

# *Committee Meeting*

of

## ASSEMBLY REGULATORY OVERSIGHT COMMITTEE

### ASSEMBLY BILL No. 2355

*(Requires impact statement for any proposed regulation affecting volunteer ambulance squad and fire company)*

*“Testimony on the status of removing adjudicated juveniles with mental illness from the juvenile correctional facilities to provide them with mental health treatment”*

**LOCATION:** Committee Room 8  
State House Annex  
Trenton, New Jersey

**DATE:** January 13, 2005  
10:00 a.m.

#### **MEMBERS OF COMMITTEE PRESENT:**

Assemblyman William D. Payne, Chair  
Assemblyman Joseph Cryan, Vice Chair  
Assemblywoman Nellie Pou  
Assemblywoman Connie Myers  
Assemblyman John E. Rooney



#### **ALSO PRESENT:**

James F. Vari  
*Office of Legislative Services*  
*Committee Aide*

Wali Abdul-Salaam  
*Assembly Majority*  
*Committee Aide*

Nancy S. Fitterer  
*Assembly Republican*  
*Committee Aide*

***Meeting Recorded and Transcribed by***  
The Office of Legislative Services, Public Information Office,  
Hearing Unit, State House Annex, PO 068, Trenton, New Jersey

## TABLE OF CONTENTS

	<u>Page</u>
Kathryn Way Deputy Commissioner New Jersey Department of Human Services	6
Kevin M. Ryan, Esq. Child Advocate Office of the Child Advocate New Jersey Department of Law and Public Safety	26
Howard L. Beyer Executive Director Juvenile Justice Commission	53
Barbara Chayt Special Needs Administrator Juvenile Justice Commission	64
Anna H. Vander Schraaf, M.D. Adolescent and Adult Psychiatry The New Jersey Psychiatric Association	73
Yvonne Segars, Esq. Public Defender Office of the Public Defender New Jersey Department of the Treasury	77
<b>APPENDIX:</b>	
“Office of the Child Advocate Report” submitted by Kevin M. Ryan, Esq.	1x
Testimony submitted by Howard L. Beyer	13x
Letter plus attachments addressed to the Assembly Regulatory Oversight Committee submitted by Anna H. Vander Schraaf, M.D.	19x

**TABLE OF CONTENTS (Continued)**

**APPENDIX (Continued):**

	<b><u>Page</u></b>
Position Statement submitted by Gerald Bowden President National Juvenile Detention Association	23x
lmb: 1-84	

**ASSEMBLYMAN WILLIAM D. PAYNE (Chair):** Good morning. My name is William Payne. I'm the Chairman of the Assembly Regulatory Oversight Committee, and welcome you to this meeting today.

We will call the roll.

MR. VARI (Committee Aide): Assemblyman Rooney?

ASSEMBLYMAN ROONEY: Here.

MR. VARI: Assemblywoman Pou?

ASSEMBLYWOMAN POU: Here.

MR. VARI: Vice Chairman Cryan?

ASSEMBLYMAN CRYAN: Here.

MR. VARI: Chairman Payne?

ASSEMBLYMAN PAYNE: Here.

Thank you.

First, we will have a hearing today on a matter that is of deep concern to all of us.

But first, we do have a piece of legislation -- a bill that we will consider -- in order to move that along. It's a bill, No. A-2355, sponsored by Assemblyman Wisniewski.

MR. VARI: Assembly Bill No. 2355 would require that if a rule proposed for adoption is found to have a significant impact on volunteer first-aid ambulance, fire, or rescue squads in a manner different than the rule would affect the general public, the agency involved is required to issue a voluntary impact statement outlining the nature and extent of the impact. It would also be required that this statement be included in the notice of the proposed rule.

In cases where proposed rules would affect volunteer first-aid ambulance and rescue squads, the bill provides that the rule will be reviewed by the New Jersey Emergency Medical Services Council. The Council would notify the agency of the impact of the rule, and the agency is then obligated to consult with the Council before formally adopting the rule.

In cases where proposed rules would affect volunteer fire companies, the Division of Fire Safety and Fire Safety Commission must review the proposed rule to determine the impact on volunteer firefighters.

ASSEMBLYMAN PAYNE: Thank you.

We have just one person -- League of Municipalities -- Michael Carrera (phonetic spelling), who is in favor of the bill. He is not asking to testify, and I believe that's the only testimony we have here today.

And I'd like to call for a vote.

Could we have a motion to move this bill?

ASSEMBLYMAN CRYAN: Motion.

ASSEMBLYWOMAN POU: Second.

ASSEMBLYMAN PAYNE: Moved and seconded.

Call the roll?

MR. VARI: On a motion on Assembly No. 2355: Assemblyman Rooney?

ASSEMBLYMAN ROONEY: Yes.

MR. VARI: Assemblywoman Pou?

ASSEMBLYWOMAN POU: Yes.

MR. VARI: Vice Chairman Cryan?

ASSEMBLYMAN CRYAN: Yes.

MR. VARI: Chairman Payne?

ASSEMBLYMAN PAYNE: Yes.

MR. VARI: The motion passes. The bill is released.

ASSEMBLYMAN PAYNE: Thank you very much.

Now let us consider the issue before us today, and that is the condition of the status of many adjudicated juveniles with mental illness or serious behavioral problems who remain in the detention facilities without treatment -- without medication in many, many cases. Frankly, my concern for our youth is, in fact, for our less fortunate among us in our society -- goes beyond the immediate issue that we are considering here today.

My concern for the manner in which we treat those among us who are the most vulnerable -- the poor, the infirmed, the elderly, and the unfortunate -- has always troubled me. Perhaps my experience as a social worker upon my graduation from Rutgers University made me more conscious of the plight of the disadvantaged. It has always troubled me that we, as a society, are loath to invest on the front end of social problems and issues than we are inclined to invest after the fact. We don't invest in preventive health care and accessibility, but we are required to spend money on chronic illnesses, which in most instances could very well have been avoided. We don't invest enough on the front end of our children's lives to provide adequate health care, preschool, and Head Start programs to ensure that the children will have a solid foundation and preparation for successful, productive rolls in our society. We allow them to become victims of unproductive and unfulfilling lives, often succumbing to anti-social behavior or criminal behavior. I blame our society,

which balks at investing adequately in whatever is necessary to prepare for a meaningful life.

We bemoan the fact that it may cost \$10,000 or \$12,000 to provide a thorough and efficient education for urban youth. Yet, society does not hesitate to spend \$25,000 to \$35,000 to imprison these same children whom we fail. This is diabolical.

Let me tell you of an example of what I'm talking about: Thirty-five or 40 years ago, a school was built in Newark to relieve the serious overcrowding. The school, Belmont Runyon, was built in a light industrial zone for temporary relief. Yet these children were kept in this light industrial plant for over four decades. Even though we fought for a new school for over 30 years, the children were denied. Yet, during that same period, when we could not build a new school, we spent \$26 million in Essex County to build a youth detention center, when we could have avoided the youngsters going into the detention center. But when they failed because of inadequate schools and overcrowding, we graduated them into a high-tech prison. We are at fault here. No new school was built; yet we did have a new prison. These children, whom we failed, ended up in that detention center.

This hearing is being held to direct attention to the condition of our JJC and to focus on the issues to correct the situation that currently exists -- the injustice we, as a society, have exposed our children to. But also, the bigger picture is to awaken society to do the right thing, the human thing, the sensible thing in prevention and not correction. We need to spend more of our time and more of our efforts in preventing these kinds of conditions that do, currently, exist. We are concerned now -- the situation of overcrowding,

the illegal retention of youths in our detention centers. And I refuse to believe that this debacle is so intractable as to defy rectifying.

Granted the victims in this human tragedy are African-American and Hispanics. However, that does not mean we should not correct the problem expeditiously. I am certain that if the population of the detention centers were children of middle class suburbanites, this quagmire in which we find ourselves would be solved and be solved in a hurry. There is no point in denying the obvious. The children caught up in this maelstrom are the darker children among us. Let's not be victims of blind denial. It won't go away by not mentioning the obvious. Race -- even racism -- has much to do with what appears to be our inability to expeditiously correct the inappropriate and illegal placement of many of our youthful offenders, many of whom are in need of mental and other health services and should be placed in appropriate settings sooner than later. There is no excuse to do otherwise.

The current situation is a disgrace, and we are all co-conspirators in this shameful situation. The purpose for this hearing is to learn of the current status of the inappropriate and illegal placement of many youthful offenders, to learn about initiatives in place to correct them, and to underscore the urgency that must be applied to correct this and other undesirable and detrimental conditions that are impacting our youths.

At this time, I would like to invite my colleagues on the Committee to have an opening statement if, in fact, they do. Otherwise, we'll move on into our testimony. (no response)

Thank you.

I'd like to call Ms. Kathi Way, Deputy Commissioner of DHS, to testify.

**DEPUTY COMMISSIONER KATHRYN WAY:** Good morning, Chairman Payne--

ASSEMBLYMAN PAYNE: Good morning.

DEPUTY COMMISSIONER WAY: --and members of the Committee. Thank you for the opportunity to talk with you today about our efforts to improve the delivery of behavioral health services to children and youth involved at the juvenile justice system in New Jersey.

At the Office of Children Services, part of the Department of Human Services, we are committed to being open and accountable. And it is our intent to be open and accountable to the public and the families that we serve, as well as to the Legislature.

As members of the Committee are well aware, children and youths sitting in detention centers waiting for community mental health services is a nationwide problem. A recent Federal report found that the youths of local detention centers, the housed youths waiting for community mental health services, is widespread and a serious national problem. The fact that New Jersey is not alone in facing this problem does not, however, make needed reforms any less imperative. And the Office of the Child Advocate is to be commended for calling attention to the seriousness of the problem in New Jersey, in its recent report on the mental health needs of children in detention centers.

As you know, the Department is engaged in an ambitious and comprehensive reform of the child welfare system in New Jersey. The plan was

finalized a short six months ago, and already we have taken major steps down the road of reform. A significant aspect of this plan is a focus and an emphasis on prevention. The emphasis on prevention is relevant to today's discussion of mental health services for juveniles in detention, because to the extent we are successful with our prevention efforts, fewer children and youth with behavioral health issues will end up in detention facilities.

Our prevention efforts in this area are focused, in part, on helping participants in the juvenile justice system. Police officers and the judicial system, for example, better understand that children and youth would be better served in the child behavioral health system than in the detention center. At the same time, we have been making a strong effort over the past two years, even before the child welfare reform plan became final, to enhance and strengthen the network of behavioral health services available in the community. A stronger network of community services means that children and families will have access to the supports and services before family disruption occurs or a child's behavior results in delinquent actions. This is consistent with our belief, and also is best practice, frankly, that children and youth are best served in family settings while maintaining their connections to their families, their schools, and their communities.

Prevention activities are aimed at problems that are often precursors to family disruption, and child abuse and neglect -- the same problems that are, not surprisingly, also precursors to young people ending up in county detention centers: substance abuse, domestic violence, lack of adequate housing. We believe in the promises made by the child welfare reform plan. We believe that our system can learn to take better care of

children and families. And we believe that as that happens there will be fewer children and youth sitting in detention centers waiting for the help they need.

In its recent report, the Child Advocate recognized the efforts already undertaken by the Department of Human Services to address the problem of youth in detention with behavioral health needs. We appreciate this recognition by the Child Advocate of the work that we've already done, and we look forward to continuing to work with the advocate on this important issue.

I'd like to focus more closely now on the specific issue of behavioral health services for children and youth who have already found themselves in detention. At the outset, it is important to recognize that the problem of the behavioral health needs of these children and youth involves the overlapping jurisdictions of several different governmental agencies. This makes the resolution of those issues that much more difficult than if just one agency was involved. The agencies that are included are the Judiciary, the county detention centers, the Juvenile Justice Commission, the Office of the Attorney General, the Office of the Public Defender, and the various components of the Department of Human Services -- Child Behavioral Health, Division of Youth and Family Services, Prevention and Community Partnerships, as well as the Division of Medical Assistance and Health Services, that are known as Medicaid.

As set forth in the child welfare reform plan, we have already undertaken several strategies to facilitate the collaboration among these different agencies with overlapping responsibilities. The strategies include a memorandum of understanding between the Office of Children Services and

the Juvenile Justice Commission, setting forth protocols for regular and on-going communication. We have appointed two staff members in the Division of Child Behavioral Health Services to facilitate collaboration between that division and the Juvenile Justice Commission and the Judiciary. And regular meetings occur between the Commissioner, Jim Davy; myself; the Juvenile Justice Executive Director, Howard Beyer; and the Office of Child Advocate.

We believe that enhanced communication and collaboration among these relevant agencies is essential to provide for the needs of young people in detention centers. A thorough assessment of a child is a prerequisite to creating a treatment plan and connecting that child to the needed services. Free child behavioral health service assessments -- they have been made available in detention centers since June of 2004. Such services can be requested by the social service staff at the detention center; by the DYFS staff; by the community-based, multi-disciplinary team, which is part of the Juvenile Justice Commission.

In other words, almost any staff member who comes in contact with a child once he enters the juvenile justice system can request an assessment. It is our intention to make access to behavioral health services as easy as possible and to eliminate procedural barriers wherever possible. Upon such a request for an assessment, a licensed clinician comes to the detention center and administers a needs assessment, as well as a biopsychosocial evaluation to determine the treatment needs and the level of care required. The turn-around time is five working days from request to completion of the

assessment. The evaluation of the child is a tool used to guide a determination of the best treatment and placement options for that child.

In order to facilitate this process, a youth case manager from Child Behavioral Health Services has been assigned to every county detention center. Youth case managers can conduct behavioral health assessments themselves, coordinate additional evaluations, and oversee post-evaluation planning and placement. In addition, as of December 2004, every DYFS child or youth who has been in detention longer than 14 days and has been identified as in need of behavioral health services has been assigned an individual youth case manager to facilitate identification of appropriate services and placement.

To date, since March 2004, 400 needs assessments have been completed or are in process for children in youth and detention centers across the state.

Another issue that has been raised is the availability of Medicaid coverage for youth in detention. We're certainly sensitive to the need to maximize our opportunities for Federal financial participation. Unfortunately, the fact that a juvenile is detained does not automatically make that juvenile eligible for Medicaid. Eligibility criteria with regard to financial status still apply to individual juveniles. The issue of Medicaid coverage itself is problematic. Federal law prohibits the State from claiming Federal financial participation through Medicaid for children in detention awaiting adjudication and disposition. This means that if the State Medicaid program were made responsible for covering the costs of these services, only State dollars could be used for those juveniles in detention who are awaiting adjudication and disposition. Medicaid has calculated that it would cost the State \$20 million

if we were to assume responsibility for the cost of paying health-care and mental health coverage for all juveniles in detention.

This is a complicated issue about who pays for services and under what circumstances. It certainly is an important issue, but I want to be clear that children will receive the mental health services that they need. We will see to it that those services are provided to children and youth who are in need of them, and not allow the process of determining who pays how much to interfere with providing services.

It has been suggested that the Department of Human Services reimburse counties for the cost of services to children and youth who remain in county detention centers for more than one week after they have been ordered into DHS custody. We believe this is inappropriate. One week's time is not realistic to determine appropriate treatment settings for children and youth in detention, particularly when the child or youth cannot return home or when there is no home to which the child can return.

In this particular circumstance, the process of matching a child to a particular residential out-of-home placement simply takes longer than one week. The steps already taken pursuant to the child welfare reform plan have demonstrated our commitment to providing services to children who are in detention and to moving them into appropriate placements expeditiously.

For instance, placing youth case managers was first piloted in the overcrowded Camden Detention Center last year. The pilot was very successful, and children and youth were evaluated and moved home and into treatment plans, on an out-of-home basis, on an expeditious basis that we hope to repeat across the state.

The final area I would like to discuss with you today is our expansion of treatment capacity and access to community-based services. The child welfare reform plan calls for an expansion of behavioral health treatment beds by 75, by July of 2005. We've already contracted for more than 60 treatment-home beds to date -- additional 60 beds. We have also committed to an expansion of 40 emergency treatment-home beds by the same date. The RFI has been issued for these beds, and increased capacity is expected to be online by late spring.

These are the placements that will be available in emergency situations, when, for example, it is determined that a child needs an immediate behavioral health placement. The number of youth case managers has been doubled since June of '04. There are now 167 youth case managers across the state. This increased capacity has allowed for the assignment of youth case managers to individual children and youth in detention, as I mentioned earlier. Case management, care management organizations have also been expanded within the past six months. These services are now available in all but four of the child behavioral health service areas. These remaining areas will be phased in over the next 18 months.

Mobile response and stabilization service is a service that is now available in 16 counties, with the remaining five counties coming on board during 2005. This service provides crisis intervention that is available to respond to families and situations within one hour, and is available 24 hours a day, seven days a week. Mobile response services have been functioning for nearly three years. In that time, the services have been successful in maintaining 95 percent of the youth in their current living arrangements.

Mobile response services are available to county detention centers to stabilize youth, also, in a crisis situation.

I'd like to emphasize that the Department of Human Services recognizes that this is a persistent and difficult problem. Indeed, it is a nationwide problem, and we are committed to working closely with the Juvenile Justice Commission and county detention centers to meet the behavioral health needs of children and youth in detention facilities.

In closing, please allow me to reiterate that we are -- at the Department of Human Services, strongly believe that the child welfare reform plan -- which calls for unprecedented levels of cooperation and coordination among all child serving systems -- holds the promise of finally and forever ending the unconscionable practice of keeping children who need treatment under lock and key for the simple reason that we, as a State and as a society, have failed to provide them with adequate treatment and care.

I thank you for the time, and I'm available to answer questions.

ASSEMBLYMAN PAYNE: Thank you very much.

I appreciate your testimony. I would just like to ask a question. We recognize that a very serious problem still exists with our young people that are being held in our detention centers inappropriately; and even illegally, for that matter. Now, the problem has been here for quite a while. What's being done differently that would ensure that we will move expeditiously on all of these great plans, or proposals, or initiatives? The fact is that we still have youngsters in every county, I'm sure, who are being held inappropriately in these places, simply because we do not have places to put them that are appropriate. What's being done differently? I know there's a lot more

attention being directed here, but what is being done differently, and dramatically differently?

DEPUTY COMMISSIONER WAY: We are working on a daily basis to increase the capacity of services at the community-based level, as well as to build capacity in our out-of-home treatment settings. A week ago -- actually last Friday -- we had a session with providers where we held a bidders conference on an RFI that had been released, that is intended to create additional out-of-home treatment capacity across the state. Much of that capacity will be available to youth who are currently in detention centers who need that more intensive level of treatment than we can accommodate in a treatment home.

ASSEMBLYMAN PAYNE: What's the timing of that? You said you had a meeting with the-- What's the timing?

DEPUTY COMMISSIONER WAY: We expect -- that RFP is out. We expect that we will have those facilities online by the end of this current fiscal year. And it's about -- we're looking for about 60 beds.

ASSEMBLYMAN PAYNE: How many do we need?

DEPUTY COMMISSIONER WAY: Well, we need more than that.

ASSEMBLYMAN PAYNE: What do we need?

DEPUTY COMMISSIONER WAY: Today we need more than that. Well, I can't give you a specific number. And I can't give you a specific number because we don't have a good, recent needs assessment that would tell us that number.

But, Assemblyman Payne, let me just explain the situation we find ourselves in. We currently have a system that is gridlocked. We have children sitting in residential treatment centers and group homes that could step down, but we have no place to step them -- which is why we started building capacity and treatment homes and building community-based services, so when a child can move home, we can wrap services around that home. And when they can move to a treatment home, we can step them down. That then opens space for children and youth who are sitting in detention centers, sometimes waiting at home, for access to a more intensive level of care.

So that's one piece that we need. We also believe that we-- (cell phone rings) I'm sorry. We've lost 76 beds at Lipman Hall. The number 60 will take us to a replacement of 76 beds for those, because we have, through existing contracts, modified those contracts to pick up 16 beds already. So we will then be back to where we started, if you will, with the 76 beds rebuilt. And then, once we-- We are continuing to do other things. We have a 10-bed unit that comes online March 1 in the southern part of the state, through the Center on Family Guidance, for children with mental health needs. We are working on a daily basis, wherever we can, to expand capacity.

ASSEMBLYMAN PAYNE: Thank you very much.

We're in a crisis, obviously, and we have been for a while. My God. It's getting worse. It's getting worse.

You mentioned Lipman Hall. We lost 76 beds. Why? Why did we lose beds there?

DEPUTY COMMISSIONER WAY: I believe that the folks who owned and operated Lipman Hall did not believe that it was an operation that

they wished to continue to operate. That it had not ever been able to realize for them--

ASSEMBLYMAN PAYNE: Profit?

DEPUTY COMMISSIONER WAY: --the kinds of results that they had expected.

ASSEMBLYMAN PAYNE: Results or profit?

DEPUTY COMMISSIONER WAY: I don't know. I do not know. I was not privy to--

ASSEMBLYMAN CRYAN: Of course, they had an incident there. If you remember, they had an incident there.

DEPUTY COMMISSIONER WAY: Here's the situation. It was a very large facility. And every time the facility got to a certain point, in terms of population, they had difficulty. So they never were able to take and accommodate the number of children that they had counted on for that facility. So it was a very big facility, and proportionately had a very small number of children in it. So it just was not working for them. They came to us and asked to work with us so that they could close that facility.

ASSEMBLYMAN PAYNE: Okay. Thank you very much.

Mr. Cryan.

ASSEMBLYMAN CRYAN: Thanks.

By the way, in the child welfare plan -- with the net of 75 beds, is that prior to Lipman Hall closing, or does it include the loss of those beds, when it's looking to gain 75?

DEPUTY COMMISSIONER WAY: We will get back to -- it will be a zero sum gain at the end of this RFI process.

ASSEMBLYMAN CRYAN: All right. I guess my question is, was the welfare plan, when it was originally developed, because it's--

DEPUTY COMMISSIONER WAY: I'm sorry. The treatment home beds. They're an addition to Lipman Hall. The treatment home is in addition. It is increased capacity -- 75 and then, in addition, the emergency homes.

ASSEMBLYMAN CRYAN: The youth case managers -- you mentioned at the end, it's up to 167. What's their caseload?

DEPUTY COMMISSIONER WAY: They carry caseloads of up to 22 children.

ASSEMBLYMAN CRYAN: Without knowing anything about it, Kathi, is that the right number? Like when we talk about one in 15 for DYFS -- I think it is -- or-- What is the right number?

DEPUTY COMMISSIONER WAY: We are going to continue to look at that as we get a better sense of-- Let me explain. The youth case management providers initially accepted their contracts for a very different kind of service. Last spring we called those providers together and we said, "We really would like very much to use the youth case management to create and expand a moderate level of case management for children with mental health and behavioral health needs. But we want to give you folks the opportunity to learn about this new model that we see, and to opt out. Because frankly, this is different from the model that you came in with." Two providers opted out, and we rebid those contracts.

The other providers agreed to, kind of, go forward with us. We don't have all the data that we need. We initially had thought about a

caseload of 25. We went down to 22. We may have to look at further reducing that as we take a look at the kinds of cases and the complexity of the cases that they have to handle.

ASSEMBLYMAN CRYAN: These are tough cases.

DEPUTY COMMISSIONER WAY: They're tough cases, yes.

ASSEMBLYMAN CRYAN: The reality is, well, it's certainly not the norm. There are even kids at detention centers, very few, that actually wouldn't mind being there as opposed to home. Because -- that's some of the stories I've heard. Very few, but-- How -- illustrates the difficulty of the situations.

DEPUTY COMMISSIONER WAY: Our hope would be that there's a third option.

ASSEMBLYMAN CRYAN: Illustrates the difficulty, is the reason I brought up the point.

DEPUTY COMMISSIONER WAY: Right. Right.

ASSEMBLYMAN CRYAN: I wanted to ask you about the licensed -- the clinicians that come in and look. You mentioned that.

DEPUTY COMMISSIONER WAY: Yes.

ASSEMBLYMAN CRYAN: I can't find it in the report, but I remember reading it in the Child Advocate report -- that there's a problem with clinicians, that they're not all standardized. There's some need masters, some-- I can't find it when I need it, but I read that, right?

DEPUTY COMMISSIONER WAY: No. No. These are licensed clinicians, which means that they're not just master's. Youth case managers

may be master's-level clinicians. We have provided access on a contract basis to licensed clinicians who will come in to conduct the needs assessment.

ASSEMBLYMAN CRYAN: Okay. So the youth case managers can be licensed clinicians, but not--

DEPUTY COMMISSIONER WAY: They can be, but they don't have to be.

ASSEMBLYMAN CRYAN: Okay.

DEPUTY COMMISSIONER WAY: They're all supervised by licensed clinicians, they all have a master's degree. They are not all licensed.

ASSEMBLYMAN CRYAN: They all do have a master's?

DEPUTY COMMISSIONER WAY: Yes.

ASSEMBLYMAN CRYAN: And I have one other thing I wanted to talk to you about, and that's the-- The \$20 million figure that Medicaid provided in terms of the cost. I think in your statement it says that's for everybody in detention; or just those--

DEPUTY COMMISSIONER WAY: Everybody.

ASSEMBLYMAN CRYAN: All right. But the report itself talks about -- the Child Advocate -- that there's a third of the kids that need -- whatever the number is. In the opening, I think it says 10 or 25 percent, then it goes up to a third that say their kids need the services. So it's not -- the cost isn't 20 million. Is it a third of that?

DEPUTY COMMISSIONER WAY: The cost of picking up a Medicaid package of services for every child that's in detention -- the cost to the State would be \$20 million, because we can't--

ASSEMBLYMAN CRYAN: Not every kid needs a Medicaid package though, right?

DEPUTY COMMISSIONER WAY: Well--

ASSEMBLYMAN CRYAN: Do they?

DEPUTY COMMISSIONER WAY: --every child needs a health-care package who's in detention. I'm talking about an acute care, physical health-care package. Every child needs that. That's currently the county's responsibility.

ASSEMBLYMAN CRYAN: Right.

DEPUTY COMMISSIONER WAY: The mental health services that are, currently today, provided to children who are in detention or who are leaving detention -- the assessments, the case management -- we already pay for that. And if the child is eligible for Medicaid, we draw down Medicaid.

ASSEMBLYMAN CRYAN: But do the counties in particular-- The reason I'm focused on this Medicaid is, if I understand it correctly, that's one of the county's main cries of cost, is it not?

DEPUTY COMMISSIONER WAY: It has been a county responsibility, as I understand it, for the physical health.

ASSEMBLYMAN CRYAN: So what -- it's obviously in the report and you brought it up. Is there anything that this Legislature can do recognizing that State versus Federal? And you've made that very clear. Are there things that we can do that either facilitate -- or is it simply a funding issue, or how do we--

DEPUTY COMMISSIONER WAY: I think it's a funding issue. I think it's a funding issue. And I think that there is, to some degree, a

difference of opinion about what component parts of the current population in detention centers are eligible for Medicaid on a matching basis. We've looked at it very closely. Children who have been adjudicated and who are awaiting placement in an out-of-home treatment setting, or awaiting for services to be put in place so that they can go home, if they are individually eligible, we could draw down Federal dollars for that group, once they're adjudicated and they're not going to be going to a Jamesburg or an incarcerated facility.

The analysis that was done by the Medicaid office indicates that that would generate a small amount of Federal dollars coming in. The larger population -- the population of youth who are there in detention and awaiting adjudication -- Federal law precludes, and it's very clearly stated, we believe, that you cannot get a Federal match on those dollars. So when you talk about Medicaid for those children, you're talking about a Medicaid services package paid for out of all State dollars. That's a cost issue.

ASSEMBLYMAN CRYAN: And if the Legislature came up with the dollars--

DEPUTY COMMISSIONER WAY: Twenty million dollars, whatever it is.

ASSEMBLYMAN CRYAN: Twenty million dollars, especially-- We certainly have a governor who gets it these days, in terms of the situation.

DEPUTY COMMISSIONER WAY: Right.

ASSEMBLYMAN CRYAN: Just, if we did, what are-- Because I just never quite got it reading this stuff. How does the kid get better? If we magically come up with 20 million more, how does the kid actually -- how do

we make sure that the recidivism rate isn't there. And I don't even know if we have numbers, but how does it work? Because I just don't understand it.

DEPUTY COMMISSIONER WAY: Well, I don't want to speak on behalf of the child advocate, and I'm sure that they can talk about this.

ASSEMBLYMAN CRYAN: I'm sure he can.

DEPUTY COMMISSIONER WAY: But the Medicaid service package is a comprehensive package. It's very thorough in its coverage of medical services for children.

ASSEMBLYMAN PAYNE: Mental services, as well, for treatment?

ASSEMBLYMAN CRYAN: Mental services as well?

DEPUTY COMMISSIONER WAY: Yeah. Well -- but the mental health services, we pay for already anyway. We're already paying for that. We pay for that and we're paying for most of that out of all State dollars -- for the assessments, for the biopsychosocial evaluations, for the case management components. We're paying for that.

ASSEMBLYMAN CRYAN: How much is that? How much do you spend a year on that?

DEPUTY COMMISSIONER WAY: I'd have to get that number for you. I'd have to cull it out from what we pay for those services overall.

ASSEMBLYMAN CRYAN: Thank you.

ASSEMBLYMAN PAYNE: Thank you, Mr. Cryan.

Yes, Mr. Rooney.

ASSEMBLYMAN ROONEY: Do we have any best guesses as to how many beds that we need or placements that we need? I see a lot of

numbers here about the number of actual people. But how many of those are in incarceration presently and we can move on to placement? What's the number?

DEPUTY COMMISSIONER WAY: The number of beds that we need for out-of-home -- to address our current stalemate, if you will, or gridlock -- would be greater than the number of children who are sitting in detention awaiting placement. Because it's also our intention to move children back from out of state. So it's a larger number than just the children--

ASSEMBLYMAN ROONEY: What's your best guess -- a number?

ASSEMBLYMAN PAYNE: Four hundred?

DEPUTY COMMISSIONER WAY: I would not put a number on it, but it's in the hundreds.

ASSEMBLYMAN PAYNE: Is it 400, or something like that?

DEPUTY COMMISSIONER WAY: It's in the hundreds. I would not want to put a more specific number on it. Because I believe that a certain number of those children can be accommodated within our current capacity, once we have the continuum of care in place so that we can step the children down that are ready to be stepped down. That will open up capacity for some of these children.

ASSEMBLYMAN ROONEY: The reason I bring that up is -- 400 is really not a big number, to be honest with you. That's something that we should be able to get our arms around. There's a law in effect, actually, that says, basically, the developmentally disabled community -- that the State has an obligation to get rid of the list. That list currently is between 5,000 and 6,000 beds that are necessary for people in the most vulnerable category. So

we're talking about the developmentally disabled being 4,000 or 5,000, or actually 5,000 or 6,000, right now, I think it is. Four hundred is not a big number. And we're supposed to do that list by 2008. So I would also recommend to your Department to take a look at that. That's the law, and it's not happening. But 400 or 500, I don't see a great problem with getting that resolved.

DEPUTY COMMISSIONER WAY: Let me just say that once these needs assessments are being accessed in the way that we hope they will, they start to ramp up -- that all our partners begin to actually tap into those assessments -- we will have a much better sense of what the particular needs are of the children. So I would expect that over the next six months, maybe by the beginning of April, we would start to see a trend that could give us a sense of what the needs are, specifically related to the kids in detention for out-of-home care. But whenever possible, that's not our first look. Our first look is to maintain that child in the community, to put that child back with their family and wrap services around them, to create a treatment home so that the child can stay in the community, in school, in a more normalized kind of setting, rather than in a residential treatment center.

ASSEMBLYMAN PAYNE: You say there are some out-of-state placements now that we-- How many youngsters are out of state?

DEPUTY COMMISSIONER WAY: I believe the number approaches 250.

ASSEMBLYMAN PAYNE: I'm sure we have a number of other people to testify, but one of the things-- Let me just-- I don't want to get away from the current situation that we have right now, the problem that we have

now, and the things that we need to do. I asked what was being done differently to make sure that we meet these goals that we're talking about. The fact that we have-- Lipman Hall, the problem there, when we had to close the place down-- The question I have is: Do we monitor these things before they become a crisis? In other words, we lose 76 beds. Is there not something in place, that we're monitoring these situations, so that it doesn't become a crisis like this, where we have to close a place down? Why? Because these folks were not pleased with what the outcomes, etc. We have an obligation, it seems to me, to do things differently.

That's why I say, are we going to do something differently? It seems to me that there should be a fail-safe in place so that we don't end up with a situation where we lose 76 beds. We're doing the same thing over and over again, and we end up with -- we expect to get different results. We have to not just talk about it. Plans are wonderful, but talk to those youngsters that are in these places, that they shouldn't be there, and we have a crisis situation. I don't want to lose sight of that. I simply don't want to lose sight of that. The question I have is, do we have systems in place to avoid a Lipman-- Is there another one out there waiting to happen, or do we have things in place now to avoid these kinds of things happening? Because we cannot afford to lose not one single bed. Okay? Those are my concerns. And there's an urgency about it that I think that we need to make sure that we get on top of.

DEPUTY COMMISSIONER WAY: There absolutely is an urgency about it. We worked as quickly as we could with-- And Lipman Hall was very cooperative with us in helping us make arrangements for those children. I think that, going forward, what we're trying to do is to get a little

bit ahead of this game through this RFI process and through the creation of some of these beds and/or expansion of treatment home beds, so that we do have capacity when we have a situation come up. Because Lipman Hall is not the first and won't be the last facility that will perhaps run into difficulty and have to close.

ASSEMBLYMAN PAYNE: Thank you very much.

If there are no other questions, I appreciate the question that Mr. Rooney asked about how many do we need. I think we need to be able to come up with some numbers that -- in order for us to be helpful, we need to have some numbers, guesstimates, or even more refined numbers than you've been able to give us today.

DEPUTY COMMISSIONER WAY: I'd be pleased to come back at a later date and provide you with that information.

ASSEMBLYMAN PAYNE: Okay, if you can provide it to the Committee, I'd appreciate it.

DEPUTY COMMISSIONER WAY: Yes. Thank you.

ASSEMBLYMAN PAYNE: Thank you very much.

Mr. Ryan, Kevin Ryan, Office of the Child Advocate.

**K E V I N M. R Y A N, E S Q .:** Good morning, Mr. Chairman and members of the Committee. Thank you for inviting me here today to talk about the work of the Office of the Child Advocate, and more importantly our work in connection with the institutionalization and detention of kids with serious mental health needs.

As you know, on November 22, 2004, the Office of the Child Advocate released our findings from a year-long investigation into conditions

for children with serious emotional disturbance who were being confined in county juvenile detention centers. The report and an executive summary were sent to your offices, and are available today if you wish to obtain an additional copy.

With over 11,000 new youth admissions to the 17 county detention centers annually, and an average of 935 youth in detention centers daily, we conclude, in consultation with experts at the University of Medicine and Dentistry of New Jersey -- the violence center -- and Columbia University, that there are 200 youth experiencing serious mental health disorders in juvenile detention centers on any given day.

Children with mental health needs languish in these detention centers, confined on average longer than even the most acutely delinquent youth who are sent to State-run secure facilities. Our investigation found that the average youth disposed to a non-secure child welfare or mental health placement waited 59 days in detention centers before being freed to their placement. Twenty-five percent of the children waiting in detention for a child welfare or mental health placement spent an average of 135 days behind bars before their release to a treatment setting.

In general, county detention centers should be places of last resort for our children, especially youth with serious mental health disorders. Although children should only be detained in limited instances to promote public safety, youth with low-level offenses, including disorderly persons offenses, and no history of flight or dangerousness, are detained in New Jersey because alternative placements and services are scarce. Judges frequently find themselves confronted with a child whom they deem appropriate to be

released, only to find over and over again that no such placement exists or no such services are available, especially for kids with acute mental health needs or children without families. The primary reason that these children are in New Jersey's juvenile detention centers today is because the county-run detention centers -- unlike the schoolhouse, unlike the family, and unlike the State mental health system -- is the only place that does not get to say, "No."

We reviewed thousands of pages of critical incident reports and institutional abuse files, and met privately with scores of youth at every center during the investigation. We saw too many children slowly, painfully come apart, their hearts and minds shattering, as their wait for mental health care dragged on and on. We found evidence of 90 youth suicide attempts or threats in just three detention centers from January 1, 2004 to August 30, 2004.

Screening and assessment for mental health needs in most county detention centers have been inadequate, leaving children undiagnosed and at risk of harm, and also presenting a harm to the staff who are responsible for caring for kids in that facility. Yesterday, the Juvenile Justice Commission shared with me its plans to reform this gap by leading a statewide reform initiative to standardize suicide screening and mental health screening practices in all the county juvenile detention centers this year. We support these plans and we thank the JJC for their leadership efforts on this front. It will be a bold reform and it will be a radical change.

Our investigation highlighted the serious need for more services and placements for our most vulnerable kids. The plain and simple truth is that right now, right at this very moment, children with mental health needs

are sitting behind bars illegally. The law in this State is crystal clear that children who are disposed by the court to a non-secure setting, such as a mental health placement, shall not be confined in detention, but must instead be released to a less-restrictive setting. That law, which is a fundamental civil right for the children of New Jersey, is violated and ignored throughout the state. Thousands of children each year are detained illegally and inappropriately because we lack mental health placements and services, both for the children and for their families.

We support wholeheartedly the historic and the commendable commitment by the Department of Human Services to end this shame once and for all. The Commissioner and Deputy Commissioner, Kathi Way, are leading an effort to ensure that no more children are held in detention waiting for a child welfare or mental health placement after July 1, 2005. Two years ago, such a promise would have been unimaginable, but today it is a cornerstone of the child welfare reform plan. And while I wish that date was tomorrow -- I actually wish that date was today -- I live in the real world and understand that our historic failure to build an adequate mental behavioral health system for our children cannot be repaired overnight. That said, this Legislature appropriated millions of dollars last year to fix this problem. And when July 1 arrives, I pledge to each of you and to the children of New Jersey that the Office of the Child Advocate will vigorously monitor the State's compliance with its bold commitment.

Again, let me thank you for the invitation to testify before you today. Our responsibilities to our children's health and well-being do not end

at the jailhouse, and certainly not for the thousands of children who don't belong there in the first place.

And I welcome your questions.

ASSEMBLYMAN PAYNE: Thank you, Mr. Ryan.

Any questions?

ASSEMBLYMAN CRYAN: I do.

ASSEMBLYMAN PAYNE: Mr. Cryan.

ASSEMBLYMAN CRYAN: Thank you, and thanks for the report.

Here are a couple of questions on the report itself. There's a group -- I assume the juvenile detention -- the superintendents, I guess -- is that what you call them -- association?

MR. RYAN: I think so. Yes.

ASSEMBLYMAN CRYAN: Did they review or comment on the report?

MR. RYAN: I believe that they did.

ASSEMBLYMAN CRYAN: Really? I wasn't able to find that anywhere. Did they see it before you published it?

MR. RYAN: I believe that they did get an advanced copy of it, yes.

ASSEMBLYMAN CRYAN: Because I have got to tell you -- and we're going to talk about the report in a second. I have some questions in regards to the findings and what they are. But I want to tell you, as somebody who represents Union County and works next door to that disgraceful facility in Elizabeth, I also want to make sure that things are balanced in the Union County portion of it. And I have to tell you, the idea -- I know for a fact that

that superintendent didn't see anything until he got a question from a reporter on information that he supplied. I want to urge you now, as I start this questioning, that you need to work with these people and not in the mode of got-you or press headlines or anything else. All right? That's the only way things are going to improve. And I got to tell you something -- I don't want to hear it anymore. Because I've talked to a number of superintendents, with all due respect to you, that find out about problems from newspapers. And that's not the way to operate. I want to be crystal clear on that, just like you were--

MR. RYAN: Right.

ASSEMBLYMAN CRYAN: --because I saw it in Union County. And I think that, in particular, in Union County -- and I'll be blunt -- which has a disgraceful record and absolutely nobody can -- the death at East Sinclair and the rest of those things is a disgrace. But the reality is, it's making a whole lot of progress and moving forward with the right people in place, and it's getting hammered for it -- that's got to stop.

MR. RYAN: I agree with you, Assemblyman.

In the context of -- if I could just respond briefly -- in the context of Union County, which, as you know, has promised since 1998 to build a new juvenile detention facility. For the first time, in 2004, the county has made very substantial progress, and the newly elected chairman of the Freeholders announced that it was actually his top priority to build that new facility, which we support. In the context of providing a heads up, if you will, or a review to the county juvenile detention administrators, my staff attended a meeting with the juvenile county detention administrators, and I'm unaware of whether the administrator that you're referring to attended that meeting or not, in which

they provided a PowerPoint presentation and walked through the findings of the report a month before it was released. And advanced copies of it were sent to the administrators on the week before it was released.

ASSEMBLYMAN CRYAN: The most optimistic thing I've heard so far was from Kathi Way -- that you folks meet on a regular basis and work out issues, which I know wasn't happening before. I want to see the same thing, and I strongly encourage you to do the same thing with those superintendents, so that they're not in a lost position of being defensive each and every day. It's a tough job. Let's all be real here. It's a very difficult job. And having a partnership is much better than having a combative relationship.

And with that being said, let me just go on to the report. I have some questions on it. The report talks about, on Page 10 -- I just want to understand numbers a little bit. I know the Chairman hates when I do numbers. But it says in the report that one of the things we do is -- administrators -- to report the largest number of youth housed in their facilities in the preceding 12 months. Are those the numbers that we extrapolated -- just the largest amounts -- or did we use averages?

MR. RYAN: Could you read the section to me? I'm not clear.

ASSEMBLYMAN CRYAN: Sure. "Since the facility population" --it's on Page 10 -- "can fluctuate significantly over time as cases are adjudicated and placements made, we asked administrators to report the largest number of youths housed in their facilities over the preceding 12 months. The results indicate that 11 facilities reportedly had housed more youth than they were rated to hold during a preceding 12-month period." Did we only use the highest numbers, or did we use averages?

MR. RYAN: No. We asked the facilities if they were ever overcrowded, and that's the way that was characterized. Were you ever overcrowded and when were you overcrowded? And they reported that information back to us.

ASSEMBLYMAN CRYAN: But doesn't -- and I use Union County as an example, because it's the one I'm familiar with, where we farm out kids. That's what we do, on a per diem basis. But are there other facilities where they realistically have a large enough population? Nobody can control every event. Is that a realistic way to monitor things, or should we be looking at a pattern of overcrowding, as opposed to one time?

MR. RYAN: Right. No, we didn't look at it for one time. The survey that the administrators provided to us responded to the question of when they were overcrowded and what date they were overcrowded on. But we get the daily census data for every facility.

For example, we could tell you that, statewide, the number of children in juvenile detention centers in 2004 is significantly lower than the number of children in juvenile detention centers in 2003, because of, in part, the juvenile detention alternatives initiative and the initiative of judges in two counties in particular -- Judge Grant in Essex County and Judge Rand in Camden County. But we can also tell you that seven of the 17 detention centers last month experienced at least one day of overcrowding. So we could provide you with both the pattern and the individual, isolated incidents of overcrowding.

ASSEMBLYMAN CRYAN: How many detention centers in the State have a pattern of overcrowding?

MR. RYAN: Five in 2003. We're chronically overcrowded. Which is to say that their average daily census exceeded their licensed capacity.

ASSEMBLYMAN CRYAN: In my county's case, over 34 -- right? -- for example. Whatever the licensed number is, it just -- every time it went over. Okay?

I want to ask you some questions on the report. Ninety kids -- you talked about 90 kids in an eight-month period -- really frightening about the suicide -- potential for suicide in an eight- or nine-month period, from your statement. Now, I know we did some capital commissioning stuff which should help with that. But the process in the report talks about the JDO and the Massachusetts -- I only read the report. I don't pretend to know all of it. But the Massachusetts pattern, of being able to screen 52 questions and that kind of stuff.

MR. RYAN: Yes.

ASSEMBLYMAN CRYAN: Is that -- along with-- I understand JJC has a suicide prevention video. Is that correct?

MR. RYAN: They have an entire suicide prevention program or--

ASSEMBLYMAN CRYAN: And three-hour curriculum.

MR. RYAN: --three-hour training. That's right.

ASSEMBLYMAN CRYAN: Is it the Office of the Child Advocate's position that that curriculum, that training, that video, and whatever the acronym is in my House, is that adequate for the potential prevention of these, in this case, 90 cases?

MR. RYAN: We think that we need an additional mental health training program developed by the Juvenile Justice Commission. And we met

yesterday about that and agreed to partner with them in developing that and funding that. And then making that available to the county detention centers so that staff, either through an in-service or a JDO preparation process, would get a training not just on preventing suicide, but on what it means to serve a young person with serious emotional disturbance, and how best to respond to the behavior that that young person may present in detention.

ASSEMBLYMAN CRYAN: How would that be different than the youth case manager that we just chatted about with the Deputy Commissioner.

MR. RYAN: Well, the youth case manager's job, as I understand it, is to facilitate a case plan for the young person. It's to free the young person. It's to get the young person care and services. The JDO's job is, while that young person is languishing in detention and doesn't have that care and services, is to keep that young person in a correctional environment. The training would better equip the JDO to do that job safely.

ASSEMBLYMAN CRYAN: Okay. I followed you, but didn't follow you, I have to admit. So the case manager would lay out the plan and, in essence, the JDO would execute the plan, or at least a portion of it. Does that sound correct?

MR. RYAN: No, I apologize for being unclear. The case manager's job is, as I understand it, to develop a plan for the young person to leave the detention center. The JDO's job is not to develop a plan--

ASSEMBLYMAN CRYAN: To leave.

MR. RYAN: --to leave; it's to care for the young person while the young person is in custody.

ASSEMBLYMAN CRYAN: Are you comfortable with the role of the JDO in terms of this training? Is he or she, the JDO, the right person for the MAYSI and in the suicide prevention? Is that the right person?

MR. RYAN: Oh, I see what you're saying. No, I don't think that-- Well, let me say this to you. I think that's a conversation that we can have with the Juvenile Justice Commission, the county detention centers, and the DHS. I think that the better the clinical skill set is of the person who is delivering this assessment or screening, the better the outcome. So it's the difference between having a social worker do it with the eyes and the heart and the ears of a social workers, and having a correctional officer do it. And when we can't get a social worker or a clinical professional to do it, then I think the key to success is ensuring that the JDO who delivers that assessment is well trained to do it.

ASSEMBLYMAN CRYAN: So it's really a group effort that needs more attention. Is that essentially what you are saying?

MR. RYAN: Yes.

ASSEMBLYMAN CRYAN: You're also telling me, if I get it right, that the people that need to provide the attention are onboard? Is that pretty much correct?

MR. RYAN: Well, I want to be clear about this. We just received the Department of Human Services' response to our report last night, and have not had an opportunity to talk with them about it. We had a long meeting yesterday with the Juvenile Justice Commission about its response to our report, and I feel like there is still area for continued conversation between the JJC and our office. But there is also agreement, substantial agreement, on a

number of fronts. And I just haven't had that opportunity to talk to the Commissioner yet, of Human Services.

ASSEMBLYMAN CRYAN: In the report, it talks about mental health screening, and I'm on the same issue. In assessment, youth detention centers are inadequate. It's one of your findings. It's pretty clear. The Manual of Standards, which comes up -- I don't know what the Manual of Standards is. Can you--

MR. RYAN: Sure. The Manual of Standards is the regulatory framework that the Juvenile Justice Commission uses to regulate conditions for children in the juvenile detention centers.

ASSEMBLYMAN CRYAN: Okay. So it's a JJC document that's controlled by JJC?

MR. RYAN: Exactly.

ASSEMBLYMAN CRYAN: Okay.

MR. RYAN: And it provides a floor for the counties, in terms of how they operate the county detention centers. County detention centers are free to do more, and in many instances they do do more. And in some instances, they flout the Manual of Standards, which is when the JJC issues a corrective action demand.

ASSEMBLYMAN CRYAN: One of the finding things in the report was the fact that -- we place kids at risk, whether it's in mental health or other areas, when they're there for extended periods. And we talked about 59 days. Like, I know there's -- I think there's seven kids today that are in the Elizabeth facility that are there 60 or more. And the report talks about a kid

in Camden that was there 527 days, which can't be good under any-- I would think not.

What happens, Kevin, with the-- Can you just illustrate, at least for me -- I'm sure for the Committee -- when a kid stays there longer, when it's 60 days or more, what happens to the kid? What signs show? What should we be aware of?

MR. RYAN: Well, from your home county, if I may, Assemblyman, I'll talk about a young person we met who just became sicker and sicker and sicker. And Gregg, who I think has done a very good job in Union County of introducing reforms to that facility, expressed his frustration frankly that the juvenile detention center is not the place for a young person who is repeatedly suicidal. So one of the kids we talk about in the report repeatedly tried to kill himself. He swallowed a screw.

ASSEMBLYMAN CRYAN: Right.

MR. RYAN: He swallowed the chemicals from an ice pack. He took a sharp, plastic object and tried to slash his wrist. And over the course of our investigation, he remained in care at the juvenile detention center without mental health services. And that's not an atypical story. That's not to say that that is what we want. I'm not suggesting that this is the model, that this is what Commissioner Davy expects, but I am just saying that that is the reality today.

ASSEMBLYMAN CRYAN: Do issues happen where kids, for a lack of a better way to put it, when they're there for extended periods, do we wait for an incident to maybe move a kid, whether it's, potentially, into an adult wave or anything. Do we actually wait--

MR. RYAN: Well, I think that has been the case. I think that that will not be the case now that all young people in juvenile detention centers are going to be receiving this screening, and then the MAYSI screening, and then the referral to the Department of Human Services for an assessment. I think that I don't want to undersell to you how radical the proposed reform is. If we were in this room four years ago, it's unlikely that the Division of Youth and Family Services, the DYFS director, would even be talking to the Juvenile Justice Commission director. Today there's a memorandum of understanding between the two organizations, and there's ownership. There's an agreement by Human Services that they have got to be involved in getting these kids out of detention, which in my view has been the biggest blockade to getting kids out -- was this lack of ownership. Now I think the biggest blockade, frankly, is the lack of placement and services in the state.

ASSEMBLYMAN CRYAN: We talked about the space.

MR. RYAN: I don't want to play the gotcha game either, right? Because the gotcha game is a one-day hit. The gotcha game is, you get your picture in the paper and then you're done, and no kid is safer and no kid is home and no family is well. So July 1 is coming, right? I don't want to be the gotcha guy. I don't want to be in there on July 2 in every county detention center and saying, "How come these kids are still in there?" And I'm telling you today, that the fact that we don't know how many beds we need for kids in New Jersey is a sure sign that on July 2 I'll be in the juvenile detention centers, and they'll be kids in there waiting for a mental health and child welfare placement. The least we need is to know how many beds we need, what it's going to cost; how many services we need, what it's going to cost; and

how to ramp that up so that by July 1 those kids are out of the county detention centers.

ASSEMBLYMAN CRYAN: Do you know how many beds we need?

MR. RYAN: I don't know how many beds we need.

ASSEMBLYMAN CRYAN: Well, you talked about 11,000, right? You had numbers.

MR. RYAN: I said 11,000 kids are coming into detention.

ASSEMBLYMAN CRYAN: Right.

MR. RYAN: But we need a statewide needs assessment to determine how many beds we need. Because it's not just about getting the kids out of juvenile detention centers. It's about getting the kids who are backed up in the CCIS units; the 240 kids who are out of state and away from their families, bringing them home. It's about creating capacity so all our kids are getting served appropriately in New Jersey. And that to me is the building block of reform.

ASSEMBLYMAN CRYAN: Two other -- do you mind, Bill, if I just go quick?

The MAYSI, is that what you call it? Is that the acronym?

MR. RYAN: Yes, MAYSI.

ASSEMBLYMAN CRYAN: In the report, it says that the MAYSI is not for-- It talked about the limitations of the report, which is that-- Here it is. MAYSI-2 permits -- it is not a diagnostic tool and is not intended to uncover (*sic*) mental health service needs. It determines whether a youth newly admitted to detention has behavioral health needs that require

immediate attention. I just want to understand it one more time. So MAYSI doesn't detect that a kid potentially has a behavior issue. Where in the process does the kid-- I think you talked about five days, Kathi, for a youth case worker. Where in the process does a kid get at least accessed in terms of the behavior?

MR. RYAN: Yes. MAYSI is the red flag. So it raises the red flag and says, "We have concerns about this young person's mental health needs." And then that young person gets referred to the Department of Human Services for an assessment.

ASSEMBLYMAN CRYAN: And this is the five-day period that we're talking about for initial assessment now? Okay.

Two other quick things. One is-- My last question is going to be, what do you think the Legislature needs to do? But before I do that, the *Governing* magazine had this article about the Missouri model--

MR. RYAN: Right, right.

ASSEMBLYMAN CRYAN: --which was, like, out-placement and this kind of thing -- which is sitting on my dining room table, because I forgot it today -- which I wanted to ask you a couple questions about. But the numbers there were staggering--

MR. RYAN: Exactly. Right.

ASSEMBLYMAN CRYAN: --in terms of performance and so on. Is there anything applicable from the Missouri model that would have some use in New Jersey?

MR. RYAN: Yes.

ASSEMBLYMAN CRYAN: Could you just kind of--

MR. RYAN: Sure.

ASSEMBLYMAN CRYAN: Because the success rates were stunning.

MR. RYAN: Missouri has one of the lowest recidivism rates for juvenile offenders in the nation. And why that is, is because a decade ago, with bipartisan support-- It's supported by both the late Governor Carnahan, who was a dyed-in-the-wool Democrat, and Chief Justice Limbaugh, who is Rush Limbaugh's cousin and sits on the Missouri Supreme Court. Both were ardent supporters of the Missouri model. They deinstitutionalized. They took kids out of 70-, 80-, 90-, 100-bed correctional facilities, and they built, community by community, homelike, deinstitutionalized community-based settings, got families involved in figuring out what was going on in this young person's life. And as a result of that, they reconnected kids to families, gave kids a sense of direction, stopped treating them like a number. We talk about kids like they're numbers -- 52, 43, 34. They stopped that. They had homes of five, six, seven kids, built them throughout the state, and the proof is in the pudding.

And now so successful are they that the head of their juvenile justice commission --it's a different title there -- has just retired to create a think tank, a national think tank, that will export the Missouri model to other states. And I think that philosophy is at the heart of the child welfare reform plan in New Jersey -- that we're going to deinstitutionalize kids. We're closing Brisbane. We're going to stop warehousing kids in these large institutional settings, and we've got to build these small community-based settings. But if I could -- that's not going to be easy, because that's going to raise NIMBY

questions, as it's raising this morning in Delanco, in community by community by community, about whether those kids should come into my community. And we're never going to fix this system unless the answer's about the big us. Because Human Services isn't going to fix this by itself. The Juvenile Justice Commission isn't going to fix this by itself. And frankly, unless communities decide to welcome these group homes into their midst and give kids a second chance, it's unlikely that we're going to be successful. Because that's what we need. We need placements. We need group homes. We need care and services in all of our communities.

ASSEMBLYMAN CRYAN: And in this case, the numbers are so staggering. They were really positive numbers that, hopefully, we can show--

MR. RYAN: I think it's 8 percent. I think it's something like--

ASSEMBLYMAN CRYAN: An 8 percent recidivism rate?

MR. RYAN: Right, exactly. Which is--

ASSEMBLYMAN CRYAN: We don't have any sense of our recidivism rate, do we?

MR. RYAN: I think it's -- well, let Howard speak to that. It's higher.

ASSEMBLYMAN CRYAN: My last question for you.

ASSEMBLYMAN PAYNE: Mr. Cryan?

ASSEMBLYMAN CRYAN: Is there anything we should be doing in terms of legislation? And that's it.

MR. RYAN: Well, thank you for that question. This is how I would like to, with your permission, I would like to address that. I'd like to have conversations with the Commissioner of Human Services about his

response to our report, and Deputy Commissioner Way about the Department's response to our report, and continue the conversations with the Juvenile Justice Commission to see if we can reach agreement on the next steps for reform. And if there are areas that continue to remain unresolved, then I'd like to bring those to you as proposals for legislative action. But I think that I have much work to do, frankly, in the spirit of your first comments, with the executive branch agencies around building a reform plan and moving it forward. Not today, but I'd like to return in the future and update you on our progress.

ASSEMBLYMAN CRYAN: I'm sure the Chair will have you.

ASSEMBLYMAN PAYNE: That's very, very good.

Assemblywoman Pou had a question.

ASSEMBLYWOMAN POU: Thank you, Mr. Chairman.

I just have a real quick follow-up question to some of the statements or some of the questions that Assemblyman Cryan was directing to you. In regards to the youth that are being held in detention centers for an extended period of time, in your report you make reference to a number of different examples or situations that occurred in various, different counties throughout the state. And I know that you made reference to where we're going to be come July 1, 2005. Much of your incidents that you refer to in your report dates back to situations that were learned back in May of 2004. Are we then to believe that at this point in time the very same youth that were identified as having some critical need, some serious needs assessment -- many of whom -- in particular, the one in Passaic County that I, kind of, took obvious attention to, although all of them have very serious concerns and

require special attention to. This particular youth that you've made reference to made suicide attempts at least 14 different times, in Passaic County, and during his stay in the Passaic County youth detention.

I'm referring back to what Deputy Commissioner Way mentioned -- that there's been those periodic meetings now in effect. What action has been taken by all the parties involved to address these very specific cases, that is obviously enough and important enough to make reference in the report? What is the current situation, right now, for those particular cases? Have they been addressed? Are they now in other types of placement, more appropriately, and have they been getting the type of treatment that are needed?

MR. RYAN: Well, the answer is that none of those children remain that we specifically referenced in the three incidents in the report -- remain in detention today. Though, as sure as I'm sitting here today, there are other children whose stories are as egregious. But that's not to say that the treatment that's been provided to all those young people is optimal.

Let me talk to you for a second about the Union County young person. So the Union County young person waited in the county detention center -- because as I said, the detention center is the only place that doesn't get to say "no" -- for months and months and months for a mental health placement, and was going to go to Lipman Hall. And was going to go to Lipman Hall the week Lipman Hall closed. And so his emancipation, or freedom if you will, from the detention center got backed up a couple weeks. He remained suicidal -- attempted to take his life one more time, and eventually went to an out-of-state placement.

If you read today's newspaper, the *Courier-Post*, one of the things that's being discussed is the grim possibility that we might lose yet another residential treatment center in New Jersey, Capital Academy in Mercer County, which has -- I believe it has 24 beds. And the question is, what then would we do for those children? And I don't want to be alarmist about this, but I cannot say to you more unequivocally that this is a crisis -- that we are losing beds in this state at the same time that we are committed to free children from these county-run juvenile detention centers. You can't move kids out of detention if we don't have the capacity to serve them in the community. And if we lose Capital Academy, compounding the loss of the Lipman Hall beds, I think that this state will have near to a historic shortage in the number of residential treatment center beds available to children in the last four years, which isn't reform.

So we have got to be aggressive about making sure that Capital Academy stays on line and that we don't lose that program. We have to be aggressive about making sure that the RFP that goes out to providers invites providers who can ramp up capacity and be ready to serve kids effective July 1. And then, frankly, we've got to answer the hard question about how many beds do we need. I don't think that's an easy question to answer, but we have to know it. We have to know how many beds we need, because then we have to have the question about: What's it going to cost and are we willing to pay for that? And my guess is that if this Legislature, having appropriated \$125 million to reform last year, was asked next year to spend X million dollars to get these kids out of the county detention centers, that you would do it.

ASSEMBLYWOMAN POU: Well, I'm glad that you've made reference to that, Mr. Ryan. Because certainly this Legislature has and, evidenced by some of the opening remarks by the Chairman of this Committee and by the Vice Chair's questioning, it clearly is our intention and our desire -- and we have actually put our money where our mouth is, if you will. This Legislature has certainly expressed, and not only expressed, but certainly has done that by its action -- supporting it at its very level, at the time when it was requested of us and brought to our attention -- the need for that. So I think your concern and your passion, as you speak on what the needs are, and how large this crisis is, is clearly felt by all of us as well. We believe that we are doing our part. We think and we hope and we have the confidence in the people that are doing their job on the other end -- is in fact following through on that. We need to be told, very early on, what else needs to happen so as to prevent and avoid some of the ongoing continued crisis that you talked about, so that we're not back here next year talking again, trying to find another situation with other examples that's only going to lead -- for even a greater crisis. So I think that we probably are now looking to make sure that we are closely monitoring everyone. As you're moving forward, and as I'm sure the Department of Human Services is doing to move forward, this Legislature is very closely monitoring, looking at what is happening right now.

MR. RYAN: Thank you.

ASSEMBLYWOMAN POU: Thank you, Mr. Chairman.

ASSEMBLYMAN PAYNE: Yes.

Mr. Rooney.

ASSEMBLYMAN ROONEY: My question was very similar to Assemblywoman Pou's -- the incidents about the individual attempting suicide three, four times. One time should have been enough. There's virtually something wrong with the system when he tries to commit suicide the first time -- red flag immediately -- and then he's allowed to continue and not pulled from that facility immediately, regardless of whether you have the beds or not. That should be an emergency. It should be a first preference. It should be crisis intervention. And I fault the system, and somebody should have been brought to task for allowing it to continue. Because three, four times is just absolutely wrong. There's no way in the world that could be justified to keep that person in that same facility. There are mental hospitals that could take this child. On an emergency basis, you have to step in. You're the Child Advocate. You're advocating for that child. Once that's reported that that child has tried to commit suicide, immediately get him out of that system. Now, I don't care what it takes. I don't care what it costs. But it's your responsibility to do it, even if we have to put that individual in a private hospital for psychiatric help. That's the point that I would like to make, and I apologize. I have to leave. I have another meeting, but I would like to have your comments.

MR. RYAN: I know that the response of the Department of Human Services was, how was this child not referred to us? This child should have been referred to us. And I think that the key to reform is very near at hand. Because I think it requires a protocol to be set up between -- or I should say -- among the Department of Human Services -- which has been set up largely -- but the Department of Human Services, the Juvenile Justice

Commission, and the county detention centers, around our alertness to suicide attempts and threats.

And I spoke yesterday with the Executive Director of the Juvenile Justice Commission about convening such a meeting in the near future, so that that first attempt triggers an immediate intervention.

ASSEMBLYMAN ROONEY: Absolutely. That's my point. One time is too many, but that should be the time that action is taken, not waiting until two, three, four times. No excuse for it. The institution should be brought to task or taken to task. I didn't see it in the papers that I read. I see a lot about DYFS. And when one child dies, the state is in outrage. If one child tries to commit suicide, we should have that same outrage, and we should say, "What's wrong with the system, why aren't we helping that individual?"

So I thank you for your report.

I've got to go. I have another meeting.

Thank you very much.

ASSEMBLYMAN PAYNE: Mr. Child Advocate, let me just say this to you. I think you are a pit bull, and that's what we need in that situation, when you say, "I would be doing exactly what you're doing, also." And don't ever allow any of these -- the turf wars or anything -- come in the way of solving this problem. The fact is that we can have esoteric discussions about these conditions, but we have to look at the youngsters that are, in fact, the victims of this society -- victims who are being currently held in detention in these places. Many of them being held for many, many days and not getting any treatment whatsoever. And I tell you, continue doing what you're doing,

and you certainly have the support of this Assemblyman and others who are as deeply concerned.

I frankly don't care whether or not people get their nose out of joint because we have to raise questions about the conditions that exist in some of these places. The fact is that we have youngsters who have been in conditions like this for too long. And the reason I asked the representative from DHS what is being done differently is because I don't think that we need to wait until we have crisis on top of crisis on top of crisis before we resolve these problems. We have these youngsters there. They should not be languishing behind bars when they should be getting treatment. I want you to continue doing what you're doing, and you can rest assured that we're going to have that support.

I said before that if, in fact, these youngsters were children of affluent families, if these youngsters came from suburbia, etc., that we would resolve these problems. This country has found a way to do all kinds of things that we want to do, if in fact we set our mind to do it. Now, just because these youngsters in the past have been regarded as being expendable, that these in the past have been cannon fodder -- the fact is that we must have the same kind of diligence and should never relent on trying to bring about solving these problems, ever. And I think that we need to continue to elevate the consciousness of those people of our society, and also have to find a way to get people to be receptive to having these homes, these beds, in their communities. We have to find a way that we will have people in the community who will not have that syndrome, "not in my backyard." And we have to find ways to do that.

But I want to tell you to continue doing what you're doing. And I think many of us need to visit some of these places and see these youngsters, and see the conditions in which they're living, and see the conditions that caused them to be there. At some other hearing, we're going to talk about the prevention. At some other hearing, we're going to talk about the things that need to be done in the beginning, to invest in the beginning, to keep these youngsters and others from ending up in situations like this. I don't think that our State or our society is doing the kinds of things that we should be doing as far as to bring about prevention of the problems that we have here.

And I would like to ask you, just in conclusion, whether or not -- what state -- where are we finding some success? I know this is a nationwide problem, but there must be, in addition to the ones you've mentioned, are there others where we can find that we can utilize the best practices, so that we can resolve these problems?

MR. RYAN: Absolutely. I think that the child welfare reform plan integrates great things that are happening in North Carolina about public accountability; in Illinois; and Allegheny County, Pennsylvania, about prevention. You said it more eloquently than I did, and so I don't want to overstate this point, but these kids don't come to juvenile detention centers without having struggled against all of the forces that work against kids in our society. It could be racism. It could be bad schools. It could be poverty. It could be homelessness. But there are no kids in detention centers who haven't encountered those types of struggles. And the key to making our kids healthy and safe and well is about being proactive on the front end. So to the extent that the child welfare plan does that, to the extent that the child welfare plan

in some senses declares a war on poverty, which I think we should be robust and ambitious about, I think that it goes a long way to model the best practices in other states.

You take a look at the things that land kids into the juvenile detention arena. You take a look at what are the family demographics that lead a young person into that. We do that in the child welfare context. We say that in some parts of New Jersey, 80 percent of the families who are involved with the child welfare system have an addiction issue. And so, reform has got to be about a robust, proactive addiction services response, so we can keep those families together, which is smart for taxpayers too. Because it is so much more expensive--

ASSEMBLYMAN PAYNE: Of course.

MR. RYAN: --to be raising children in foster care than to keep a family well. We have to do the same thing in the juvenile justice arena. What are the things that are landing kids and their families into system involvement in juvenile detention?

And I think that -- I get that there are people whose criticism of this report has been that it is starry eyed or that it is naïvé; or that its suggestions, perhaps, too aggressively intrude upon what has been the historic relationship between the counties and the State. But I think that reform has got to be about being completely out of the box that we're in, because the box is broken. The only box that's working is the big, brown box at the end of the earth, that is the detention center that we send our kids to and house them there until the day when we free them. And for too many kids, that's months

and months and months without care and services, getting sicker. That's the reality today. I wish it wasn't the reality today, but that's the reality today.

ASSEMBLYMAN PAYNE: Thank you very much. And we look for you, after your meetings with the other agencies, to come back and let us have some recommendations as to how we might do this.

I hope that somebody is in the Office of Child Advocate back there somewhere. I see there's a number of people here that came, to have your back, I guess, is what it's called. (laughter) But I think that you have represented your office well, and thank you very much for your testimony.

I would like to ask Mr. Howard Beyer now to testify, the Executive Director of the Juvenile Justice Commission.

Mr. Beyer, welcome.

**H O W A R D L. B E Y E R:** Good morning, sir. Good morning, Chairman and members of the Regulatory Oversight Committee.

I want to tell you, I sit in front of you all today really very optimistic. And while the challenges are great, I want to share why I am perhaps going to be more optimistic than perhaps some of the folks before me -- is because, one thing I could tell you, I know a lot of folks in the room, and that's not by happenstance. It's because I have never seen, in my 30 years of State service, more people at one time more concerned about the issues we are dealing with. When I first met you and came before you, I asked if you would come to our first statewide graduation at the training school in Monroe. Not only did you come, you stayed, you had lunch with us, with the families and the kids. I'll never forget that.

When we had a tragedy in Union County, and our message fell on deaf ears, there was one person, and only one, who reached out to me and to the Department of Human Services. That was Assemblyman Cryan. And after we met with him is when things began to significantly change. Those are the kind of things you never forget and you always appreciate. And so, I'd just like to say that.

The Juvenile Justice Commission is probably, as I would like to say, one of the best kept secrets in New Jersey. A lot of folks don't even know who we are or what we do, because we are not the Department of Corrections, we are not the Department of Human Services, but we take care of court-involved delinquent kids. And many folks, kind of, don't care about these kids, and yet they are a very significant population that has issues that need to be addressed, and they fall into the detention centers and they do end up in the Juvenile Justice Commission.

But I want to assure you one thing, Mr. Chairman, that part of our role as a Commission is to divert kids, to prevent kids from coming in. And I say this with great pride: that last year we diverted over 5,000 kids from coming into the system. We do that through Youth Service Commissions and working with the localities, because we believe and we understand that collaboration with the local communities are the places where the folks know the kids best. And that's where it has to start. And we support that and we work vigorously to ensure that that happens.

We recognized well over two years ago that detention and its growing population and its overcrowding had to be addressed. And we were well aware, through our staff, that there was a program out there called the

Juvenile Detention Alternative Initiatives, which was supported by the -- which is the Casey Foundation. And they support jurisdictions who are convinced that a state is committed to taking this issue on. And so the things we are talking about today are all-encompassed in this Juvenile Detention Alternative Initiative, where we had to bring all the stakeholders together: Kevin Ryan; Public Defender, Yvonne Segars; the Detention Association was mentioned -- Gerry Bowden, the President, is here; the Administrative Office of the Courts; the prosecutors; the police; the Department of Human Services.

We all sat at a table in January -- this time last year -- with Casey, and we had to convince them that we were serious about taking this issue on, and that it was not finger pointing at each other, but rather sitting down and collaborating and working together to finally deal with this issue. And that's exactly what happened. We picked four counties to pilot, including Camden, Atlantic, Monmouth, and Essex. And I can tell you, this started in April, sir. A few months later, because of the collaborative effort, on a daily basis there are 99 less kids in detention each and every day. And we have only just begun to start our work. When we first sat down in Camden, for instance, there were over 140 kids in detention -- to use the word -- languishing.

At the beginning of this week, I believe there were 42 kids in detention in Camden. Now, that isn't the work of Howard Beyer or the Juvenile Justice Commission solely, rather it's the pressure from the Child Advocate. It is the cooperative -- it's stepping up to the plate of the Department of Human Services. It's the commitment of the counties and the detention center folks, the Public Defender, and all the other partners I talked about, who are identifying mental health kids and coming up with alternatives

so that kids don't have to go to detention. What I'm saying to you is, is that I will not sit here and tell you that we believe that detention should be done away with. We believe there is a need for detention. Some kids do some terrible things and need to be in detention. That's the public safety factor, and that's what we support.

But we also believe that there are kids who don't belong in detention. Because we also believe that for a child-- And we're talking about children, boy or girl, who goes to detention for one night, who doesn't need to be there, will have their life changed forever and not for the positive, but for the negative. And so recognizing that, we want to keep those kids who don't need to be in there out, and do it through working collaboratively with coming up with initiatives to keep kids out. And it's happening and it's working.

And I'll tell you why I'm so impassioned. Because in this 30 years that I've been in this business, 25 of them, or nearly, was in the Department of Corrections. I ran Trenton State Prison for nearly 10 years. I was the warden there. I saw 19-year-old boys come in with 60-, 70-, 80-, and 120-year mandatory sentences. Kids who didn't know how to read. Kids who I knew were going to have a heck of a time surviving in this prison environment.

I have the same passion you do, Chairman, and that's why we have to succeed as a Commission. We have to succeed to educate so that the kids can grow up to be responsible adults and not go ahead and become adult inmates. We are working hand-and-glove with the Detention Association and with the detention centers, not only monitoring their conditions, so God forbid there aren't tragedies that occur, but to improve things. The questions that -- Assemblyman Cryan asked about the MAYSI -- it's a screening tool; it's a flag.

It says something's wrong. And then, if everything works right, you call Human Services and the process begins.

We don't want to flood the detention centers with so many things so that there is the perception that it is okay to let a kid stay in detention. It is not okay. It's a public safety issue. You want to get him in. You want to deal with the delinquency issue or the mental health issue, and get them out. Get them out either by preventing them from going in through an alternative; but if there is an issue, identify it and then let the partners who are working on this issue step up to the plate and get him out. It takes time. It has taken time to develop, build, and cultivate this relationship. But it also works on so many issues. It works on reducing population. It focuses on mental health. It addresses the disparate population issue, which is terrible. If you would sit in front of the presentation we did in each and every county to see who is in detention, it is incredible. It made me shake when I watch it. Because what it is, the tension is really a reflection of what adults want, of what adults will tolerate. This is who we want sitting in detention.

If you had listened to Bart Lubow talk about why detention centers are so overcrowded or why they look the way they look, he would say the first and quickest remedy, if you want to change the way they look, put more white kids in jail. That's not the answer. There's a better way -- that you got to be responsible to the rainbow that sits in there and that we got to get them out, with responsible programs and commitments from folks who need to do it.

So it's collaboration. It's the issue of dealing with this process. And while we talk about the detention centers, I need to tell you that for a

multiple of reasons, kids with mental health issues come into the Juvenile Justice Commission. Three years ago, we were able to get a grant to begin to really focus and put our time and attention in earnest with kids with severe mental health issues, who slipped through the cracks and became part of the Commission. In the beginning of March of this year, that granted funds are going to evaporate. I was unable -- the Commission was unable to replace that. We need to be able to continue to address the needs of the kids who do have special health needs. Rapists if they are rapists. Fire setters if they are fire setters. And kids who just have the combination of all different kinds of health problems and need to be addressed.

I'm proud to tell you that we were able to bring back health care to our kids, serviced by the State of New Jersey. That we are back running our own health-care system. We took it back from the private vendor because I sit here and tell you we can do, and are doing, a better job, because we treat the kids like they are our own. We care about them. And if they have a growth on the right side of their neck and they can't sleep at night, I don't want to hear from my doctor to tell the child to sleep on the other side of their bed. No way. Those days are over. Because if my doctor says that to me, the doctor is fired. Those days are over.

And we're also very proud to tell you that we have collaborated with the UMDNJ, the University of Medicine and Dentistry, for our mental health care. What a revelation. What a great opportunity for us to really advance this process. But I don't want you to think-- While we are working very hard -- and recognize that those who share in our business, the detention

centers, with their needs -- we also have needs, that we need to move forward and build on that process.

I know the Governor's new team of people coming together to address mental health. The Executive Director, Kim Ricketts, who is in this room -- I can't tell you-- She chose to have their first meeting at our female unit in Bordentown. It was, I think, an exceptional opportunity for them, and it was an exceptional opportunity for us, for people to hear that the needs of our kids -- this forgotten population-- I've got to talk about the growth for a minute, because they are the smallest, yet fastest growing population. They are the most needy. They are mostly products of abuse -- sexual, physical, mental -- either by a boyfriend, a father, a grandfather, someone. We are giving them that time and attention.

But as people talk about things, I don't want you to forget about us. We also need to be supported so we can continue to grow and advance the relationship between us and the detention centers. So I can come back and tell you that, guess what, as we build new places -- and thank you, we are building a new detention center. Union is building a new detention center. Finally, we're going to get that place off the rooftop of a parking lot and have a new place. And I hope to be able to come back and tell you, "You know what? It's too big." Because the JDAI, the collaborative process, the right way to do business; that Human Services, in the collaboration of getting those kids out with mental health issues -- it's too big. That our detention centers are no longer overcrowded, and that Kevin Ryan will be able to tell you, "You know what? It's working. It's happening. I see it." And that we continue to collaborate and make it work.

We're talking about system changes. We've been to Missouri. We took a look. We are working that way. I want to tell you, with pride, that we are in the process of beginning to close our most expensive punitive housing in Bordentown at a place called Juvenile Medium. It costs us about \$66,000 a cell to keep a kid in that cell. We're saying we could do it a better way. We are moving forward to community approach. A community approach is not easy. We have a private vendor who we have been in business with for a long time who does wonderful work. It is perhaps our best program in the community.

I got an angry -- a very, very angry call from local folks who were appalled that this is going in. I said to the local person, "These are kids." We don't call our kids inmates. There is not a single inmate in the Juvenile Justice Commission. They're kids, or residents, or students. I said, "Our kids all go home." We have them, on average, 12 to 16 months. These kids are your kids from your community. They are your kids. "I don't want to hear that." You have to hear that, I said. We talk about education, we talk about vocational skills, we talk about being good neighbors. We'll come out, we'll paint your benches, we'll mow your lawns. Let us come out. We build careers. They don't want to hear it. I need that place. I need to open that place, because the place that is going to become vacant I need to get to turn into a transitional home.

Because you know what, Chairman? We've got to do a better job for the kids who are coming back. We have worked not only to educate them and give them good jobs, but to develop relationships for their families. We have a program where we're going to bring the families together and deal with

their issues. We've got to have them. We finally got a dual-controlled car, because kids have to learn how to drive. We have a system now where we're teaching the kids how to bank with swipe cards, because that's the way it works.

We need to be supported. We need to be heard, and we have to be understood. Because if we don't, I know -- and I was the Assistant Commissioner for Corrections -- I know where they're going, the boys and the girls. They will become adult inmates. And that, ultimately, is the last thing you want.

I thank you for listening to me. I promise you, as did the Child Advocate, we will do, and we continue to do -- I'm blessed with the most wonderful staff in New Jersey -- to try and do the very best for the children of New Jersey who fall into this category.

I want to take your questions.

ASSEMBLYMAN PAYNE: Thank you, Mr. Beyer.

Assemblywoman Pou, you have to leave?

ASSEMBLYWOMAN POU: Thank you, Chairman.

I just want to thank you, and thank you for the opportunity for me to be able to sit in this Committee here today. I've learned a great deal. I really appreciate it. I do have to leave now, but I wanted to just thank all the people who did speak previously, for all the wealth of information that they've provided us with. Thank you so very much.

MR. BEYER: Thank you for staying.

ASSEMBLYWOMAN POU: Thank you.

ASSEMBLYMAN PAYNE: Thank you.

Assemblyman Cryan.

ASSEMBLYMAN CRYAN: Howard, just a couple brief questions, because we're losing people. The New Jersey Training School, the residential, the mental health program -- could you touch upon that? And do we have an issue coming up in March?

MR. BEYER: Yes.

ASSEMBLYMAN CRYAN: Could you tell us about that?

MR. BEYER: We don't have the funding to continue a specialized program. While UMDNJ will provide overall care for our kids, what that granted program allowed us to do was-- It was a 24-bed unit. So what do you do? You take the 24 of the most severe cases that are in our system, and it gave us seven-day-a-week, 24-hour coverage in a housing unit on our campus to deal with this special population. Now what's going to happen when we lose that funding? We're going to really have to take a step back, if you will, and we're going to have to work out, from the staff we have and from the university, to try and do the very best job that we can to provide just enough care so that we don't lose anybody. And that's a shame. We could really use a shot in the arm, because this population desperately needs it.

ASSEMBLYMAN CRYAN: One-point-eight million, is that the operating costs?

MR. BEYER: It's somewhere about that. Am I right, Barb?

Sorry?

ASSEMBLYMAN CRYAN: Is that about right? Lost Federal grant, is that what we're looking at here?

ASSEMBLYMAN PAYNE: Identify that program again, Assemblyman Cryan.

ASSEMBLYMAN CRYAN: It's the program at the Training School which helps the most vulnerable of the psychiatric kids, right?

MR. BEYER: Right.

ASSEMBLYMAN CRYAN: And if I understand it right, there's a Federal grant that's going to expire March 3?

MR. BEYER: Yes, sir.

ASSEMBLYMAN CRYAN: And it's value is about 1.8 million or so?

MR. BEYER: Yes, sir.

ASSEMBLYMAN CRYAN: And the reality of the impact of that is there's 24 kids that are--

MR. BEYER: Which is a moving number.

ASSEMBLYMAN CRYAN: It's not the same 24 kids. It's a floating 24.

MR. BEYER: Right. It's a floating 24.

ASSEMBLYMAN CRYAN: But they're going to lose care that potentially, instead of spending 1.8 million -- the Chairman's opening remarks in terms of cost, but not just receiving the care they need. Is that right?

MR. BEYER: Yes. But we have worked it up so that it could be cheaper. I just want you to know if-- We understand that this would be a needed gift, but -- and so we've come up with a cheaper cost.

ASSEMBLYMAN PAYNE: Where's it located?

MR. BEYER: The place where you came for the graduation. We have a unit. What we've tried to do is, we have integrated -- while the kids live in that unit and get specialized attention in that unit, we have integrated them into the programing on the campus so that those kids would not be ostracized and that the unit would not be called the *nut hut* and that kind of stuff. So it's worked very well for us.

ASSEMBLYMAN CRYAN: What's the cheaper number?

**BARBARA CHAYT:** Can we get back to you with that? I'm sorry. I don't--

MR. BEYER: It is cheaper.

ASSEMBLYMAN CRYAN: I don't blame you. (laughter)

MS. CHAYT: It is cheaper. We have a budget request--

ASSEMBLYMAN CRYAN: If you could, through the Chair, I think we'd like to request that, if it's at all possible.

ASSEMBLYMAN PAYNE: That's right.

MR. BEYER: Yes.

MS. CHAYT: We have a budget request in, and it looks about further integration.

ASSEMBLYMAN CRYAN: Oh, you do?

MS. CHAYT: Yeah.

ASSEMBLYMAN CRYAN: The Vice Chair of the Budget Committee's right over there.

MR. BEYER: Yes, sir.

ASSEMBLYMAN CRYAN: One other question. It's the JDAI.

MR. BEYER: Yes, sir.

ASSEMBLYMAN CRYAN: It's a pilot program, now in how many counties, four?

MR. BEYER: Let's see. Four counties. The fifth county is just coming on -- it's Hudson County. Our intention is to do the whole state.

ASSEMBLYMAN CRYAN: Okay. And the time frame? Any ideas?

MR. BEYER: Well, it's a continuum. And as we get better at it, we will begin to move faster.

ASSEMBLYMAN CRYAN: I guess what I want to ask is, the five-- We heard earlier from Kathi Way and from Kevin about the five counties that are realistically having the most issues. Do you have any idea as to when the JDAI pilot programs, which reduce population, which is one of the fundamental issues in terms of care, when they'll be implemented in those five-- I guess my question to you is -- and you don't have to answer it.

MR. BEYER: We're in--

ASSEMBLYMAN CRYAN: Are you in all five?

MR. BEYER: Well, we're in two of them. We're in two of the five right now, being Essex and Camden. And both places have had dramatic reductions. Essex, I think, was rebuilt for 250, and I believe their numbers-- Anybody? Anybody know? One-sixty.

ASSEMBLYMAN CRYAN: So they have capacity over there?

MR. BEYER: I'm sorry.

ASSEMBLYMAN CRYAN: They have capacity in the Essex--

MR. BEYER: They have capacity, but-- See that's what I'm saying. That's a good thing. (laughter)

Well, let's hope-- I'm really serious. I'm hoping that some day you will have the same issue -- that you're too big and you won't have to worry about it.

ASSEMBLYMAN CRYAN: Is the 13 percent reduction that you see in population in the pilot, is that something that realistically is going -- if you look at and extrapolate, is it realistic to look at that throughout the rest of the program?

MR. BEYER: Yes. Yes. And I want you to know, as we continue to meet success -- I have promised the Child Advocate -- that because things are improving that doesn't mean we can sit back. We have to stay committed to this project, this initiative. It's a systems change each and every day. And keep the partners at the table, talking collaboratively with each other, and we will get better results.

ASSEMBLYMAN CRYAN: The last thing I want to say is, again, I still think the most important part of this meeting besides the attention is the fact that you guys are all talking, which is--

MR. BEYER: I want to thank you for that. And yesterday we had a very, very good meeting. When Child Advocate Ryan said that he was willing to fund an enhanced suicide training for the detention centers and the JJC, I was in heaven.

MR. RYAN: You almost liked me. (laughter)

ASSEMBLYMAN CRYAN: Thank you.

ASSEMBLYMAN PAYNE: Let's not go too far. (laughter)

ASSEMBLYMAN CRYAN: Thanks, I appreciate it.

MR. BEYER: Thank you. Thank you.

ASSEMBLYMAN PAYNE: Let me just ask a question, if I may. How many facilities, if any, are underutilized at the moment, or excess beds?

MR. BEYER: Six. But it varies. And that's something you know-- I think it was the-- You don't know. A gang -- a crew could come in over the bridge and could shoot that population up on you in one night, so--

ASSEMBLYMAN PAYNE: How many facilities do transfer kids to underutilized facilities? Do we do that? Is that possible? Can you move them from facility to facility?

MR. BEYER: Yes, we do. In fact, that's what we do in Union. That's the way we had to -- after the unfortunate suicide, we capped Union at 34 and we use other places. As a part of the initiatives, the JDAI initiative, we also have used it as a tool to help places make more room for their kids and try and keep down the pressure of what overcrowding brings. So, in Camden, we're using other places, for instance, as well.

The Commission allows for there to be inter-county changes, but we cannot allow another detention center to become dangerously overcrowded. That is prohibited. So we have to do it very, very carefully.

ASSEMBLYMAN PAYNE: I've been appointed to the Criminal Disposition Commission. You talk about collaboration between the various entities here, and it's something that should have been going on and should continue to go on in the future. I think this Criminal Disposition Commission will enable an ongoing inter-connection between all of the agencies that are working in this area. Not only for juveniles, for adults as well. Because we talk about the -- at the front part of this whole system -- and that is, maybe, curbside justice or statehouse justice where kids in Newark, New Jersey, for

instance, are put immediately into the system. They get a record from day one. Where you go a few miles elsewhere to Livingston, for instance -- the kid doing the same kind of thing is either put in a pre-trial intervention or he's taken home. And so the youngster there in that suburban area never, ever is damaged by having a record. Whereas we know, and it's blatant really, that you have this kind of disparity.

I don't know what the total population, for instance, in our 17 facilities have. Does anyone know what, as of today or yesterday, the total detainees that we have in our facilities?

ASSEMBLYMAN CRYAN: Eight hundred and nine -- '03.

ASSEMBLYMAN PAYNE: Can I get that number? As of December 30, let's say, at the end of the year, how many -- the total population? And of that population, I really would like to know what percentage of those are minorities: African-Americans, Hispanics. All right? Because I see our facility in Essex County, and I go there. There's got to be some kids in Belleville, Nutley, Livingston, West Orange who get into trouble but are not in that facility. They can't all be from Newark, East Orange and Orange. And the youngsters that are in that place, I'm sure that some of them should have been spanked on the butt and sent home. So one of the things that we have to do with this whole thing is to look at it from before they become involved in the system. Because that damages these kids for their entire lives. And I think that's one of the things-- We talked about prevention. We talked about having the law be put out evenly across the board. And then on the other end, their re-entry into the society -- having kids

get their driver's license and things like that, so they can get a job and things of that nature.

So I'm looking forward to working with the Criminal Disposition Commission, and I'm looking forward to looking at the juveniles as well as the adults here. But I need to know. I have mentioned this over and over again. Because if I don't, who will?

MR. BEYER: You're right.

ASSEMBLYMAN PAYNE: If I don't mention the fact that there's a disproportionate -- a terrible disproportionate--

MR. BEYER: We are part of a committee that was put together by the Chief Justice. The Commission is involved, the Attorney General is involved, the Chief Justice is involved, and we have been working on this. And this, along with the initiative that we're working on, we have this at the forefront of what we are trying, and are in doing and improving. I want to assure you of that. We are committed to this. And I will invite you to let us do our presentation to you, your staff. It is that impressive. I don't think you'll be bored. It's less than 45 minutes. You'll really get a feel for why we are so passionate about this.

ASSEMBLYMAN CRYAN: Well, I have some numbers. Do you want them? Do you want to hear them?

ASSEMBLYMAN PAYNE: Sure.

ASSEMBLYMAN CRYAN: These are 2003 figures, the end of 2003, which I think your office provided, unless I'm mistaken. Eight hundred and nine inmates at the end of the year: 483 were African-American males, 108 were white, and 126 were Hispanic. Again, 2003, but -- that's staggering

that the 483 of the 809 inmates were African-American males. And in the female population there were 25 white girls, 47 African-American girls, and 14 Hispanic girls. And you talked about the fact that it's growing; all of you mentioned that. But the disproportionate thing in here is just -- I know it's really disproportionate in my county. And I'm sure -- it clearly is all over the state. We've really got to, as a group, we all-- That needs to be a statewide focus, that we all understand. It's not fair. And I can tell you, when you give a kid a record and you try to move the kid forward -- no matter what it is, any civil service job, any opportunity, you're really-- It's very hard to get out of that box.

MR. BEYER: Well, that's why we're trying now to develop careers, as opposed to just getting them to MacDonaldis. I just want you to know we build trades, teaching them how to be carpenters, how to be cooks, how to be chefs. Right here in the Marriott we're in a partnership with kids. We even make glasses. If you go into the mall, the kids who you might see at, like, Cohen's Optical -- those are our kids. They've learned that trade at the training school.

We also have a tape (indicating) about us that NJN did. I know some of you may have seen it. We brought some copies. Anybody who'd like to have a copy, I'd like to-- It's 28 minutes, and it's pretty cool, if you'd like to watch it. (laughter)

ASSEMBLYMAN PAYNE: Thank you very much.

The concentration -- I like the fact that you're doing, trying to do things when the youngsters come into your system. I have a broader objective, and that is to keep them from coming into the system. The broader objective

is to make sure, for instance, if we're spending \$26,000, \$35,000 a year to keep these kids in jail, then I have to convince this Legislature and the State of New Jersey that we have to spend that 15,000 or 20,000 for preschool, for child training, etc., so that we do not put our kids in there. I mean, if this Legislature, if this State cannot see that it costs far less to make the investment on the beginning-- We won't be talking about these kinds of things, if, in fact, we're able to get people who are more -- as willing to build new schools as we are willing to build new jails. Because the jails are now privatized, and running this is where people can invest and make money, I think that we need to really look at the broader picture, and I think that's where the Criminal Disposition Commission comes in. There's a sentencing commission that deals with people once they are sentenced, but I want to look at it before that.

I want to thank you very much for your--

And I have to ask one more question of Mr. Ryan, since you're still here.

Thank you.

Does anyone have any further questions for Mr. Howard Beyer?

(no response)

Thank you very much, and keep up the work.

MR. BEYER: Thank you, sir.

ASSEMBLYMAN PAYNE: Kevin, yes. If you will, a question regarding the Medicaid. Could you address that whole issue for us, please -- the Medicaid and the numbers, etc.?

MR. RYAN: Sure. The number that Medicaid has provided to Deputy Commissioner Way, and that she related to you today, of \$20 million

is based on an assumption that every child in detention stays six months. Our estimate, which was much lower than that, was based on the actual length of time the kids stay in detention. There's no way in God's green earth it would cost the State of New Jersey \$20 million to do what the counties in New Jersey do for \$4 million. There's no way. And Medicaid provided us with its analysis of how it calculated this \$20 million number, and it used a six-month assumption. As you know, children stay in detention for a much less period of time than that.

All of the kids, post-dispositionally, in detention -- all of them -- are eligible for Medicaid with Federal financial participation. Well, let me be clear about that. All of them who are otherwise eligible -- means that they meet the other criteria for Medicaid eligibility, in that they would be means eligible. On the front end of detention, for those children who stay a very short period of time, other states, such as Oregon, have been successful in getting waivers that allow them to get limited Federal financial participation, on the front end, for children who stay a short period of time. Our calculation was that the State would be able to bring in Federal financial support. And I think that the number was approximately \$600,000, and that it would have to bear the balance of that -- which would be the difference between \$600,000 and \$3.4 million -- to cover all children, who are otherwise eligible for Medicaid, with State dollars in detention centers.

I think that an argument could be made about whether this is rightfully the responsibility of the county, or rightfully the responsibility of the State. But it's our view that certainly for children who have been ordered into the custody of the State by a judge, the continued imposition on the county

of the costs of caring for those children, in terms of their physical health needs, should be the State's responsibility. And the way to accomplish that is to secure Medicaid for those children. And in fact, the Federal Government would be a full participant in that program and provide a 50 percent match. And I would be happy to provide this Committee with our analysis and -- both -- the analysis that Medicaid provided to us, so that you could understand the discrepancy between their number and our number.

ASSEMBLYMAN PAYNE: Thanks very much for that additional information, and would you provide that to us? Thank you.

MR. RYAN: Okay. Great, thanks.

ASSEMBLYMAN PAYNE: Thank you very much.

Now, Dr. Vander Schraaf -- I think it's Anna?

**ANNA H. VANDER SCHRAAF, M.D.:** Yes.

ASSEMBLYMAN PAYNE: The New Jersey Psychiatric Association.

DR. VANDER SCHRAAF: I'm a child psychiatrist in private practice for more than 30 years, and the last few years I have been involved in advocacy of legislation. We review bills that pertain to mental health situations. We comment and try to be a resource for legislators. So I'm very happy to find out that -- being a child psychiatrist, and having read Mr. Ryan's report, which really was alarming, I've sort of made a statement. But there's so many things that have already been mentioned here. I've also attended a jail diversion program in Washington last October, which we have heard about -- the state governments and all the goals of transferring the mentally ill, which are coming into the prison systems and jail systems for many reasons, either

not diagnosed by entry, or because they cannot have access to mental health services. So there's a large movement, as you probably are all aware of, and I can give you the information.

Let me just, in short, read what I had planned to say, but I think much is already said. New Jersey has a population of 8 million and has 75,000 children with emotional disturbance, and about 350,000 adults with severe mental illness. Amongst the general population, the rate for severe mental illness is 5 percent; for incarcerated individuals, it is 16 percent. The suicide rate in the general population is 11 per hundred thousand; for incarcerated people -- this is a report of California jails -- it is 52 on a hundred thousand.

The incarceration rates for severe mentally ill males is four times that for females -- six times that of the general population. The re-arrest rate in three months following release is 72 percent. So this is all in favor of jail diversion and all of that.

USA has the highest incarceration rate in the world -- one in 143 residents. The rate of false confession--

ASSEMBLYMAN PAYNE: What's that number again?

DR. VANDER SCHRAAF: One in 143 population.

The rate of false confession leading to arrest and who are later acquitted is 23 percent for juveniles. I reference the University of Virginia study -- reported at the annual meeting of the Academy of Child and Adolescent Psychiatry, October last year. In this study, the training manual for police was stated to consist of 30 hours of material, but half an hour was spent on child development. It was also discussed that the first responders to an event, the police, is really focused on extracting a confession. And in

juveniles, there are a lot of issues there. Children can easily be totally -- in a state of, "Well, let me get out of here," and say, "Yes, I've done it." So I'm actually focusing on the incoming of juvenile jail or detention centers.

Okay. The latest report of the Child Advocate, I think, has already been discussed fully, and I am so happy with that report to focus on what is to be done, and the recommendations are important. I've also been very pleased to hear that the DHS has instituted so many -- better things in the last few months. And also, to hear from the Juvenile Justice Council that this screening expanded -- the screening of the people who are coming in either pre-arrest, or in, or during. Because I think I read somewhere that these full evaluations were only done on a judge's order up to then. So a lot of the illness is unattended to, not treated, and cause of a lot of behavioral disturbances and violence, and all of that, while they are held.

Again, another point that I would really put emphasis on is the Medicaid Exclusion Act, so that people getting into all of these situations lose their Federal benefits and SSI and Medicaid, which is, of course, a big issue in -- if these case managers say that, "Okay, treatment or placement is needed," the funds are not there. I have heard that the Assembly has passed A-663, I think, just recently, and it's now in the Senate's hands. And Governor Codey is in favor of that. That is the establishment of mental health courts in three places, I believe, in New Jersey -- north, central, and the south.

And I also want to bring up the Mentally Ill Offender and Crime Reduction Act, which was entered in 2003 as Senate -- is Federal 1194, and had the House version, too, which was signed into law at the end of October, '04. And it's PL-108:414, and it authorizes 50 million in Federal grants that

states or local communities can use for a variety of purposes, including creating jail diversion programs -- I think New Jersey has three -- providing treatment to adults with serious mental illnesses, and juveniles with serious emotional disturbance who are incarcerated; funding cross-training of criminal justice, law enforcement, court, and mental health personnel; or providing mental health services to individuals with serious mental illness upon re-entry into the community.

So that might be a way of more funding. Since I'm in private practice and I have no state experience -- but I'm trying to learn, and I'm trying to bring in information that we can gather from other resources.

I'm thanking you for the attention and the time.

ASSEMBLYMAN PAYNE: Thank you very much for taking the time to be here. Your comments are very, very helpful and edifying to us.

Does anyone-- (no response)

Mr. Cryan?

ASSEMBLYMAN CRYAN: No.

ASSEMBLYMAN PAYNE: Thank you very much, and we welcome your input on this in future hearings.

DR. VANDER SCHRAAF: Thank you.

ASSEMBLYMAN PAYNE: Thank you.

That concludes this hearing. I appreciate--

Oh, I don't have -- we didn't have Segars.

Scott Provinsky? (phonetic spelling) I'm sorry. Is there a Scott Prucksma? (phonetic spelling) Scott -- that's the easy part, no? (no response)

He's not here.

No, I do not have a form that the Public Defender wanted to testify, and therefore I'm sorry. I certainly did not mean to overlook you. I've seen you here, but--

**Y V O N N E S E G A R S, E S Q .:** May I?

ASSEMBLYMAN PAYNE: By all means. By all means, please. Had I had that, you would have been called much before.

MS. SEGARS: Good morning.

ASSEMBLYMAN PAYNE: Thank you. Good morning.

MS. SEGARS: Thank you for taking a moment to entertain us. My name is Yvonne Segars. I am the Public Defender for the State of New Jersey, and I am accompanied by Cindy Samuels, who is the Assistant Public Defender and oversees the Office of Law Guardian and our Director of Juvenile Justice Services. And also, Patrick Reilly, who is my Director of Mental Health and Guardianship. And I'd like to thank the Assembly Regulatory Oversight Committee for this invitation to appear and to comment on this very critical issue.

I do appreciate the comments that I've heard of Kathi Way, and certainly concur and agree with the comments of Kevin Ryan, from the Office of Child Advocate, as well as Howard Beyer, from JJC. I'm really hopeful in recent days, since Governor Codey has certainly put forth the issue of mental health -- and yourself. We've talked about the issue of mental health needs and services for our kids in detention. And as you know, this office, the Office of the Public Defender, is responsible, among other things, to provide legal representation to indigent adults charged with indictable offenses and to children in juvenile delinquency proceedings.

Our primary responsibility in representing either adult or -- in criminal proceedings, or children in delinquency proceedings is to assist our clients in preparing their defense. In the delinquency proceedings, the court's jurisdiction extends over the child as well as the child's parent or guardian, or any family member found by the court to be contributing to a juvenile family in crisis. Therefore, in addition to addressing the legal issues in the case, our juvenile defense attorneys must also become very familiar with the child in the child welfare system, and the services that are available to address the issues affecting the children and their families. This information is essential in order to enable our attorneys to advocate on behalf of our clients for release from detention prior to adjudication, and/or for dispositional treatment alternatives to confinement in a JJC secure facility for adjudicated youth.

I tried to draw some general statistics, but in Fiscal Year 2004, this office handled approximately 18,000 delinquency cases in which we represented the children. Now, we're not counting children, that's dockets. And so that number, of course, goes down because some children have multiple cases and multiple dockets. Between the period of this Fiscal Year, July 1 of '04 and December of '04, our agency opened 9,056 new juvenile cases. As of January 12, we took a little snapshot. We had 8,308 open cases. And anecdotally, we called on our attorneys to just give us a snapshot, in a day, of account statistics to pull down and do real hand file account of numbers. But anecdotally, approximately 30 to 35 percent of the children whom we represent are also involved in the child welfare system. So although the juveniles are in the juvenile, for lack of a better term, the criminal delinquency

system, they are also in the family child welfare system -- that overlap of about 30 to 35 percent.

ASSEMBLYMAN PAYNE: Ms. Segars, would you repeat that, please, for me?

MS. SEGARS: Yes. Approximately 30 to 35 percent of the children whom we represent are also involved in the child welfare system. So although a child might be arrested and detained on a delinquency matter, they at least, of all the children we represent in that snapshot number that I gave you -- was 8,308 open cases -- approximately 30 to 35 percent of those children are also involved in the child welfare system. And therefore, DYFS may be involved or law guardians involved. There is some other reason that they're overlapping into the child welfare system.

We recently conducted our own, unscientific poll of our staff, and out of 56 attorneys, 32 responded. So this is just a quick snapshot -- we asked, in one day. This was just yesterday, actually. And our attorneys gave us back information that -- we showed that at least 188 of the children that we represent, who -- have been adjudicated and are awaiting disposition. And that's just -- in a given day, out of the attorneys who represent our children statewide -- our attorneys tell us at least 188. And that number certainly goes up, because we only got answers for a quick -- of 32. That at least we have 200, 250 kids awaiting disposition, awaiting placement, correct?

ASSEMBLYMAN PAYNE: They're being held in the detention centers.

MS. SEGARS: That's right. And we estimate, because we also asked those same attorneys, "How many of these children have serious mental

illness?" They tell us, by their answers, we estimate, guesstimate, that at least 30 to 35 percent of those children have some serious mental health problems. And of course, there's a continuum between serious mental illness and those kids who might be suffering from depression or treatable, other kinds of mental health problems, may not be on the extreme end of mental health issues. So there's that continuum.

We estimate that approximately 30 percent of these children have serious mental health issues as defined by the Child Advocate's report. Unfortunately, our experience indicates that many of these children likely will not receive adequate and appropriate services in the least restrictive environment. They will not be treated in the community. They will be treated in detention. It is quite frustrating to represent a child who is clearly in need of mental health services only to discover that there are no beds available or that the program will not accept a child, or that there are inadequate community-based services to give the judge the comfort level necessary to allow a child to remain in the community. The only option available to a judge who must fashion an appropriate disposition upon adjudication should not be and must not be confinement at a JJC secure care facility.

And what we do know is that every time this system, our system, determines to place a child in detention, for whatever period of time, that that detention will increase and increase the likelihood and probability that that child will end up in the criminal justice system. We know the statistics are real. We see them everyday. And the same statistics earlier, Mr. Chairman, that you recited, those statistics bear out in the criminal justice system. The statistics on the numbers, the statistics on race bear out in the criminal justice

system. And it is, and my belief, that it's poverty that drives the majority of these issues. Poverty drives homelessness. Poverty drives the lack of health care and services for our children.

The State has a vested interest in ensuring that alternatives to detention are utilized at all possible times, and particularly for those children who are in need of mental health services. We offer the following observations for the Committee's consideration: And that is that adequate resources must be available to provide and to develop appropriate programmatic services for this population. And this means services for those pre- and post-adjudication. Because remember, when children are brought into the criminal juvenile justice system, while they're awaiting disposition early on, from the beginning, we should be able to have services available to them. And a variety of program services are necessary and should include non-residential programs for children who do not need to be removed from the community. Residential programs and therapeutic services for those children who are appropriately placed in detention, based upon the nature and the extent of the delinquent behavior-- Access to therapeutic program services must be efficient and expeditious. Access to appropriate mental health services should not depend on whether the child has medical benefits. And the lack of-- When you ask the question, "Where are these other kids?" -- those other kids have insurance. Those other kids have access and have the affluence so that they can get treatment outside of this system, that our children, who lack the ability to draw down those medical services--

The State must ensure that program service providers contracted by the State service the children with the greatest need. Our experience

indicates that residential programs often refuse to accept for treatment children whose histories of certain behaviors, such as fire setting or inappropriate sexual behavior -- even if the child has not been adjudicated of that offense of that nature -- they are denied access and there is no treatment available.

In some, appropriate program services must be developed. Services must be accessible to every child who needs the services, even those with no medical insurance. In those instances, where children are adjudicated delinquent for a serious offense and his or her mental illness does not clinically prohibit confinement in a JJC facility, the Commission must have access to appropriate mental health services to address the child's specific needs.

The most important conclusion to be drawn from my comments is that our system of providing services to children should be need-driven and not program-driven. In other words, every child who is in need of services should receive them based on their own individualized needs.

And I'll take any questions you have, Mr. Chairman. And if I can be of any further assistance to this Committee in gathering information and providing information to you, we'll be happy to do so.

ASSEMBLYMAN PAYNE: Thank you very much, Ms. Segars.

I apologize for not having had your information before me, before. I would have called you earlier. I'm sorry. But thank you very, very much. Mr. Cryan.

ASSEMBLYMAN CRYAN: Eighteen thousand cases a year?

MS. SEGARS: Yes.

ASSEMBLYMAN CRYAN: Because, in the child report, it talks about 11,000 new admissions to the 17 detention centers.

MS. SEGARS: Well, those are different--

ASSEMBLYMAN CRYAN: Is that just a high conviction rate?

MS. SEGARS: No. They're different numbers, different categories of cases. Although there are some overlap, those numbers--

ASSEMBLYMAN CRYAN: They're not apples and apples?

MS. SEGARS: Yes. They're not apples and apples. But we still have a lot of children that we serve every year.

ASSEMBLYMAN CRYAN: Got to ask the question, only because the numbers are so staggering. You were in front of us in the Budget Committee, right, about elevating pay, because we had trouble getting people. Is that right?

MS. SEGARS: Well, actually, no. I was here, last time, was for drug courts--

ASSEMBLYMAN CRYAN: Drug courts.

MS. SEGARS: --and we were talking about the numbers of-- Of course, again, the correlation between substance abuse and the need for treatment.

ASSEMBLYMAN CRYAN: Do your people -- do the public defenders out in the field see drug abuse as any higher-- I know they see it.

MS. SEGARS: Oh, yes. The correlation--

ASSEMBLYMAN CRYAN: Is that where you'd go to--

MS. SEGARS: Yes. The correlation is there. And of course, those numbers all start-- If you're starting with the family--

ASSEMBLYMAN CRYAN: We're talking about kids here.

MS. SEGARS: Yes. Well, if substance abuse is in the family, the probability is that-- The statistics increase that that child will somehow, down the line, end up in our system for other reasons -- whether it's for their own mental health services needs, whether it's for detention for some other matters -- just because there's a breakdown in the family unit and from the problems that arise with substance abuse.

ASSEMBLYMAN CRYAN: Really educational. I appreciate the numbers. Thank you.

ASSEMBLYMAN PAYNE: Thank you very much. I appreciate your coming here, along with the others who have testified here today, on this matter that's really a very deep concern, obviously, to all of us; and that we need to find ways to resolve the problems that we have. And hopefully the Legislature will be able to come up with any necessary legislation that may be needed. But I think what we need to do is just simply implement and follow up on many of the initiatives and programs that have been discussed today to rectify this program.

Thank you very much, Ms. Segars.

MS. SEGARS: Thank you.

ASSEMBLYMAN PAYNE: One last person is Cathy Chin of the Mental Health Association -- is also here to testify. You're not here to testify? Okay. Would you like to testify? (laughter) You'd better testify. (laughter)

Thank you very, very much. As I say, and we look forward to moving forward in the resolving of this problem.

Thank you.

**(MEETING CONCLUDED)**