuals to over 4,500.[9] The waiting list has continued to grow ever since.

Since the origin of the waiting list for community residential services, there have been two separate initiatives that have attempted to dramatically reduce or eliminate the waiting list. The first was the 1994 bond act. The $160 million from this bond act was split between the developmental disabilities and mental health services systems and provided $80 million in capital funds to create an additional 1,700 community residential placements to serve individuals with developmental disabilities on the community residential waiting list. This money was strictly for capital funds to create new housing and did not provide for the ongoing costs of supporting individuals in these new placements. The outcome of this initiative is unclear and there is no information available as to how many placements were created using this bond money and how many individuals on the waiting list received community residential services as a result.

The second attempt to address the waiting list was P.L. 1997, Chapter 17 which was enacted on January 31, 1997, and required the Commissioner of Human Services (at that time William Waldman) to prepare a plan to eliminate the current and future waiting list by 2008. *A Plan to Eliminate the Waiting List for Community Residential Services by 2008* was submitted to the Governor and Legislature on January 30, 1998. Although this plan was detailed and comprehensive, it was not fully implemented or funded. P.L. 1997, Chapter 17 required the Commissioner of Human Services to update the statistical and financial data in the plan annually and submit the updated plan to the Governor and the Legislature by December 31 of each year. Unfortunately, this never occurred. The lack of implementation and funding of the 1998 plan along with no follow-up data related to the plan leaves us unable to assess its potential efficacy.

Current Status

It is now 2008 and, despite the 1998 plan, the Division's waiting list for community residential services is larger than it has ever been. The 1998 plan to eliminate the waiting list projected that, if we failed to act, the waiting list would grow to over 7,400 people by 2008.[10] It appears that New Jersey is now looking at an even more critical problem than was projected. As of September 30, 2007, the Division's waiting list for community residential services totaled 7,983 people.[11]

The Division of Developmental Disabilities' waiting list system for community residential services consists of three categories: Priority, Priority Deferred, and General.[12] In order for an individual to be placed on the waiting list, that individual or their legal guardian or caregiver must first request residential services from the Division. The individual is then assigned to either the Priority or General category of the waiting list.[13]

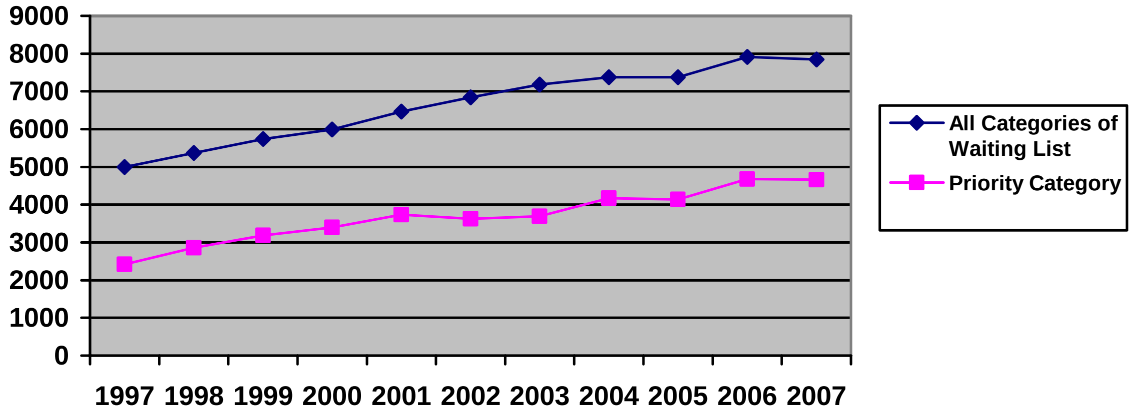
In order to be assigned to the Priority category, the individual must be determined by the Division to be at "significant risk."[14] "Significant risk" is defined by the Division as follows: (1) the primary caregiver(s) must be over the age of 55 or have chronic physical or psychiatric conditions which limit their ability to care for the individual, <u>or</u> (2) there is a risk to the health or safety of any individual living in the home, or a clear risk of abuse, neglect, or exploitation of the individual with the developmental disability.[15] Any individual who is not determined by the Division to be at "significant risk" is placed on the General category of the waiting list.[16] The Priority Deferred category is reserved for those who were on the Priority category of the waiting list and were offered a placement but declined it because they did not feel the available placement was appropriate for their loved one.[17]

Of those on the waiting list as of September 30, 2007, there were 2,831 in the General category, 363 in the Priority Deferred category, and 4,789 in the Priority category.[18] Of the 4,789 in the Priority category, 157 individuals were on an initiative but had not moved into their placement, and 730 individuals were in an out of home placement but were still on the list because it was not their placement of choice.[19] That leaves 3,902 individuals on the Priority category of the waiting list who had not yet been offered any community residential service.

According to the Division, the waiting list has been growing by 800-900 people each year over the past few years.[20] In contrast, New Jersey's fiscal year 2008 budget only provided enough funding to serve an additional **24** individuals from the waiting list in a community residential placement. To provide some context, in 2004 New Jersey ranked 42nd in the nation in spending on community-based supports and services.[21] In fact, between 2002 and 2004 New Jersey's spending for community services actually *decreased* by 3% when adjusted for inflation.[22] Between 2004 and 2006, the number of individuals living in state-funded community placements housing six or fewer individuals with developmental disabilities grew by only 32 people.[23] As of 2004 there were 22,743 individuals in New Jersey with intellectual and developmental disabilities living with a caregiver age 60 or older.[24]

The community residential waiting list has more people on it than are currently being served in the community. As of 2006, 6,493 individuals were receiving residential services in a home of 1-6 individuals.[25] New Jersey requires 75% growth in community capacity in order to serve just those on the Priority category of the waiting list. This does not include those who are looking to move out of developmental centers.

Growth of Waiting List over the Past 10 Years[26]



Context within the Larger Framework of Developmental Disabilities Issues

The current service delivery system for individuals with intellectual and other developmental disabilities in New Jersey is complex. Issues such as deinstitutionalization, data collection, and the desperate need for community-based mental, medical and behavioral health needs are interrelated and will have a significant impact on the state's ability to reduce the community residential services waiting list. While each of these issues could themselves be the subject of a lengthy analysis, they will be discussed briefly below. An understanding of these issues is essential to solving the waiting list problem.

Olmstead v L.C.

On June 22, 1995, the United States Supreme Court issued a landmark decision for individuals with developmental disabilities. In *Olmstead v. L.C.*, the Court determined that the unjustified institutionalization of people with disabilities violates the Americans with Disabilities Act of 1990 (ADA). Specifically, the Court ruled that states are required to provide community-based services for individuals with disabilities who are residing in institutions if the appropriate professionals determine that the individual is capable of residing in the community; the person does not oppose community living; and the placement can be reasonably accommodated by the state. Currently, there are approximately 3,000 individuals with developmental disabilities living in seven developmental centers throughout the state. The Division of Developmental Disabilities is currently working on the implementation of a plan – *The Path to Progress Plan* - to move 1,850 individuals out of developmental centers and into community placements over the next eight years.

With the Olmstead decision and subsequent state efforts to comply, we have moved into an era where services can be, and should be, provided in one's community. This requires substantial fiscal commitment to creating capacity in the community to serve those who are currently residing in developmental centers. Funding for this is necessary. Furthermore, the development of this community infrastructure should benefit the larger developmental disabilities community in the long-term. However, any current funding under Olmstead will likely be dedicated as such and will have no short-term impact for those who are currently on the waiting list.

While the Olmstead initiative should help to build long-term community capacity, it will take more than twenty-five years before those placements will be available to those on the community residential waiting list. Arguably, the only aspect of an Olmstead initiative that would have a substantial impact on the community residential waiting list is the money that would be made available by consolidating two or more of the state's seven developmental centers. Reinvestment of this funding into community-based services would allow for more individuals to be served with the same budget. However, no such consolidation is currently proposed in the Division of Developmental Disabilities' *Path to Progress* Plan.

Lack of Data

Aside from the obvious fiscal barrier, one of the primary obstacles to creating the community infrastructure needed to serve those on the waiting list is the fact that the community does not know the needs of those who are currently waiting. Individuals with intellectual and other developmental disabilities have a wide range of support needs. In order to live in the community, one individual may just need someone to check in on them and help them pay their bills, while another may need constant supervision and assistance in all aspects of daily living. Until we know the support needs of those on the waiting list, we do not know how much it will cost to meet those needs, or what kinds of capital projects should be undertaken to build the community capacity needed to serve those on the waiting list. Long-term planning to address the waiting list is extremely difficult without this important data.

There is also a need for public transparency with regard to the aggregate data the Division of Developmental Disabilities does maintain. Families on the waiting list routinely report that they do not even know where they are on the list, how long they will have to wait, or even what their family might be eligible to receive once they reach the top of the list. The numbers obtained for this paper are not readily available to the public; any information on the status of the waiting list can only be garnered by knowing who to call at the Division and requesting specific information. The public, particularly individuals with developmental disabilities and their families, should have easy access to this information so they can make planned and informed choices about their future.

Medical, Mental, and Behavioral Health Care

Currently, there are in effect only two community residential options for individuals with intensive medical needs. Furthermore, families report they have been told that there are no community residential options for individuals who require full-time nursing care. This is a significant problem for many families whose son or daughters are currently on the waiting list, as even once the individual reaches the top of the list, there is no community-based residential option available to them. As medical advances continue to evolve, we should anticipate that more and more individuals with severe chronic physical disabilities will be living long lives with the help of new technology and treatment methods. It is also important to note that as individuals with developmental disabilities already living in the community age, they will need additional medical care.

Thus, practically speaking, there are only two options for an individual with a developmental disability who has significant medical needs: a developmental center or a nursing home. Neither of these options is appropriate, particularly for children and young adults, and both undermine our efforts to move people out of institutional settings. As of 2006, there were 741 individuals with intellectual or developmental disabilities living in nursing homes. This number has doubled in the past ten years.[27] It is imperative that we find new ways to serve these individuals within their communities.

There are very few community-based supports and services available to individuals with developmental disabilities who also have a mental illness and/or behavioral challenges. While there is no available data on the prevalence of mental illness or behavioral challenges among adults with developmental disabilities, we do know that between 50% and 70% of those living in New Jersey's developmental centers will need behavioral support services in the community.[28] In working toward the reduction of the residential waiting list, we will need to ensure that there are adequate mental health and behavioral support services available to individuals with developmental disabilities in the community.

Utilization of Medicaid Community Care Waiver Funds

Through the Medicaid program, New Jersey is able to receive matching funds from the Federal Government for many of the services provided through the Division of Developmental Disabilities. Community-based housing and supports are one of the services that the Federal Government matches at 50% through New Jersey's Home and Community Based Services (HCBS) Waiver with Medicaid. The HCBS waiver has been in effect for over 23 years. In 2004, it accounted for 29% of New Jersey's total spending on services for those with developmental disabilities.[29] Compared with the 61% of spending in 2004 that could have qualified for the federal match through the Community Care Waiver, that leaves 32% ($395,351,043) of New Jersey's spending on services for individuals with developmental disabilities for which the State could have received matching federal funding, but did not.[30]

The current Administration at the Division of Developmental Disabilities has made the revision of New Jersey's Medicaid Waiver a top priority with the intention of maximizing the federal match. This should help to bring additional federal dollars to the State; however the process of amending the waiver could take quite some time and we may not see the increase in federal matching funds for over five years. Additionally, the potential infusion of federal Medicaid dollars does not necessarily translate into more money available for the developmental disabilities service system. Currently, when the State receives the federal match, it goes into the General Fund rather than being reinvested in supports and services for individuals with developmental disabilities. For fiscal year 2006, New Jersey received $219,405,000 in total Federal HCBS Payments.[31]

The changes being made to New Jersey's Medicaid Community Care Waiver will also transform the developmental disabilities service system. Under the current structure, housing and residential supports are lumped together and provided by an agency that is funded by the Division. When an agency has an opening available, the Division offers that opening to an individual on the waiting list. The redesigned system that the Division is proposing is instead based on "self-direction" - a system where an individual will be given a personal budget based their level of need which they can then use to purchase the housing, supports, and/or services they need separately, and from whomever they want. This transition is being carried out through changes to New Jersey's Community Care Waiver. In theory, this new way of delivering services will allow individuals with developmental disabilities to receive supports while living with their family. It is important to note that the advocacy community has several concerns with regard to the specifics of this reform. However, either way, this transformation of the services delivery system will change the very nature of the waiting list.

Capital versus Operating Costs

There are two financial components to addressing the residential waiting list: capital costs and operating costs. First, community service providers require capital funds to purchase and modify or build new housing for individuals with developmental disabilities. For providers, the process of accessing capital funds through the state is a lengthy, complicated and unwieldy one which slows down the creation of new housing. Then, once the infrastructure is in place, the Division must fund the operating costs of these placements to provide the supports needed for the individual to live in the placement. While capital is a one-time expenditure, operating costs will be ongoing.

One of the obstacles providers currently face is that the ongoing funding they receive to provide housing supports does not increase with inflation or other rising costs involved in providing services. Amidst the rapidly rising costs of health insurance, fuel, worker's compensation and utilities, they have a difficult time recruiting and retaining quality staff because they cannot afford to pay competitive wages. This makes many providers reluctant to take on new projects and expand services. As the service system moves toward self-direction, it is unclear how community capacity will be created and sustained in order to serve the individuals who are currently on the waiting list. This is extremely important because in order for an individual to purchase services, there have to be services available for them to buy. The need for increased community capacity is a significant obstacle to planning for the reduction of the waiting list as well as deinstitutionalization under Olmstead.

Autism

Although Autism Spectrum Disorders (ASDs) are often discussed as "separate" from other developmental disabilities, it is essential to understand that ASDs are one of many developmental disabilities that require lifelong services and supports.

For decades, professionals estimated that the prevalence of autism was four to five per 10,000 children.[32] It wasn't until 2000 that the Centers for Disease Control and Prevention (CDC) began to study the prevalence of ASDs.[33] The CDC's studies found that national prevalence rates are closer to 6.6 per 1,000 in eight-year-olds.[34] The CDC's most recent study showed prevalence rates in New Jersey to be significantly higher than the average, at 10.6 per 1,000. More children than ever before are being classified as having ASDs.[35]

These new studies have sparked much publicity around ASDs in recent years. While it is unclear how much of this increase is due to changes in how we identify and classify ASDs in people, and how much is due to a true increase in prevalence, the fact remains that those with ASDs will be eligible for and rely on services through the Division of Developmental Disabilities. In less than ten years, the eight-year-olds from this study will be adults and will need residential supports to live in their communities.

Given the recent data from the CDC on the prevalence of ASDs, it is reasonable to assume that the need for community residential services in New Jersey will increase dramatically in the next five to ten years. Knowing this, we should be acting now to ensure that this new influx of people needing community residential services are not simply tacked onto the already growing list of people waiting.

Summary

As outlined throughout this paper, there are a number of challenges to appropriately addressing the community residential services waiting list for individuals with developmental disabilities. The one thing that is clear, however, is that there is an urgent need to address this problem. There are thousands of individuals with developmental disabilities and their families in New

Jersey currently living in crisis situations who cannot wait any longer. It is also evident that this problem will continue to grow unless New Jersey takes significant action now. To that end, The Arc of New Jersey has developed several specific recommendations to address this issue, in both the short and long term.

Recommendations

1. **Implement the 10% Solution.** We recognize and acknowledge the fiscal constraints of the state. However, individuals with developmental disabilities in New Jersey and their families are in urgent need of services and cannot afford to wait any longer. With both of these factors in mind, The Arc of New Jersey has proposed a realistic and attainable solution to this problem. The Arc of New Jersey urges the State to adopt "**The 10% Solution**." This requires that the State commit funding to address the needs of 10% of the individuals who are living at home with aging parents and are in the "Priority Category" of the community residential waiting list each year for the next ten years. Practically speaking, this means providing community residential placements and appropriate services to approximately 390 individuals, which equates to $15 million in state spending, with an additional $15 million from the federal government in matching funds. Within New Jersey's current budget constraints, addressing 10% of the problem each year is a realistic, attainable goal for a long term viable solution to these critical challenges. It is also a reasonable goal in terms of the community's capacity to accommodate sustained growth and continue to provide consistent, quality services.[36] Given the range of needs discussed in this paper it is crucial that there be a full range of community residential options including group homes, medical group homes, supervised apartments, and any other forms of community-based housing with the supports needed to meet the diverse needs of those currently waiting.

2. **Reinvest Federal Medicaid Dollars into the Developmental Disability Service System.** Services for individuals with developmental disabilities could easily be expanded and improved and a consistent reduction of the waiting list could occur if Federal Medicaid Community Care Waiver reimbursements were simply reinvested into the developmental disabilities service system. The needed funding to implement the 10% Solution would likely be readily available if New Jersey reinvests all of the federal dollars received from the Medicaid Community Care waiver back into the Division. This funding comes into the state for the purpose of supporting individuals with developmental disabilities. It should be used to grow community capacity and expand programs and services for those it was intended to serve.

3. **Improve Data Collection and Transparency.** An assessment of the supportive housing needs of those on the waiting list should be done regularly in order to have a basis for long-term planning. Aggregate information about the status of the waiting list and the needs of those on it should be made readily available to the general public. Families on the waiting list deserve to know where they stand, and providers need this information in order to design programs that will meet the needs of those waiting to be served. Any new services created in the community should be based on that data. However, the urgent need for community placements cannot wait for this data to be collected and community

capacity needs to be created while data collection and long-term planning are taking place. As the service system changes, consistent and regular data collection will be particularly important in assessing the efficacy of this shift toward self-direction and ensuring that the needs of each individual are met with appropriate quality services.

4. **Strengthen and Expand Medical, Mental Health, and Behavioral Supports in the Community.** Due to the lack of available data regarding the support needs of individuals with developmental disabilities, it is extremely difficult to quantify this recommendation; however, we do know that there are significant unmet needs in these areas. In addition, individuals with intellectual or developmental disabilities that have significant ongoing medical needs must have community-based residential options available to them. To ensure the success of individuals with developmental disabilities living in their communities, medical, mental health and behavioral support services must be available to those who need them.

Notes

1. The affordability gap for people with developmental disabilities continues to worsen at alarming levels. The New Jersey state average Supplemental Security Income (SSI) monthly benefit in 2006 was $634.25. This equated to only 13.4% of the median income in New Jersey. This means that in order to rent an efficiency unit, a person would have to pay 132.8% of their SSI benefits or 149.3% of their monthly benefits for a one-bedroom unit. O'Hara, Cooper, Zovistoski, and Buttrick. *Priced Out in 2006: The Housing Crisis for People with Disabilities.* Technical Assistance Collaborative, Inc. Consortium for Citizens with Disabilities, Housing Task Force. Funded by the Melville Charitable Trust.
The recent reduction of support from the federal government's Section 811 Supportive Housing for Persons with Disabilities Program serves to exacerbate the problem. While the Congress just provided new funding for 3,000 Section 8 vouchers targeted to non-elderly people with disabilities, when spread out across the country, these 3,000 new vouchers have a negligible impact on New Jersey's housing crisis. Without assistance from the Division of Developmental Disabilities, very few individuals with developmental disabilities can afford to live independently in their communities.
2. The New Jersey Department of Human Services Division of Developmental Disabilities' Waiting List Planning Work Group (January 30, 1998). *A Plan to Eliminate the Waiting List for Community Residential Services by 2008.*
3. *Ibid.*
4. *Ibid.*
5. *Ibid.*
6. *Ibid.*
7. *Ibid.*
8. *Ibid.*
9. *Ibid.*
10. *Ibid.*
11. Statistics provided by the New Jersey Department of Human Services, Division of Developmental Disabilities
12. New Jersey Administrative Code, Title 10, Chapter 46C, Subchapter 1.4
13. *Ibid.*
14. *Ibid.*
15. *Ibid.*
16. *Ibid.*
17. *Ibid.*
18. Statistics provided by the New Jersey Department of Human Services, Division of Developmental Disabilities
19. *Ibid.*
20. *Ibid.*
21. Braddock, Hemp, Rizzolo, Coulter, Haffer, and Thompson (2005). *The State of the States in Developmental Disabilities*. Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado.
22. *Ibid.*
23. Bruininks, Byun, Alba, Lakin, Larson, Prouty, and Webster. Edited by Prouty, Smith, and Lakin (August, 2007). *Residential Services for Persons with Developmental Disabilities: Status*

and Trends Through 2006. Research and Training Center on Community Living, Institute on Community Integration/UCEDD, College of Education and Human Development, University of Minnesota.

24. Braddock, Hemp, Rizzolo, Coulter, Haffer, and Thompson (2005). *The State of the States in Developmental Disabilities*. Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado.

25. Bruininks, Byun, Alba, Lakin, Larson, Prouty, and Webster. Edited by Prouty, Smith, and Lakin (August, 2007). *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2006*. Research and Training Center on Community Living, Institute on Community Integration/UCEDD, College of Education and Human Development, University of Minnesota.

26. Statistics provided by the New Jersey Department of Human Services, Division of Developmental Disabilities

27. Bruininks, Byun, Alba, Lakin, Larson, Prouty, and Webster. Edited by Prouty, Smith, and Lakin (August, 2007). *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2006*. Research and Training Center on Community Living, Institute on Community Integration/UCEDD, College of Education and Human Development, University of Minnesota.

28. Kormann, and Walsh (2007). From the workshop *Ethically Serving Adults with Challenging Behaviors in the Era of the Olmstead Ruling and Danielle's Law: Can it be Done?* Presented at The Arc of New Jersey Mainstreaming Medical Care 18th Annual Conference on Medical Care for People with Developmental Disabilities.

29. Braddock, Hemp, Rizzolo, Coulter, Haffer, and Thompson (2005). *The State of the States in Developmental Disabilities*. Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado.

30. *Ibid.*

31. Bruininks, Byun, Alba, Lakin, Larson, Prouty, and Webster. Edited by Prouty, Smith, and Lakin (August, 2007). *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2006*. Research and Training Center on Community Living, Institute on Community Integration/UCEDD,
The College of Education and Human Development, University of Minnesota.

32. National Center on Birth Defects and Developmental Disabilities (November 1, 2007). Available at: http://www.cdc.gov/ncbddd/autism/faq_prevalence.htm.

33. *Ibid.*

34. *Ibid.*

35. *Ibid.*

36. This recommendation does not account for the 800-900 individuals coming onto the waiting list each year. Once the community capacity has been expanded to serve those currently on the waiting list, the new individuals in need of housing should be able to be accommodated due to attrition.