Committee Meeting

of

ASSEMBLY POLICY AND REGULATORY OVERSIGHT COMMITTEE

"Issues surrounding the Division of Youth and Family Services"

LOCATION: Committee Room 11
State House Annex
Trenton, New Jersey

DATE: October 10, 1996
10:30 a.m.

MEMBERS OF COMMITTEE PRESENT:

Assemblywoman Rose Marie Heck, Chairman
Assemblyman Richard H. Bagger, Vice-Chairman
Assemblyman Paul DiGaetano
Assemblywoman Carol J. Murphy
Assemblyman Kevin J. O'Toole
Assemblyman Gary W. Stuhltrager
Assemblywoman Barbara Wright
Assemblyman LeRoy J. Jones Jr.
Assemblyman William J. Pascrell Jr.
Assemblywoman Barbara Buono

ALSO PRESENT:

Katharine A. Tasch
Glenn E. Moore III
Office of Legislative Services
Aides, Assembly Policy and
Regulatory Oversight Committee

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

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ASSEMBLYWOMAN ROSE MARIE HECK (Chairwoman): We have a tape that we had seen at the Child Assault Prevention Convention, and I thought it would be an appropriate way to begin this meeting, and I will have opening comments in a minute. I think we can all appreciate that this is a subject matter that has had many people writing about it time and time again, and, perhaps, we're getting a little used to the written word. We should see that we're dealing with people, we're dealing with children, and this is an important piece that I'd like to share with you.

Michael. (shows a video)

That's the message, ladies and gentlemen. These are our children, and we're talking about them in a loving, caring way. But we know that every minute that passes, as we sit here, some child is abused, some child is neglected, some child is being beaten, some child is being sexually and cruelly abused.

I was in Washington not too long ago with some of my friends who are here in this audience, and my daughter and I visited the Holocaust Museum, and I feel as if we are going through a kind of a holocaust as far as the children are concerned.

I think you will hear from a lot of the advocates and the physicians about the pain and suffering of our children beginning with their birth and, in the womb, the pain they experience because mom is crack addicted or drug addicted.

We have stepped over the line as far as timeliness is concerned, and this is an emergency that we have to bring to the attention not only of this State, but of this nation. Drug abuse, alcohol abuse, sexual abuse, the rise in

juvenile crime -- I think we all have to stand up and be counted now, because we want to work towards freedom for our children, freedom from pain, freedom from suffering, a freedom where they can walk the earth knowing that they are safe. We must here, today, begin to build that safety net. I don't want to hear about downsizing. I don't want to hear about attempts. I want to hear about a new vision, a new vision for our children and the safety of our children, and I think that's what we're about today.

We are a fact-finding Committee. We are a fact-finding Committee, and we are here to shine a light and expose what has to be exposed, and I know that there's many among us who are empathetic but who do not wish to hear about these sufferings and the pain inflicted upon these innocents because it's so horrific. But we have to face it, this does exist. It is happening, and there will be many, many people speaking today eloquently and articulately about where we are, what we should be doing, and what we have to do.

I am pleased that so many of you have come here. We want you to stay, and I know I will be here and many of us will be here listening, because this is being recorded. We will be using it in a very positive way. I promise you that. This is not a waste of time. This is not a media event. This is an event for humanity, for the saving of each of us to not forget our childhood and the pleasures of that childhood or the pain of that childhood, but to think about it in terms of today and our children today and how much they need us.

I'm going to open this meeting with the testimony of Patricia Balasco-Barr, who heads DYFS.

Patricia.

DEPUTY COMMISSIONER MICHELE GUHL: I'll take it. Do we have--

ASSEMBLYWOMAN HECK: Oh, which-- I'm sorry.

DEPUTY COMMISSIONER GUHL: That's quite all right.

ASSEMBLYWOMAN HECK: I didn't realize you were starting.

DEPUTY COMMISSIONER GUHL: I'm looking to see if I have audio here. Yes? Thank you.

Thank you, Chairwoman Heck, and certainly Vice-Chairman Bagger, members of the Committee.

I am Michele Guhl, Deputy Commissioner of the Department of Human Services, and I want to tell you, sincerely, how delighted I am to have this opportunity to speak to you this morning about our Division of Youth and Family Services, the child protection and welfare agency for the State of New Jersey, and as the video and our Chairwoman has so eloquently shown us, clearly, children are our most valuable asset.

I want to sincerely appreciate the role of the Committee and their interest in overseeing this critical State service.

With a budget of over $439 million, DYFS currently supervises more than 50,000 children. Every year the Division receives more than 67,000 referrals of suspected child abuse and neglect or family problems. Approximately one out of three child maltreatment reports is substantiated, which means that the incident meets the legal definition of child abuse or neglect. In many other situations, serious family problems are identified, requiring crisis intervention to stabilize the family and a continuum of services such as case management, specialized treatment, counseling, or other support

services to strengthen and preserve the family. Our agency's staff is dedicated to the critical job of protecting children and, when at all possible, preserving families. We believe DYFS staff really does make a positive difference.

Since I began as Deputy Commissioner a bit over a year ago, I have been aware that DYFS has been struggling valiantly with dwindling staff and increased caseloads. We worked very hard to monitor the situation, and we did everything administratively possible to address that problem and achieve greater efficiency.

However, despite all our managerial efforts, staffing remained a serious issue, and we believed we had exhausted all our remedies. The Commissioner, Director, and I concluded that we needed more staff, and we brought that conclusion to the Governor's Office. The result is now well known. The Governor did not wait to see headlines about a child battered to death in New Jersey before acting. Instead, she authorized 100 additional field staff for the Division.

Please know that the 120, which by the way should be on board -- by working with DOP to expedite hiring, should be on board by the end of November. But this number was not just developed or in anyway, frankly, developed by the Governor's Office, nor was it a number driven by pure financial issues. This was a number that the DYFS Director and her senior staff recommended to us would do the job.

We firmly believe that when these workers are hired and appropriately trained, the result in lower caseloads will significantly enhance the protection of the most fragile residents of New Jersey. While these additional workers do not bring us to 100 percent of the Division's workload

standards, they do bring us to 80.76 percent. Clearly they will lift some of the load that DYFS has been carrying so valiantly.

But the business of protecting children is not just about staff caseload ratios. Our business is much more complicated than that, and increasing numbers of staff in and of itself does not get the job done. All the staff in the world do not ensure success in protecting children. Case practice standards must be appropriate to reflect the current profiles of the children we're currently seeing. Staff must be trained, as in any organization, staff must be given the tools to work smarter, more efficiently, specifically through enhanced technology. We believe we are addressing all of these areas.

Additionally, we must maintain our perspective about the role of the whole community in protecting our children from various forms of maltreatment. All of us must work together in our own neighborhoods, building strong networks to support families and do all we can to prevent child abuse and neglect.

You should know that the DYFS management team and field staff were not, what I believe, waiting around to see if we were going to get more staff. In fact, they've continued to work diligently to protect children and to initiate programs to improve the lives of children and families in this State. For example, they've addressed many important issues affecting our children, namely boarder babies, which we'll be talking about later, foster care, substance abuse, and residential treatment through innovative approaches that include questioning the status quo. This has resulted in many changes in how we do business, and, as we all know, change is always very challenging and difficult. It has frankly meant contracting differently in many instances, and it's quite

apparent to me that some of the recent criticism of the Division is a result of these changes and the difficulty in implementing them. However, as the Commissioner has so often stated, our mission is to deliver quality services to the people who need them, not to ensure funding for our contractors.

To become more efficient providers of services, the Division has succeeded in purchasing 2300 computers, training and technical support to assist DYFS staff in their important and difficult responsibilities. This federally funded State Automated Child Welfare Information System will be capable of reducing repetitive and time-consuming paperwork, freeing caseworkers to spend more time with their clients.

Additionally, last week we received some good news. We've been awarded a four-year, $2 million Federal grant under the Abandoned Infants Assistance Program for use in Essex County. Further, we received $100,000 Federal grant for a Fost-Adopt permanency pilot in Union County. This is very good news for New Jersey's children and families, and you'll be hearing more about these grants and projects from the Director, Pat Balasco-Barr.

Pat is the person who can best tell you all about the agency's activities and accomplishments. Although she's only served in that position for less than two years, she's proven a courageous and staunch leader, advocating for her staff and moving the Division toward improving services for children and families. I'd like to present to you Pat Balasco-Barr.

P A T R I C I A B A L A S C O - B A R R: Thank you.

Thank you, Deputy Commissioner. Good morning, Chairwoman Heck and other members of the Committee. I appreciate the opportunity to speak to you today.

As Deputy Commissioner Guhl has indicated, these past two years have been challenging, but our incredibly dedicated and committed staff have persevered and continue to perform with the best interests of children and families in New Jersey.

I have visited every one of our field offices, and some more than once. If you had accompanied me, I believe you would have come away convinced about the dedication and the commitment -- despite controversies, despite the occasional failings -- that the Division's staff are doing an extraordinary good job.

Reflecting my own years as a social services worker and administrator in the Detroit area and in Washington, D.C., I know how critical a role leadership and support play in ensuring that field staff provide the highest quality services to our clients. As the Division Director, I am confronted, on a daily basis, with finding the best way to balance resource needs and the realities of fiscal constraints so as to empower staff to carry out our mandates.

I take this responsibility very seriously. I work with a very able management team. We have created an organizational culture where increasingly complex services demands, constrained resources, and even criticism by those external to the Division are being used as opportunities to make DYFS a better and more responsive agency. The Division will continue to modify its policies and practice to reflect the realities of society today, and I will be outlining some of our current initiatives to you this morning.

As you all know, attrition had resulted in critical staff shortages in a number of our field offices. As a new manager, I took time to assess the

situation. Then I took all measures possible to redirect staff to case coverage. Supervisory and administrative staff were assigned partial caseloads and field staff were relocated to offices with the most serious staffing shortages. I, also, authorized 16 new positions as a stopgap measure. Subsequently, I added an additional 17 new positions for offices that were under 60 percent of our workload standards.

Then, as Deputy Commissioner Guhl has already indicated, Governor Whitman authorized the Division to fill an additional 120 positions, bringing the overall statewide compliance with our workload standards to over 80 percent. For example, in our Mercer District Office, we will be adding 22 additional staff to bring the office to over 80 percent of our workload standard. We are following a rapid recruitment strategy to staff our offices as quickly as possible.

Staffing issues are only part of the picture. We must understand that caseload standards are only ideals. Even the Child Welfare League of America notes that its own standards are an ideal to encourage the improvement of services for children and their families. Having 100 percent staffing guarantees nothing. More importantly, treatment methodologies have changed. Caseload ratios are only one part of what makes an organization effective and efficient. Thus, I want to provide you with an overview of the programs, policies, and service priorities of the State's comprehensive child welfare and protective service agency.

Our Division's mission is first and foremost to protect vulnerable children from abuse, neglect, or exploitation. If possible, this is achieved through supporting family preservation efforts.

As I testified before the congressional subcommittee, we must strongly support family preservation. However, as you all know, societal conditions, particularly with regard to the epidemic use of illegal substances and alcohol, have made this task all that more difficult.

Let me tell you how we have been working to protect children, first, with a description of our agency, and then through an overview of specific initiatives or programs.

Through a network of 32 district offices and the Institutional Abuse Units, DYFS staff are in the field 24 hours a day. They assess and investigate allegations of child abuse and neglect in every county of the State. We currently provide services to over 50,000 children. We also operate five adoption resource centers, finding permanent homes for some of the hardest to place children in New Jersey.

Every referral we receive is carefully assessed to determine the risk of harm to the child. A case is identified as child abuse and neglect if the allegation falls within the definition of the law. If it does not, but there is still some elements of risk to the child, then it is a family problem and preventive and supportive services are provided.

In Calender Year ′95, we received almost 68,000 requests for intervention and services. Another 8673 calls were serviced without field intervention as Information and Referral.

Since I took office in November of ′94, I have become increasingly aware of and alarmed at the impact that substance abuse is having on families involved with DYFS. New Jersey's children are at increased levels of risk

because of the rise of substance abuse, particularly cocaine and mixed drug-alcohol use on the part of parents and caregivers.

We have now developed case-handling standards to help caseworkers deal specifically with families who are substance abusers. These revised and updated standards emphasize the risks to children when parents and other caretakers are abusing or addicted to alcohol and other drugs.

Training is occurring right now all across the DYFS system to ensure workers and management are up to speed on these updated approaches to investigation. Much of this training is developed to helping workers assess risk, particularly with clients who are abusing substances.

Because time is short, I will quickly mention a number of current training initiatives, and I will be happy to provide more information on request. Current staff training includes: A three-day course on alcoholism and drug abuse, and that's funded by NCCAN; IV-E funded cultural competency, assessment and referral training; a planned expansion of IV-E for a master's in social work degree stipend for DYFS workers; a multifaceted, comprehensive skill development training for caseworkers and supervisors.

The purchase of 2300 computers, that the Deputy Commissioner has already mentioned, has brought our agency into the 21st century. Using computers will enhance the ability of our frontline workers to do their work more efficiently, thus allowing them to spend more time with troubled families.

An additional 340 computers will go to DYFS-contracted community-based agencies, creating an electronic link that enables us to share information and work more effectively and efficiently with each other.

While it is essential to emphasize skills designed to assess risk, we also must prepare our staff to competently work with parents and relatives of the children in our caseload.

With the help of a two-year, $129,000 Federal grant, we are holding, currently, focus groups around the State with parents and families that we supervise. Our intent is to learn, firsthand, from clients, particularly African-Americans and Hispanics, how we can best help their families.

I will briefly mention some additional initiatives that I have put in place to improve services to our families. These include: regulations to improve informed parental consent for foster care placement, our voluntary placement agreements; convening a roundtable of professionals from a wide range of disciplines to address the needs of children of incarcerated parents and their families; recruiting and maintaining qualified caring foster parents through a competency-based foster/adopt parent training program and certification of foster homes; and working with 11 community agencies to provide mental health and other supportive services in Bergen County; a pilot Fost-Adopt project in Union County for babies born to substance abusing mothers and who are unlikely to rejoin their biological families -- this project will fast-track permanent placement for these infants; and an aggressive plan to end the boarder baby problem in New Jersey.

The plan addresses the underlying system problems and proposes a series of actions to create a more effective prenatal intervention program; enhance our ability to assess the risk of infants posed by drug-involved families; increase the number of substance abuse treatment slots for women; rapidly identify relatives as alternative caregivers; and intensify recruitment of

new foster homes; and expedite permanency planning where the child cannot be returned to birth parents or relatives.

The four-year, $2 million Federal grant that was awarded and mentioned by Deputy Commissioner Guhl will provide stable funding for the boarder-baby initiatives. We are also enlisting the assistance of the New Jersey Foster Parents Association, as well as the religious community, corporations, and other groups.

As you may know, DYFS is the largest State adoption agency, placing some 700 children for adoption each year. Some of these children wait as long as two years while termination of parental rights proceedings are being litigated.

I'm currently working with the Court Improvement Committee, with members of the judicial system, and our State's advocacy groups to identify obstacles in the system that interfere with the expeditious processing of adoption proceedings.

As you can see, many of our projects involve collaboration and partnerships with agencies and other community organizations. This concept of collaboration and cooperation is not new at DYFS. We have long made a point of incorporating the views and wisdom of a broad base of community advocates and interested parties. Child abuse is a problem for our entire society. No one agency can solve and handle it alone.

I share a vision espoused by the Child Welfare League of America for the future of children's protective services. In this vision, America's steadily rising total of child abuse and neglect reports begin to fall because public and private child welfare agencies, related community agencies,

businesses, and the full range of neighborhood institutions are working together to find out what families need and provide it.

I mean to accelerate this process by pursuing a course of sound fiscal management. The Division's fiscal year '97 budget contained a contract reform initiative that will allow the Division to be more prudent and efficient in the purchase of direct client services. To be better informed about client and worker needs, I have spent countless hours in discussions with field staff, families, advocates, and service providers. In addition, my district office managers recently conducted a brief needs assessment, and the decision was then made to: invite competitive bidding for several of our contracts; reduce reimbursable ceilings of contracts with a pattern of underspending or with low levels of services; establish unit rates for group homes, treatment homes, and day treatment services, while using our needs assessment to determine need; and reduce payment of State match by DYFS for certain community contracts.

I realize that change is often difficult and uncomfortable. Let me say this another way. People get real comfortable with the status quo. However, we would be derelict in our duties if we did not examine and question every aspect of our operation in order to find the best and most efficient methods of service delivery. I must add that the measures I just spoke about in contract reform will realize almost $5 million in savings and should actually improve these services.

At present, 747 children under our supervision are in residential treatment. The expenses associated with that care are very high. The children who need these services are seriously troubled, and we're making changes in the way we provide these services, changes that are driven by good case

practice principles and not just budgetary considerations. We are continuing to take steps to prevent the placement of children in out-of-state treatment. For example, we have started a residential therapeutic unit for girls on the grounds of Arthur Brisbane Child Treatment Center. We are revamping the Ewing Residential Treatment Center to care for 30 male youngsters. We plan to develop a continuum of services for children needing residential treatment, applying state-of-the-art managed care concepts including a stepped down approach to less restrictive settings when they are ready. We are also planning a county-based, regionally contained model for providing service to emotionally disturbed youth, so that they may remain closer to their families; and with the Division of Mental Health Services, we are exploring a managed care initiative for behavioral health services that would include children.

The problems of abused children and their families are highly complex and difficult. By the time families are referred for services to DYFS many are already in precarious condition. Multifaceted problems require a multifaceted approach. We must recognize the social realities of the high-risk communities that affect these fragile families and work with all aspects of the social system if we are to help prevent tragedies.

Individuals and communities, private agencies and governmental entities, professionals, and laypeople -- all need to assume responsibility in the prevention and treatment of the pervasive social ill as child abuse.

Of course, you the legislators continue to play a significant role. Thank you Chairwoman Heck and the members of this Committee for your interest in our Division's continuing efforts to meet the challenges and solve the problems affecting children at risk in New Jersey. I ask for your continued

support to the Division and its workers and your understanding in this daunting endeavor and assure you of our commitment to carry out the mission in the most effective manner possible.

Thank you all very much.

ASSEMBLYWOMAN HECK: Thank you, Ms. Barr. I don't want to mislead you in any way, so I think I'm going to tell you from the top. You mentioned, if I had accompanied you on your trips into the field, I would have found out. But I do want you to know that in the confines of my office, many of your DYFS caseworkers have come to me for help, and I believe you are a very well spoken executive, and I believe at this moment as I listen to your presentation, I've heard families and savings, etc., mentioned and new investigations into certain areas.

But I do want you to understand that my philosophy may be a little different than yours in that I am more concerned about children's rights rather than families' rights, and I will tell you why. Because people have come into our little office and told us about many atrocities, including sexual abuse, where children are sent back because there appears to be a slowdown of the drug abuse in that home, and the child is sent back and another happening occurs.

We know of one instance, that we've seen on television recently, where reports were made of a particular mother, and five children were born, and each one of them has suffered child abuse time and time again. One child died, and that woman and her husband or male companion were charged with the child's death in 1994. That baby was born crack addicted, according to my information, and starved to death, besides the other pain inflicted on that

four-month-old child from Hudson County. This is not an isolated instance, and we'll probably hear more about that.

I think in terms of the care and the treatment that we're not emphasizing the fact that we're taking care of the cases to its highest level. I think that saving money is one thing. Saving lives is another. I have some questions for you, Ms. Barr, and one of the things I really feel we will accomplish today is to bring the message to the Governor, not just through reports that are type written, and they are selective, but reports from the people in the field, from the people who have seen the suffering on a day-to-day basis and note their concerns and their changes.

I'm not certain if any DYFS workers are here today, but five years ago I remember DYFS workers coming to me, tears streaming down their cheeks, saying they didn't have enough time to do their job properly. Here we are five years later, and we have lost hundreds of those workers, and has it improved? It has not. We have heard that 120 people have been hired, which I think is wonderful, nowhere near what we need, because we've lost through attrition over the years. But we're concerned about who is left to train them. I'll ask you that question in a minute. You can ponder that.

I also want to commend a woman who has recently resigned or retired from the DYFS organization, and that is Jean Mendres. Jean is a magnificent human being, one woman that I considered a safety net at DYFS, and I am very concerned about that loss. We helped work to improve the guidelines for DYFS, and when I say we, I mean the community at large. We knew, and the DYFS workers knew, that drug addiction or alcohol addiction in a home was a signal that child abuse was there. Jean has placed in those

guidelines a mandate to the DYFS workers that this be reported to the police department and those children taken from the home immediately to make certain that they're safe, and I commend her and the staff for doing that. But I want to know, how will DYFS be able to do this? Will you have the man power to ensure the safety? That is the legislative intent, Ms. Barr, to ensure the safety of the children, not the families. To ensure the safety of the children, not to maintain families who are broken. We give them so many opportunities to be fixed that by the time we reach a point to help the child, the damage is so severe that it cannot be hidden any longer. So that's one of my concerns.

I will ask you about the 120 workers, Ms. Barr, and the training schedule.

MS. BALASCO-BARR: Okay. We will--

ASSEMBLYWOMAN HECK: It'll go red. (referring to microphone) Red is on. (trouble with microphone)

MS. BALASCO-BARR: With HRDI, we'll be doing training for trainers in the week of the 20th of October, and that's a four-day training. We have identified staff in each region so that the training for the new workers will be provided close to where they will actually be doing the work. We work with Dr. Janet Cahill from Rowan. We work with Dean Davidson from Rutgers all on training our workers so that they are ably prepared to go into the field and do the assessments. I concur with your assessment of Jean Mendres' commitment to the Division of Youth and Family Services. She was an invaluable ally and partner with me in managing the Division. She left a legacy

of real commitment to not only what the Division does, but how the Division does the assessments for substance abusing families.

All of the Federal dollars that we have attracted in the past few weeks has been in support of moving children more quickly toward permanency even in the grant for the boarder babies. The unit is very important in moving children toward permanency.

Our vision of services in the Division of Youth and Family Services is not family preservation at all end. It is the protection of a child within the context of family, if at all possible, and one of the issues that we agreed, and Jean addressed in the case-handling standards, is how to reassure a level of protection for children and knowing that what services are what the family need in order for the child to be safe there, and when we don't have that certainty, then we move toward placement of that child with a relative or in foster care. Every bit of training that I have listed for you has to deal with helping workers make that call and not only make the call, but provide the services.

One of the things that we started looking at are contracts. It wasn't maintaining the status quo. It was redirecting $210 million to how do we best serve children, not how do we protect contractors -- how could we improve our services to children -- and we are focusing more on services and interventions much earlier, more intrusively, moving more rapidly toward permanency, and that's been the value of working on the Court Improvement Project with Judge Nardi and the other members. What are the barriers in our system, all of our system, that calls us to question why it takes so long for a child to have a safe home through adoption? We have, and we'll provide that

to the Committee, the real specifics about our training programs, and that will support the statement I just made to you.

ASSEMBLYWOMAN HECK: I'd like to ask you which offices are being given the numbers and how you arrived at that distribution? Is it in my packet?

MS. BALASCO-BARR: No.

ASSEMBLYWOMAN HECK: No.

MS. BALASCO-BARR: It's not in your packet, but we will leave this with you. We looked at the workload standards of all of the offices in the Division. Then the ones that were the most--

I'll get used to this. (referring to microphone) By the time it's time for me to leave, I'll know how to do this.

We looked at who was most understaffed, and when we did the initial assignment of 16 staff, we sent those immediately to the most understaffed. Then I looked at a need to continue to add staff. So the total number of staff coming on board with the Division is really 171. When you add the ones we started out in August and September and then an additional allocation we got from OMB for the OCAC, it comes to 171 workers. We filled lowest number of staff first, and then our goal was to bring us to the last time we had the best amount of staffing, and that was in early '93-'94 when we were at 80 percent. So the numbers that we presented to the Governor were what would bring us to 80 percent, and that's how we determine how the staff would be allocated.

At this point, with all of the staff on board by the end of November, no Division district office will be less than 75 percent of staffing.

There are other management activities that we need to do to make sure that we have an optimum number of staff and the appropriate services being provided.

A team will be going out to look at cases that have been opened a very long time and have had no services provision, and there will be an assessment made by a group of workers as to whether this case needs to be closed. But we do not seek to arbitrarily and unnecessarily put a child at risk by closing cases. All of these things will be done in the view of what is in the best interest of the child.

ASSEMBLYWOMAN HECK: Ms. Barr, what do you think-- How do you feel-- If you want to measure the strengths and the weaknesses of DYFS as it exists now, and what suggestions would you make to us, as legislators, to improve the system so that you can work more reasonably?

MS. BALASCO-BARR: The Division of Youth and Family Services has the most incredibly gifted, committed group of workers I've ever experienced. We look at problems, and we don't whine about them. We look at ways to fix the problem, find another resource. Staff, as they came to you about staffing issues, came to me as well, and at the same time that we recognize the staffing issues, workers continued to work hard in providing services.

There is-- And I say to them all the time, it's somebody very special who does public child welfare work. It's someone very special who -- where other agencies won't go into a house or into a community, a DYFS worker on a daily basis goes into homes, goes into communities.

The Division's staff view the field worker as the most important entity in the Division, and the redirection of resources to help these valued staff do their job is the simple goal of the management team at DYFS. When legislators ask us what can we do, you know, all of us who do public child welfare have this fantasy of always having everything we want, having all the cars, all the buildings, all the desks, all the computers, everything. But that's not the reality. The reality is no matter what it is that you give us, unless the entire community is a partner with us in providing services to children, then no matter what you give us, it's not going to be enough, because the view and the vision of how child protective services has to be provided involves more that the State agency. It involves more than a state legislature that wants to do right. It involves a partnership with communities and schools and service providers.

So if you could give me anything I wanted, it would be something that makes us do right for children, all of us, and not just people pointing to DYFS and saying, "It's your job," something magic that you could make folks realize it's all our job.

DEPUTY COMMISSIONER GUHL: If I may interrupt, I can be more concrete with a couple of specific requests. (laughter)

I would love if this Committee looks at the issues of substance abuse treatment slots, which are not under the ages primarily of this Department, and the expansion thereof as well as training, which is a department-wide critical shortage. So those are two real specific things, I think, we would enjoy support on.

ASSEMBLYWOMAN HECK: Do you have periodic meetings with the advocates and ask for their input as to how they feel a contractual services can be moved? Have you met with regional DYFS offices to find out how, indeed, you can work cooperatively with the children's advocates, the agencies, the resource centers, the adoption agency, the foster care people, and have you joined together in a centralized screening out of Trenton as to the needs of children?

MS. BALASCO-BARR: Yes, we-- Each DYFS district office has a community advisory panel, and that community advisory panel is also replicated by each regional administrator having an advisory panel. I have met with each regional advisory panel and, whenever possible, have had the district office community advisory panel -- have met with them.

Within the Division, officially and formally, we have what we call the OPTR Committee, which is a joint committee made up of providers, advocacy members, families, other department members. That is the planning and review committee that looks at new directions for the Division, it questions what it is that we're doing, and how we can change policy to reflect a different need.

When we begin a different direction in service provision-- Let me use the example of Charlie Ventie, who's over our placement and permanency unit. He meets with the providers of those services, so that they understand and can give input into the direction the Division is going in. But we do not operate at isolation, and we meet both formally and informally with many of our providers and advocacy groups.

ASSEMBLYWOMAN HECK: Ms. Barr, I'd like to direct a question to Ms. Guhl relative, in part, to what you were saying that we've seen a dramatic increase in juvenile violent crimes in New Jersey and an increase in the incarcerated youth and correction facilities over the last few years, and at the same time, there has been a decrease in staff and services to families and a consistent reduction in the residential and group home slots available to children through DYFS. Is that what you're talking about? You see a connection there?

DEPUTY COMMISSIONER GUHL: I'm sorry. I'm not getting any-- Is that what I was referencing when I was giving the two specifics? Actually, I was quite frankly not on that, but I'll be happy to talk about it. I was thinking more about the whole changes through HRDI and training available to all State agencies. I mean, this goes well beyond DYFS, but we have a very limited ability to train, but for some successful grant applications, which have expanded that role. But training is a major problem, I think, I know department-wide and publicly statewide.

I'm sorry, Chairwoman, so you were specifically -- I want to understand.

ASSEMBLYWOMAN HECK: Trying to comprehend the rise in juvenile crime and incarcerated juveniles to the fact that we're not getting enough attention at the level of DYFS workers coming into and making a difference in lives at a younger age.

DEPUTY COMMISSIONER GUHL: There's no doubt there's correlation between child abuse and crime. I think that's been well documented across the country, and it also fits in with the entire deterioration

in many cases of the family system. I mean, it's such a broad pervasive societal issue that we need to relook at how we treat all of this, and the earlier the better, frankly, and we just have to have a very multifaceted approach. I mean, prevention is ideal, but when children are affected before they're born, you know, it takes you back in a mind-boggling kind of way.

ASSEMBLYWOMAN HECK: That's what we're trying to focus on today, the root causes and what we can change and what already exists. This is not an anti-DYFS hearing, because I know and admire the workers in the Division of Youth and Family Services, because it is such a day-to-day horror story with each of them, as well as the people who were in the professional fields who must work with them too. But I'm going to just give you a break for a few minutes and take the roll call and ask you to be seated, and I'm going to hear from some of the people to give testimony.

I want to do a roll call. I would like you to come back in a few minutes after we hear some testimony. Some people have planes to catch and go back to hospitals.

We're going to take a roll call now.

Barbara, thank you very much for coming.

MS. TASCH (Committee Aide): Assemblywoman Buono.

ASSEMBLYWOMAN BUONO: Here.

MS. TASCH: Assemblyman O'Toole.

ASSEMBLYMAN O'TOOLE: Here.

MS. TASCH: Assemblywoman Wright.

ASSEMBLYWOMAN WRIGHT: Here.

MS. TASCH: Assemblyman DiGaetano.

ASSEMBLYMAN DiGAETANO: Here.

MS. TASCH: Assemblywoman Heck.

ASSEMBLYWOMAN HECK: Here.

We will be asking you to come back later and have that opportunity to speak again, Ms. Barr, Ms. Guhl.

I'd like to ask-- I know Julie has to take a flight out. She's going somewhere. She's always going somewhere. (laughter)

Julie Turner is with the New Jersey Association of Children's Residential Facilities.

J U L I E T U R N E R: Rose, thank you very much. I am going to a national conference, and I really appreciate being able to speak. I also want to thank you and the Committee for holding this critically needed hearing. Rose, I specifically want to say thank you for that video, because I think very often we see paper and forget that the invisible children who are voiceless are real and need to be recognized and heard.

I am going to identify five critical issues. I could have done many more, but I see from the number of people here that there are many who will be raising a number of issues and concerns. Given the breadth and the complexity of the many problem areas, my strongest recommendation would be to urge this Legislature to establish a bipartisan blue-ribbon panel which includes key community representatives. This is too important to do, and I think this could be seen only as a beginning.

The first issue area concerns residential programs. It is essential that DYFS and the State of New Jersey work in a collaborative fashion with the private providers and community to develop and implement policies which

insure a strong base of high-quality community-based residential treatment able to provide appropriate care for the increasingly troubled, at-risk children and youth. Unfortunately, the combination of DYFS policies and practices, as well as deep funding cuts, jeopardize the existence of several in-state private programs. New Jersey, and its troubled children, cannot afford this loss. At the same time that we are seeing programs close and see others at risk of closing, the number of kids in juvenile justice has soared. We are placing kids out of state.

Already this year, five private in-state programs with 81 beds have closed. That is a huge loss. Most of these were to serve adolescent boys, a very critically needed service.

In addition to the loss of these programs, an ill-conceived DYFS proposal to change group homes from program funding to unit cost threatens the viability of the group home infrastructure and will, we believe, based on past history, result in the closing of additional group homes. This is clearly not in the best interests of children.

Unfortunately, there has not yet been a thoughtful collaborative planning process necessary to consider the ramifications of such changes on the critically needed group home infrastructure. Several of the problems which must be addressed prior to any change are not new. They have been raised over the years with other DYFS and DHS leadership, most were raised again in a meeting with DYFS leadership almost a year ago. A position paper prepared by the Association provides more detailed information. I've given this to your staff person.

Until these problems are resolved, DYFS should not move precipitously to a proposal which we know, from experience, will result in the closing of critically needed community-based programs. The short-term savings from the loss of these programs would, in fact, be costly and result in youth entering far more expensive residential treatment centers and the juvenile justice permission. We would urge that DYFS delay implementation of this proposal and would appreciate your help, interest, and support in this area.

The cuts in the residential group home line not only result in programs closing, more importantly, they impact on children. We are seeing children coming in far more damaged, far more troubled with a multiplicity of problems. According to the DYFS's own very short Needs Assessment, they found that children had been under DYFS supervision for an average of 44 months, over 3 and a half years, before getting residential treatment. Treatment has been denied and delayed. Since the time of our own survey in '93, the DYFS Needs Assessment found that two-thirds of the youth in residential group homes had aggressive behaviors. This is almost a doubling within two years.

Over the years, the amount of funding-- In the past five years, for residential care for treatment has been cut by 21 percent. This year, according to the figures prepared by the Office of Legislative Services, there is a gap of almost $5 million, in terms of what was spent last year to what was spent this year. The children are not going away. Trust me. They are not going away.

The second area was the issue of DYFS caseworkers. Both in public testimony before Joint Appropriation Committees and anyplace I could

be heard and in private meetings with key legislators and government representatives, I have advocated strongly for additional DYFS caseworkers. As I have met informally with key DYFS people, representatives from around the State, both regional, central office, district office level, they have stressed their concern -- indeed their fear -- that, given the dangerously low staffing levels, the cuts in residential programs, in foster homes, community services and resources, that they cannot meet their mandate. They cannot do their job. Unable to speak out themselves, unheard, they look to advocates and to legislators like you, Rose, to articulate their concerns. Indeed, they're hopeful that this hearing will be a needed first step.

While I am relieved that the 120 new DYFS caseworkers will be hired, there are two significant issues. One, as I read the paper when I came back, I did not see a commitment of new money. Where is it coming from? What else will be cut to fund these positions?

Secondly, while a positive beginning, the 120 is not sufficient. Even after caseworkers were diverted from other critical responsibilities, like foster home finding, the additional 120 caseworkers, barring further attrition, would, according to the Department, result in caseloads averaging 38 to 1, well below national standards and well below New York City's standards that they thought were led to really overburdened casework situations. Former Deputy Director Jean Mendres, indeed she is a loss -- although I will say she will be coming to us, so we don't lose her from New Jersey in child welfare -- said, "You can't expect people to do 100 percent of the job with 70 percent of the staff." You can't expect them to do it with 80 percent.

Years and years ago, I was a DYFS caseworker. I have walked that walk. Rose, I commend you for talking to DYFS caseworkers. I would urge every member of this Committee and every legislator to take the opportunity to go out and talk to people who are living on the line. I cannot do it as well as they can, but trust me, you need to hear from them.

Understandably and appropriately, much of the attention concerning caseloads has been focused on the ability of DYFS to meet its responsibility to protect children, particularly in what might become high-profile abuse cases and now in terms of boarder babies. Yet, the impact is far broader if often unseen. Our members report that overburdened caseworkers are unable to visit the children for whom they have responsibility in residential placements. They are unable to attend treatment conferences. They are unable to develop and implement discharge plans. They are unable to return phone calls. As permanency planning takes second place to other demands, children remain in limbo. As reported in a recent news article, as DYFS pulled workers from other critical areas such as screening for foster care, how will DYFS be able to develop, find, and screen the necessary foster families, both for boarder babies and also for children in need of protection?

Three, other resources: I think it was of concern, as I listened, that the focus in the earlier part of the hearing was only on the DYFS caseworkers. They cannot do the job without the resources that they need, and these have been decimated. According to the Office of Legislative Services, last year the expenditure level for foster care -- the actual expenditure level was 40 million. The appropriations for this year are over $40 million less, yet we know we have a boarder baby crisis. This is the tip of an iceberg. We know we have other

children, as the DYFS caseload has increased by about 4,000 in just one year. Where are those resources coming from?

More importantly -- not more importantly -- equally importantly, is the decimation of other community services and resources necessary to maintain children safely in their families or to return them home. Group homes and specialized foster homes who rely on community services are finding it increasingly difficult to obtain them for youth. I did see a draft copy of proposed DYFS case-handling standards, which I think was probably a shocking statement that ended in writing. It said in some cases, you may not be able to do what you and your supervisor think is necessary to eliminate the risk of harm completely because one or more services or resources you need to do this isn't available. Ladies and gentlemen, that's unacceptable.

Fourth, managed care. This is a critical and highly complex issue. This hearing today should not provide the kind of time and opportunity to discuss, but it is-- I would strongly, strongly urge the Legislature to review carefully and approve any managed care proposals that affect the child welfare population. Mind you, managed care in other environments were the folks that gave us drive-in child delivery. Child welfare is not short-term, quick fix. I would urge your review there.

I have provided the Committee both with a very thoughtful article on child welfare managed care, as well as an article on our response. We would urge extreme caution and thorough analysis and, again, review by the Legislature.

Fifth, juvenile justice. Rose, right on. We have-- New Jersey has been unique. We are ranked third in the nation in the rate of violent juvenile

crime. Why? Nationally, the rate of violent juvenile crime has declined, not in New Jersey. Is there a connection between child welfare policies? Absolutely. Is there an absolute connection between the decimation of residential treatment and early and appropriate treatment and kids feeling their way into the juvenile system at high cost? Absolutely. This needs to be looked at.

Let me close by coming back and making three very brief points. One, the impact on children is far more than the sum of each of these specific areas. They combine, interact, and are far, far greater.

Secondly, given the multiplicity of problems and ever-diminishing resources, it is essential that there is a vision -- that there is a comprehensive plan that looks at children's services across divisions, across departments. Unfortunately, there have been a number of separate, unconnected initiatives.

Third, there needs to be a partnership with the community that involves a real open -- working together on behalf of kids.

Last, with budget, rather than children's needs, driving decision making, the voiceless children need the leadership of the committed legislators that I see here. I have worked with and known many of you over the years.

As you may know, I, in June, told my Association that I would be retiring as Director of the Association. It was not an easy decision, but I have not retired from child advocacy. Whether as Director of this Association or as a committed volunteer, I will pledge to work with you on behalf of the honorable kids in New Jersey.

Thanks.

ASSEMBLYWOMAN HECK: Does anyone have a question for Julie?

ASSEMBLYMAN O'TOOLE: Yes, I have--

ASSEMBLYWOMAN HECK: Kevin.

ASSEMBLYMAN O'TOOLE: Yes, Chairwoman, thank you very much. Thank you, and to the Executive Director, let me just commend you on your comments. I've read your opening comments and decided, clearly, that you're an individual committed to the welfare of all our children in New Jersey, and hopefully we can take some of your experience in a positive sense make a better tomorrow for all our children. I'd like to ask you two things. Number one, you mentioned the position paper with regard to the group homes.

MS. TURNER: Yes.

ASSEMBLYMAN O'TOOLE: If it's possible I'd like a copy of that so I can review that.

MS. TURNER: Yes. Yes, absolutely, and I--

ASSEMBLYMAN O'TOOLE: And on the second question I have, dealing with juvenile justice, you make a statement and draw a conclusion that New Jersey is ranked third in the United States as far as violent juvenile crime, which is very unfortunate. Do you have any studies or statistics that would indicate if, in fact, cutbacks in the residential treatment program would lead to an increase in juvenile crime? For instance, the first state and the second state, they had -- why they've seen an increase in juvenile crime. They had decreases in their treatment centers. Is there any correlation?

MS. TURNER: I don't know. I can say that as you look over the past five years, as the number of kids in residential has gone down, the number of kids in juvenile justice has directly gone up.

ASSEMBLYMAN O'TOOLE: In New Jersey?

MS. TURNER: In New Jersey.

ASSEMBLYMAN O'TOOLE: How about in other states? Have you researched that?

MS. TURNER: I have not. I will be with the national group-- Many other states, for instance Wisconsin, places children in residential treatment at three times the rate of New Jersey. I actually-- I looked at that because they brought in some, so to speak, expert from Wisconsin, and I thought we might want to compare apples and oranges. We're very, very low in comparison to other states.

ASSEMBLYMAN O'TOOLE: If you have any reports, I'd love to see the narrative.

MS. TURNER: I will do the best I can.

ASSEMBLYMAN O'TOOLE: Absolutely. Thank you very much.

MS. TURNER: Thank you, sir.

ASSEMBLYWOMAN HECK: I'd like to acknowledge the fact that Vice-Chairman Richard Bagger is here with us now. He was at another meeting as well, and we're pleased to have you, Richard.

ASSEMBLYMAN BAGGER: Thank you.

ASSEMBLYWOMAN HECK: Thank you.

MS. TURNER: Rose, thank you, again, very much, and I commend you for your real dedication to children. I know that you've been

out there and listened, and I think it-- A reporter referred to you as a determined bulldog and, I think, where you really care--

ASSEMBLYMAN O'TOOLE: That's a compliment, Rose, right? (laughter)

MS. TURNER: It is absolutely. It is absolutely.

ASSEMBLYWOMAN HECK: No, I appreciate that, and I must tell you I look to all of you out there who have been so kind and honored me so much by sharing your concerns, and I feel grateful to each of you for including me in your ranks.

Thank you very much.

I'm going to ask the doctors from Children's Hospital to come up as a group.

Dr. Finkel, do you want to join them or come up as an individual?

M A R T I N A. F I N K E L, D.O.: (speaking from audience) Individual.

ASSEMBLYWOMEN HECK: Okay, and then I'm going to ask Dr. Finkel-- Donna, did you want to join Dr. Finkel when he comes up, and then I'll ask Ceil Zalkind to come up after that, thank you.

It's Children's Hospital in Newark. Dr. Anna Haroutunian and Dr. Tony D'Urso have reached out to us and given us a lot information and telling us about the needs of children in their particular region. They are a major source of assistance to abused and neglected children.

A N T H O N Y D' U R S O, Psy.D.: Thank you, Assemblywoman Heck. Dr. Haroutunian has suggested I go first.

I'm going to speak to you today as supervising psychologist in programs that have been contracted with the Division for the last 15 years, but I'm also going to speak to you today as part of a person who's been involved in an initiative for the last 10 years called the New Jersey Multidisciplinary Team Project. As Director Barr was suggesting, no one can singularly determine one agency as the sole proprietor of all the things that abused and victimized children need.

The New Jersey Child Sexual Abuse Training Institute was developed through the Children's Justice Act nationally to develop interdisciplinary and interdepartmental prospective. We have, for the last 10 years, intergraded the Attorney General's Office, the Division of Youth and Family Services, the Department of Health, mental health services, Victim Witness Advocacy into a case management approach for children who were criminally assaulted. So it's from that perspective that I bring these comments.

I would like to talk a little bit to you about three issues coming from that multidisciplinary perspective and from our history of providing services. Namely, I'd like to talk about staffing pattern, service delivery, and agency mandates. Not to be redundant in knowing there are a number of people who follow, it is important to note that the Division has undergone in the past few years two significant redefinitions.

A few years ago, they altered the definition of child abuse and neglect from a child protective philosophy to a family problem and family preservation approach. This change in philosophy had dramatic negative effects on the multidisciplinary team process in that cases were prematurely closed resulting in a lack of DYFS services and a limited amount of monitoring

of cases through the criminal justice system and our most vulnerable child victims, in addition to a limited definition of what constituted risk. For example, if a father leaves a home, the risk is diminished. Cases were closed, again, resulting in no monitoring and a lack of access to services.

Recently, the Division has amended that definition of abuse to a prior emphasis on child protection and risk assessment including the addition of assessing the risk of substance abuse on families. They are addressing the need for long-term treatment. I think all of us in child treatment now feel more comfortable that children are at less risk or, worse yet, undetected abuse with a more protective definition. Unfortunately, DYFS staff and patterns and the dedicated lack of field staff seem unable to address what seems to be a new influx of cases. The impact of substance abuse will require more worker hours, greater sophistication of assessment, and greater monitoring and supervision needs.

The second issue that I'd like to talk about is service delivery. A very noticeable and documented budget decrease has resulted in local district offices furnishing less services to child victims. Under-- Discretionary budgets in each of these offices have been cut dramatically. Understanding that the Division cannot be responsible for all services to children, these service deficits are a distinct decline to DYFS's previous level of service. Lowering the level of service did not occur, because the Division was applying too many services. A clear pattern of budgetary cuts has resulted in the Division providing less service and, subsequently, redefining its mission to match their budgetary decline. It is far more likely in our MDT process for the Division to close a

case than for prosecutors, mental health agencies, and other child advocacy programs.

The third issue has to do with agency mandates; that is, presentation by Division workers and supervisors clearly suggest that workers have been forced to limit time and services through dwindling budgetary times. As with any governmental department, budget allocations dictate priorities and realities. In our experience through the MDT process, we've observed dedicated and committed caseworkers and supervisors. We've also observed stressed, overextended, and frustrated social workers. Workers have long been frustrated by a lack of perceived support and over accountability to assist them. Little attention has been paid to the monitoring of the quality of service. The Division has not, in our experience, articulated a successful plan to identify what it needs from service providers and to successfully monitor the quality activities of contract providers.

I simply would like to make six recommendations, if I could. Recommendation number one: Intergrade the agency's mission with other departments and divisions that have impact on child victims. For example, the Attorney General's Office, the Department of Health, the Division of Mental Health Hospitals should be intergraded into divisions as planned to provide a comprehensive network of services.

It is unclear to me why an increase of staffing level to 100 percent of the legislatively mandated and agency requirements is not the acceptable standard. Standardize training by returning to DYFS their training unit, and intergrade their training standards across departments including the Attorney General's Office and the Department of Health. Since the change, which has

nothing to do with the current administration from the Department of Personnel and the Human Resource Development Institute, DYFS has effectively lost control of its own training.

We turn to an understanding and mission of risk assessment that protects children and addresses the day-to-day needs of children at risk. Increase budgets for direct services and standardize the type of treatments indicated for forms of maltreatment.

Finally, in applauding whole heartedly Director Barr's statements about taking a communal approach to services, we suggest supporting and funding multidisciplinary team approaches and regional diagnostic centers by developing budgetary initiatives that will be realized in the cost savings that the Director talked about.

Thank you.

ASSEMBLYWOMAN HECK: Dr. D'Urso, we have just a little clarification. What do you mean that DYFS has lost control over its own training?

DR. D'URSO: In our experience in multidisciplinary team process-- The Division used to have its own training units, housed in Trenton or at Lawrenceville.

ASSEMBLYWOMAN HECK: Oh, really.

DR. D'URSO: When the Department of Personnel, again this is not anything this current administration has done, was mandated to take over training for all the departments, they developed a Human Resource Development Institute.

As a result of that development of Human Resource Development Institute, the Division has been unable to control its own training process. So the trainers that were typically assigned to the Division, hired by the Division, experienced in the Division could be training for Medicare or the Division.

HRDI Department of Personnel experiment does not seem to have worked from my perspective. It is important to recognize, with the hiring of new workers, how centralized training is important to that process.

ASSEMBLYWOMAN HECK: Thank you very much. That's what we're trying to get at, the little kinks and glitches in the system that we might be able to improve. I'll talk to you about that later.

Would you please just give your name before you speak, because they're transcribing this, and we have to make sure that we have this nice big book with your names.

Dr. Anna Haroutunian.

A N N A H A R O U T U N I A N, M.D.: Chairlady Mrs. Heck and the Committee members, I am Anna Haroutunian. I am a pediatrician**.** I'm going to give you a little bit of my background, so you'll know where I'm coming from.

I've worked at Children's Hospital in Newark. That's the old babies hospital. We change our name every other week. It's now United Children's. I've worked there for 26 years. I was the Director of ambulatory care, point there being, I covered emergency room. I covered the emergency room and the clinics.

I was Director of subspecialty care for 10 years, so I know what comes into some specialty services. For about 25 years, I've been Medical

Director of PKU Program. PKU is a rare and abulic condition. It's a chronic condition, and the patients come from all over New Jersey. So I have that background.

I'm also the Medical Director of the Lead Program. We still do have lead poisoning in the State of New Jersey, unfortunately. And I'm the Medical Director of the Child Abuse Care Program.

I have been in private practice, so I know what it is to take care of patients -- abused patients -- in a profit-practice setting and the problems that go along with that.

I have worked for the New Jersey State Department of Health as a public health physician, and I've been a pediatric consultant to them. Now, of course if you add this all up, I come out to be 150 years old. Some of this I've done at the same time part-time.

At Children's Hospital this past week on the in-service service -- the in-patient service, we had six child abuse cases. This is not unusual. We have anywhere from three to five to six cases. There was a three-month-old who was admitted for apnea. I'm very proud of the emergency room people for picking up the fact that this child really was not a near SIDS or an apnea, but indeed was a shaken baby syndrome. The child had retinal hemorrhages, full fontanel bleeding into the brain.

We had a five-month-old female who came in badly sodomized. This is the child of a 17-year-old mother who lived by herself with this infant. In other words, she wasn't living with the grandmother. The mother left the child in the care of a 12-year-old sister, who then left the child in the care of a 20-year-old brother who sodomized the child. We were fortunate. We have

pediatric surgeons who attended the child. Fortunately, it was managed conservatively. I'm giving you these examples so that you'll see what I feel our needs are and our recommendations are. This 17-year-old mother was under DYFS's supervision for drug use. There had been a recent home visit made. Some laceration was noted, but it appeared that case was stable.

The next case I'm going to give you is a five-month-old male admitted with a skull fracture. The child had a lump on his head, came into the emergency room. The history that was given was that the child was crawling and hit the head at the edge of the table. Now, first of all, this child doesn't crawl, and, secondly, it must have been such a velocity, you know, to hit the table to crack the skull open. Obviously, the history doesn't go along with the injury.

We had a nine-year-old admitted -- a nine-year-old boy -- with high aphemia, that's bleeding into the anter chamber of the eye. The mother hit him with a belt because he got out of bed. The belt buckle caught the child in the eye. I bring up this case for a few reasons. One is when we talk about child abuse, commonly we have in our minds young children, children under five, children under two. Certainly the mortality of children under five, under two is greater, but the large number of children who are abused -- physically abused -- the age group of five to nine in through there.

Here is a typical example. Remember the Lisa Steinberg (phonetic spelling) case. This is the situation. Now, this particular home -- this is the immigrant mother. She had six children to take care of by herself. The father is imprisoned because of assault. So we have violence in the home, overwhelmed rage dealing with six children.

Next we have a four-month-old female who came in with a spiral fracture of the femur. A skeletal survey revealed healing rib fractures, so this wasn't a one-time thing, and a few other things happened.

The most dramatic case we have -- and in a way it was a case that made us all very happy because it was a case that we could do something about. A 23-month-old child came in, in August. This child is still on the fort. That goes to your boarder babies. I mean, you know, we just can't keep them in there forever. This child is medically cleared. The child came in at 23-months, and it was emaciated. The child looked like the pictures that you see of children who are starved. It was, indeed, a case of severe malnutrition. You could-- If you tugged at the hair, the child's hair came out. There was discoloration of the skin. There were skin findings that happen with malnutrition. Of course, his bones stuck out. I can't remember exactly how much he weighed, but it was dramatic. Developed mentally, he was doing what a five or six-month-old was doing. He was unable to sit up, unable to crawl, uttered no sounds. He would not look you directly in the eye. The way he came to the hospital, his mother went to another hospital and dropped him off, because she was going to deliver a baby, and then that hospital transferred him to us. This child, also, had been under DYFS care, had been a preemie. It's a very complicated story, and that's part of what I want to tell you, that child abuse has not only increased in number, it's increased in complexity, it's increased in intensity, and how will you deal with it if you don't put up your resources.

I don't think I should go through all of these other cases. We have children at least once every two months in the intensive care unit. There will

be a child who is a shaken baby syndrome. In the subspecialty units, there will be children with Munchausen syndrome. In my own PKU population -- PKU is not a high-incidence disease -- I have 50 children who are under treatment. Out of that 50 children, I have 5 across the State of New Jersey who are under DYFS supervision. That's medical neglect. We have cases of home-alone syndrome. Home-alone can be deadly. It's neglect, but it needs to be taken care of.

Teenagers. I can't tell you how many teenagers were on the adolescent floor, but I was on service on the adolescent service in July. Three to five adolescents every week need DYFS intervention, either they're hopeless mothers, they're drug or substance abuse problems. Parents can't handle them -- just beyond the ability of the parents to handle them.

Okay, we do have-- I have to tell you that all of these programs that I've mentioned so far are not situations where the hospital or any program is funded by any agency or anything to take care of these children. They are either paid for by insurance companies, private paying, Medicaid, or whatever.

Since 1989, we have received -- our child abuse unit has received some modest funding, but we're very grateful for it, because it allows us to do many things. This is for sexual abuse care. Now, I put this in here to make the point that child abuse care, again, is difficult. It's not something that the average primary care physician wants to do or is able to do. Not only is it nice to be able to have multidisciplinary services, but there have to be different subspecialties available.

The evaluation of these children and the treatment of these children is very time consuming. The hospital has, as I said, picked up costs up till ′89. I just want to tell you where we're coming from.

Now, I'd like to present some of what I think there are DYFS needs from my perspective. I already mentioned that the amount of abuse has increased, and so on. We tend to measure what the workload is in the Division by caseload-worker ratio. Somehow, that doesn't come out to a fair equation. I wish there were some way that the ratio -- that a factor for the weight of the case, in other words the complexity of the case, I wish some way that could be factored in. Because very often there is a lot more work that's involved than your caseload shows. Because of the large number of cases and the difficulty, cases, I have to say, they do get closed, as far as I'm concerned, prematurely. I mean, it doesn't happen once a week or twice a week. It happens several times a week that you get a case that comes back that's had some DYFS involvement. The case, then, has to be reopened, often the problem has become much more serious. So there needs to be a way of having a longer follow-up, not to have this push to close the cases.

I'm glad to hear that some people have mentioned the teenagers. A lot of the problems that happen become DYFS problems when they become teenage problems. We have teenagers with drugs, homeless mothers. This is a major overwhelming load.

Now then, another problem that I see-- And that is that the teenagers get aged out. In other words, you have a teenager who has a problem at 18, 19, 20. You may have this child in therapy or whatever. The child becomes a particular age -- at 18 or 21, I can't remember, adolescence keeps

getting longer and longer -- but it comes to a point where the child is now passed the age where the Division can be involved and really is an adolescent, really needs services, but you have to close the case because the child is now considered an adult. I don't know what to do about that, but these are people who are feeding into your crime, and so on.

With all of these difficult cases and with the high caseload, one of the things I worry about is the burnout in caseworkers. When I went to Children's-- When I started out at Children's -- well, maybe it's about 20 years -- we have a monthly meeting. Our team and anybody who wants to come, specialists, residents, and anyone who wants to come -- we meet monthly with the Division. We call ours SCNAP, the Scanned Advisory Panel. It's just a name, but we meet once a month.

There used to be a DYFS worker whose name was Kathy Zormite. (phonetic spelling). Kathy's married now, and I don't know what her married name is. Kathy went up the ranks. She was first a worker, then she became a supervisor, and now it's got to be 15-20 years that she's been working with the Division. I hope I didn't make too many more years than she really did. But the point is she's very valuable, both to us and to the Division. She has tremendous expertise. She knows the system. Where are the future Kathy Zormites going to be?

If we're employing people 80 percent time to do casework, there isn't much incentive for those DYFS workers to stay. So I think we do admire that they are terrific, but we want to keep the experienced people. We want to minimize the turnover, and I think, for me, a big piece of what we need to do is, and we didn't talk about this, we need to fill 100 percent of the DYFS

positions, for starters. If we fill 100 percent of the DYFS positions, that's not 100 percent. You're already down to 90 percent. You hire 100 percent, and the turnover, training, and so on-- You're really not up to 100 percent.

I was delighted when I heard about the 120 workers. I heard that as I was driving on the Garden State Parkway. But you know, this is not a case where a little dab will do you. You really need to-- I mean, it's just not enough. We have 22 counties in the State of New Jersey. Now, you're going to jump up and down and say, "No, it's 21." I come to you from the 22 county. I come to you from Newark, and I want to tell you, I'm sorry the hospital is having a tough time. We don't have secretaries. We don't have paper. We have cutbacks. But whatever year that you look in, the Division puts out a very good booklet on the statistics, and whatever year you look in, you will see that Newark stands alone. We have-- Here I have, I don't know what year this is from, but here we have Bergen County reported cases 1113. Essex County reported cases, excluding Newark, 1037. Newark reported cases 1358. Hudson County 1632. Morris County 665. We doubled Morris County.

One of the things that we-- So first of all we don't have enough. Secondly, I wish that the way the distribution of the workers was made would be more based on the need that I see. I don't know how many are coming to Newark or to Essex County. It might be five or six. We'd be delighted, but I don't mean to be silly. I just need to make a point here that--

ASSEMBLYWOMAN HECK: I'm going to interrupt you just for one moment, Dr. Haroutunian, because you mentioned something to me a couple of weeks ago about an infant or child who was sodomized and under six

months of age, and today you mentioned another little baby, and you said we treated the child in a conservative manner, everything went well. Would you explain that in some instances these children have to have colostomies that remain with them.

DR. HAROUTUNIAN: Yes, I said this child was treated conservatively because the bleeding stopped and the injury was not so deep that it went into the peritoneum. But occasionally, the injury is so deep that there is much more tearing of the tissue and sometimes a colostomy has to be done, yes. Yes. Another--

ASSEMBLYWOMAN HECK: I just wanted to ask you, Doctor--

DR. HAROUTUNIAN: Oh, I'm sorry.

ASSEMBLYWOMAN HECK: --because I know the need, but we have to, you know, move into other testimony. But, again, you know how much I admire and appreciate all of the information that you've come forward with, and I do know that, again, you have historic data. So if you could kind of wrap it up a little.

DR. HAROUTUNIAN: Condense it up.

ASSEMBLYWOMAN HECK: Thank you.

DR. HAROUTUNIAN: I will contract it.

I would ask for standardization of the response of the Division in the different counties. Right now the response and the training, the level of response -- the level of response isn't the right word. The attention which is given is different from county to county. The quality. The quality of the response is different. So I feel very strongly that we need-- When we were with the previous system of having training units, that seemed to work much

better. So one of the solutions I would suggest is to recreate the DYFS training unit.

Transport is a problem. Yet, you may hear transport. Transport is not just taking a van or a car and getting the patient from one place to the other. Transport means you need a DYFS worker to help the person. The people are having-- Those people who need the services of DYFS very often have difficulty getting themselves from one place to the other. They have difficulty coping in life. They have difficulty getting it together, and so it's not just providing a van, very often it's someone to accompany.

It's wonderful to have the Division, but something has to be done about giving us access to the Division. Please, can something be done about getting-- Have any of you tried to call the Division? I got stuck in voice mail jail on Monday. The voice mail is fine, but when you need to talk to a person and you can't get out, it's very difficult. So I know we're having computers and different things, but we need more access.

ASSEMBLYWOMAN HECK: People.

DR. HAROUTUNIAN: Definitely.

I was glad someone spoke about managed care. I don't know what to suggest exactly about managed care, but I wish that the Committee or whoever would consider managed care. I'm sorry, the bottom line is the dollar, and you can't even tell them that if they would spend now, it will be cheaper later. Not only-- Never mind that you'll have a better outcome and better quality, but it'll be cheaper later. That's a major concern.

I think the last recommendation that I would make -- others would make other recommendations. I feel that we really need regional child abuse

diagnostic and therapeutic centers. Again, it's a complicated evaluation. You need some specialists aboard to assist with the difficult evaluation. The treatment is specialized. Many of the primary care people don't want to do it, feel they are unable to do it, don't want to spend the time to do it, and even if they wanted to, again, it's really become a subspecialty.

The last thing I want to say, where is this going to come from? We keep saying tap into the community. I think the fiber of the community has really been stretched. The community is struggling itself, and also attitudes are different. It's not only that they don't care, it's that they're afraid. They're afraid to get involved. Think of the people who get shot for making a left turn or something, you know-- It's just a different group of people, a different time.

So until the community can get involved, really, the cost-- It would be great if we could put this into the Division. We can't afford not to pay for it, because if we don't pay for this money in the Division -- if we don't put this money in the Division, it's going to go into, later on, special ed, it's going to go into law enforcement, it's going to go into the Division of Disabilities, and so it's really not a savings. I think with that I will end and go to my colleague Dr. Monroe-Shukat.

ASSEMBLYWOMAN HECK: Yes, just give us your name.

E V E L Y N S H U K A T, M.D.: Good afternoon, Ms. Heck, nice to see you again and members of the Committee. My name is Dr. Evelyn Shukat. I'm a pediatrician. I am currently at the Youth Protection Program as Director at The Children's House, which is a regional diagnostic center.

I don't have a prepared speech for you this morning but, rather, I'd like to speak to you from my heart and bring, perhaps, a little different

slant to what we see the needs are in association with the Division of Youth and Family Services.

I have been a pediatrician now for about 17 years, and for the last 16 years, I've totally dedicated myself to the practice of pediatric emergency medicine within the inner city and had the privilege of working with Dr. Haroutunian at Children's. Then I was Director of pediatric emergency medicine at Metropolitan Hospital, which is in Spanish Harlem and the fashionable Upper East Side of New York. We saw 30,000 kids a day and had up to 500 cases that were reported and accepted of child abuse and neglect, most of them coming through the emergency room.

Right now, we are a hospital-based northern regional diagnostic center and are very proud of the new facility, which is opened now for only six months. When I met the people, Dr. Gottleib and Ms. Heck, the proposed numbers that we would see for a year were 100 in our inaugural year. We've already seen over 150 cases that were registered.

We are very unique in the fact that we have full-time faculty in the house, of myself being the medical component, a child psychologist, a pediatric social worker, a pediatric nurse, a member of the MDT, and a person from the prosecutor's office. We have two-way mirrors. The child has one-stop shopping.

If you haven't walked through the process of a child being brought for diagnosis and for security and safety for being abused, it's an awesome and humbling affair. No longer does the child have to go to a police department, then being taken to an outpatient department and an emergency room or clinic, seeing a myriad of people being asked the same questions which are

embarrassing, because every child that you see feels that there is a label on him, thinking that everybody knows he's been abused. That's stopped in northern New Jersey. We do it all in one house. We see not only sexually abused children, but physically abused children and all forms of neglect no matter what age. The youngest was two months of age all through older adolescence, as Dr. Haroutunian said, who are mentally and physically handicapped into their early and mid-twenties.

We have some frustrations. Being a complete regional diagnostic center, we have work areas not only for the legal system, but also for the Division and Youth and Family Services. We feel that 150 cases are not enough. We know that there are many more children who need our help and our protection. We don't put labels on children saying whether they're rectum has been penetrated. We continue to follow them medically and psychology, as well, sending them to community-related agencies.

In terms of getting more caseworkers, we need to establish and look forward to a closer association of regional diagnostic centers with the Division and hope that the threshold of concern is lowered, so we get to deal with more of these kids. We have the time. We have, cumulatively, dozens of years of expertise in order to help these children.

Presently, we feel that we can do more, we can do better, and the degree of cooperation needs to be improved.

ASSEMBLYWOMAN HECK: Thank you very much. Barbara Buono would like to ask you a question, Dr. D'Urso, before you leave.

ASSEMBLYWOMAN BUONO: Thank you, Assemblywoman Heck. Thank you, also, Madam Chairlady, for holding this hearing, and thank you all for coming.

Certainly, the stories that you have told, the particular cases, have done more than tug at our heart strings. You know, as a parent of four young children, ages six to fourteen, I certainly have a soft spot in my heart. I think we all do. You don't have to be a parent, certainly. But as a parent you feel it, I think, maybe a little bit more intensely.

With that, Dr. D'Urso, I wanted to just address one of the remarks that you had made regarding relocating employee training from the Department of Personnel, the human resources -- HRDI, Human Resource Development Institute. I understand that the employee training used to be, in the past, within DYFS itself. The training may improve if it's relocated within DYFS, it may or may not. I certainly don't have the expertise, and I would give great weight to your learned opinion.

However, I don't know whether or not you were aware, the HRDI had their budget slashed in half, and I wonder -- I'm on the Appropriations Committee so I have the budget here. I don't know if you're aware of that, and that might very well have contributed to the inadequacy that you see in the training.

DR. D'URSO: I'm well aware of the budget slashes in HRDI. This, again, has nothing to do with the prior administration. This was imposed upon the Division. When you lose control over your training, when it becomes into a large system of training, where Medicaid I could train about Medicaid one day and child abuse the next, and the third day talk about some other

aspect of human service, you lose a certain level of expertise, the familiarity, and ability to teach people what they need to know. So I'm certainly not going to--

My experience at the MDT level and with the hospitals is that worker training is not as good as it was, and that's not fault of the Division, and it needs to be-- I'm well aware of the work they're doing in South Jersey with a professor from Rowan College. I'm certainly aware of a lot of the kinds of training initiatives, but it just seems that the amount or the ability to train effective workers has been lost.

ASSEMBLYWOMAN BUONO: One more question. You just-- Doctor, you brought up another issue that brought to mind the boarder baby issue. You mentioned Camden, and in Camden, of course, they don't have any boarder babies, and they've pointed to Camden's intense outreach, etc., etc. Exactly who pays for that? Does the hospital? Are you aware of that? Is anyone from Camden here who would testify to that, I wonder?

ASSEMBLYWOMAN HECK: Well, we have Dr. Finkel, so he'll come forward in a few minutes.

DR. D'URSO: I didn't mean to--

ASSEMBLYWOMAN HECK: I want to thank you very much.

DR. D'URSO: Thank you.

ASSEMBLYWOMAN HECK: And we'll be accessing you again, you know that.

I'd like to call Dr. Marty Finkel and then Ceil, and we do have the President of the American Professional Society on the Abuse of Children, the

New Jersey Chapter, and she has a victim she's scheduled to treat, so I'm going to ask the three of you to come up together, and we can move in that direction.

Marsha, do you have something also -- visuals to show us today or just speaking? You have visuals? All right.

What time do you have to leave, Marsha?

M A R S H A L. H E I M A N, Ph.D.: I have to be back in my office at 2:30.

ASSEMBLYWOMAN HECK: Okay.

DR. HEIMAN: And I'm treed up north.

ASSEMBLYWOMAN HECK: Okay, thank you.

Dr. Finkel, would you like--

DR. FINKEL: I sure would. I'd like to defer to her first.

ASSEMBLYWOMAN HECK: Oh, all right.

DR. FINKEL: Whatever your preference is.

ASSEMBLYWOMAN HECK: So she can treat her patients. (laughter)

DR. FINKEL: Yes.

ASSEMBLYWOMAN HECK: Okay.

If you'd give your name so that they can take it down on the transcription. Do you have someone to help you with that, Doctor? I mean, are you showing us anything on the screen?

DR. HEIMAN: I will be in a few minutes.

ASSEMBLYWOMAN HECK: Oh, all right. Okay.

DR. HEIMAN: Hi. I'm Dr. Marsha Heiman, and I appreciate-- Am I on? (referring to microphone)

ASSEMBLYWOMAN HECK: You should be if it's red.

DR. HEIMAN: Okay, thank you. I appreciate my colleagues allowing me to go out of order. Assemblywoman Heck and Committee, I am here on behalf of the New Jersey Chapter of the American Professional Society on the Abuse of Children. We are an interdisciplinary professional society dedicated to ensuring that everyone affected by child maltreatment receives the best possible professional response. I also come here as a child psychologist who has specialized in assessing and in treating child sexual abuse victims, their families, and survivors for over 20 years in the State of New Jersey.

I'm also a member of the Governor's Task Force, the Protection Subcommittee, as well as, for the last five years, clinically coordinating a training program statewide to help therapists learn how to treat and assess child sexual abuse victims. Although you're going to hear me reference sexual abuse, all of my remarks are applicable to child abuse in general.

As a result of being in the field over this span of time and in these varied capacities, I have been able to observe trends and changes regarding our State's ability to protect and help children. My individual concerns began to be echoed across the State by our APSAC-New Jersey members. What I was hoping were isolated incidents, issues, and concerns are alarming and unsettling trends and patterns, which indicate that DYFS cannot possibly perform the mandate that they are entrusted with, namely, to protect children. I want to be clear, it is not that DYFS does not want to help children, they simply cannot with the lack of staff, the lack of training, and the lack of available internal and external supports.

You have in front of you an article written for the APSAC-New Jersey newsletter, which summarizes the cumulative changes that have occurred within DYFS over the last six years, and I'm sure it underestimates what's really going on. I want to highlight for you the impact of these changes that professionals across the State and within our organization are noting.

(1) There is a decrease in services provided to children and families. Even when abuse cases are confirmed and validated, children are not getting services. Those that are fortunate to acquire services are often provided with inadequate services. Too often children receive general, rather than specialized, abuse-focused treatment, and too often they receive services in a managed care model of short-term treatment, regardless of the deficits, wounds, or damage they possess.

(2) Cases are being closed sooner than ever before. There appears to be a dramatic decrease in following through and monitoring cases of abuse, particularly once a family has been referred for outside services, regardless of whether or not the family complies with the services. Therapists are feeling that they are being handed the job to protect, rather than treat, children and we, as therapists, do not have the power or the authority to keep children safe.

(3) There is also a growing perception in the professional community that DYFS is holding to a more narrow definition of abuse and therefore not opening cases of abuse -- labeling them family problems or screening out cases without a complete evaluation of the situation. In such cases, a referral of suspected abuse may be made and no one ever even talks to the child.

(4) Many DYFS workers feel demoralized, not because they have the hardest job on the planet, but because their hands are tied. They are not being given the tools, training, supervision, support, or resources to competently and professionally manage these complicated multiproblem family cases. They are told more and more what they must do, in terms of job demands, and more and more what they cannot do, in terms of providing services.

In the end if DYFS fails, we all fail. But, again, the real victims are the children of New Jersey who have been abused by their families and now will be revictimized by the inadequacies of the very system designed to protect them. In the end, children will die either through physical death or through emotional death. It's a term that's been coined by a psychiatrist as soul murder.

We all know these children. They are the ones with the vacant eyes, with no capacity for real attachment, and no capacity to feel for others. These are the children that are empty inside, and to exist, to cope -- it is to cope -- they turn to drugs; to violence, offending others or becoming revictimized by associating with others who abuse and mistreat them; they turn to prostitution or run away; they become pregnant as teenagers; or mutilate their bodies and attempt suicide -- all in an effort to numb themselves from the pain and the harsh reality and cruelty of the legacy of their abuse.

When we, as a system, ask children, "Are you being abused?" and then do not deliver services which protect them from further abuse or address the impact of their abuse, then we, as a system, reinforce the hopelessness and helplessness they already feel as victims of abuse. The message that abused

children incorporate from their parents who abuse them and then they're going to carry this message from the system that fails them is:

(1) I am the bad one. It must be my fault that I'm being hurt. I am as bad as whatever was or is being done to me; and

(2) I am being abused, but it doesn't matter to anyone. I'm not important enough to deserve help.

Children are left feeling helpless, because they cannot stop the abuse, and hopeless because we do not or cannot help them.

I want to leave you with three stories, for the children we are advocating for today are real children who, through no fault of their own, have been hurt.

Story number one reflects the feelings of a survivor whose life was filled with neglect, along with repetitive and severe emotional, physical, and sexual abuse. I begin with a story of a survivor, because these folks can articulate verbally what their experience was. Children often show us in other kinds of ways, so I want to start there, and I want you to hear -- this is her memory of how she felt as a five-year-old, after being raped by her uncle, brutally beaten by her mother, and then beaten again by her father when she tried to disclose her abuse.

"I knew that they really did not love me, because if they loved me they would have killed me, that would have been a far kinder reality than the constant torture that was inflicted. I knew that day that I must be an awful person, because they wouldn't kill me. They shoot horses don't they?"

I want to tell you, no child should have to suffer abuse and no child should have to feel that death is preferable to life.

Story number two reflects the feelings of a three-year-old, a very articulate three-year-old, who was raped for six months by her grandfather. This child's disclosure was typical for sexually abused children in that the disclosure was accidental, not purposeful, and initially the child denied the abuse. I will tell you the way the family found out is that a survivor at a picnic said to this child's parents, "Please, don't leave your little girl alone with her grandparents, he abused me when I was a child." That's what caused them to ask their child, who initially denied it, and there was medical evidence.

In 45 percent to 75 percent of all cases that come to the attention of authorities, the precipitating event is something other than the child's disclosure of abuse, so children are not coming forth and immediately and telling us. In a study of 116 confirmed cases of abuse, only 11 percent provided initial statements that gave clear and convincing disclosures, without denying the abuse. Why am I telling you this? I'm telling this for it indicates to us that when DYFS investigates cases of abuse, it must be viewed as an unfolding process in which cases are assessed carefully and over time.

I want to share with you, and I'll call her, Sally's feelings, so you have a glimpse of the intense and confusing feelings that a young child is left with when abused by someone she loves. As you listen, I'm going to ask you to imagine what happens to children who are forced to bottle up these feelings, with no support, no outlet, and no help for making sense of their experience. We call this, Sally's angry feeling letter. You see, in therapy you do a number of things; I played secretary and she played boss. So she dictated this letter to me, and I'm going to read you three sentences of what was a page and a half.

"Grandpa, I don't like you. I wish you were dead. I wish

Superman was real, and he would beat you up. I want a teddy bear to come and eat you. I want poison to feed him. I want Grandpa and me to die. I want to be with Grandpa and try not to be scared at his house. I'll try not to be scared. I want to be with him, and I don't want to be with him."

This child did recover from abuse, because the DYFS investigation was conducted properly, the offender was convicted, and her family was able to support her through the entire treatment process, which took two years.

I will leave you with a third and last real story. This one is of a 12-year-old, and it dramatically depicts the impact of unresolved abuse. This child was abused in a State-run facility from ages 4 to 6, and then revictimized again from ages 6 to 8 by other family members. I want you to know that children who have been abused are at a higher risk for revictimization. Although this child's abuse is over and she is now safe, her road to recovery has been a stormy one, which I firmly believe could have been different if her case following disclosure had been properly managed and appropriate services offered.

This youngster, just in the last year, was hospitalized psychiatrically five times, the police frequent her house due to assaultive behavior and destruction of property, and six months ago she took her mother's car and rammed it into other cars. While she was hospitalized, her six-year-old male cousin disclosed to the family that this twelve-year-old had been abusing him. So we have now another new victim in the system.

Ten agencies later and a year of treatment later, she is just now beginning to deal with the rage of her abuse and the need to identify her

aggressors to protect herself from the terrible feelings of helplessness, powerlessness, and vulnerability.

I'd like if I just can to show you the pictures. This is just one of her pictures of how she felt. This shows the bottled up feelings inside, some of the things you heard from the three-year-old. But I want to show you this last picture and tell you her description, and this is what she explains:

"One day I came to school. I was four-years-old. What I was feeling inside was a fire in my mouth and I couldn't do anything, because I couldn't talk about that time, so I did nothing. This picture shows that there is a mixup with a person's feeling and with mine, too. The red part is the sensitive part that I did not do anything. The black part is very aggressive like the people doing these stupid things to me."

I hope as you've listened to these stories, you will begin to understand what the professional community has come to learn; namely, if we cut corners, if our decisions about protecting and treating children are driven economically without considering the best interests of children, then these decisions will come back to haunt us, and when they come back, the problems to solve will be far more severe and far more costly to society.

As a State, we need a comprehensive approach to child abuse, from prevention to investigation to treatment. We must have a strong protective service system which carefully screens, investigates, and monitors cases of abuse, for the road to recovery begins with protection. Abused children deserve and need our support. In the end it's up to us. For many abused and neglected children, there is no one else.

I thank you.

ASSEMBLYWOMAN HECK: Thank you very much, Doctor.

Dr. Finkel.

DR. FINKEL: Yes, I want to thank my colleagues for really putting some faces and giving a much more palpable sense of the impact of abuse on the victims. I think we can never lose sight of that, because that's why we're here. Thank you for holding these hearings, and they come at a very, very important time.

I am Dr. Martin Finkel, and I am the Co-chairman of the Governor's Task Force on Child Abuse and Neglect. These hearings are occurring at a time that is appropriate. A time when the maltreatment of our children is not receding. A time when the challenges confronting our child protection system have become overwhelming and the very children and families for which the statutory mandate to protect exists finds themselves at greater risk than ever.

It is not surprising to anyone in the field of child protection that the just released Third National Incidence Study on Child Abuse and Neglect by the Administration of Children Youth and Families, National Center on Child Abuse and Neglect reflects a dramatic and troubling trend since the second study was completed in 1986.

Since the 1986 study, there has been a quadrupling of the number of seriously injured children as a result of child abuse; a 125 percent increase in sexual abuse; 163 percent increase in neglect; 183 percent increase in emotional abuse; and a 306 percent increase in the number of children who were endangered by their maltreatment. At the same time nationwide, Child

Protective Services investigated only 28 percent of children who met the harm standard.

For a moment, let me contrast these statistics with those of New Jersey's. I will reference these changes in demands on the Division between 1992 and 1994. During this time period the Division experienced a 163 percent increase in the number of referrals and a 238 percent increase in the total number of cases opened by the Division. Although these statistics only provide the big picture, the fine details are even more concerning.

The demands on New Jersey's Division are unfortunately not dissimilar to what is happening throughout our country. It is not that the Division is unaware of this dramatic increase in demands upon them, nor is it a lack of desire to work in the best interest of children and families. The question is how can they respond considering this avalanche of demands. I venture to say, that even without understanding the complex nature of the work of the Division, it should be painfully obvious that the Division could not be expected to handle the increased demands at a time when voters have asked for government to be less intrusive, downsize, and consolidate.

The issue at hand today is not who is at blame, but rather what can be done to convince those who have the ability to allocate the appropriate resources to the Division to do what their statutory mandate requires and society, I hope, expects. If we fail to respond now to the cries of our children and the needs of our families, we will continue to pay the price.

Every day we read about violence in our society. Juvenile violence and adult crimes are not simply an alternative to gainful employment. They are the cost of the failure to a great extent to provide for our children. When

you ignore the needs of those who are suffering because of abuse, lack of sustenance whether it's food, shelter, or emotional, they will act out their pain. It is not the economy, it's child abuse. The roots of our violent society are set in childhood. The answer does not simply lie in more jails or stiffer penalties for criminals. The solution starts with providing the therapeutic, rehabilitative, and support services that children and families require.

Surely, the issues which are being discussed today were not created by our dedicated caseworkers, caseworkers and supervisors who must daily shoulder the stress and frustration of not being able to respond in a way which both their agency requires and their hearts demand. The challenges confronting New Jersey's Division are not unlike those affecting other states. The reduction of resources which has occurred from what we might refer to as the heydays of child protection -- parenthetically, I only now appreciate how much better a match of resources and needs once existed -- has resulted in a system which struggles on a daily basis to meet its mandate.

Without the necessary tools, those dedicated Division staff who remain to investigate, protect, and serve vulnerable children and needy families will leave. The first to leave will be the more seasoned caseworkers, who have already left, and supervisors who find the workload and stress intolerable. Remaining, will be a higher percentage of inexperienced line workers making critically important decisions regarding complex cases. You can imagine what the results of this might be. Without the mentorship, enthusiasm, and dedication of seasoned DYFS personnel to provide guidance newly recruited idealistic caseworkers will become disenchanted and leave. Some say that staff

morale is extremely low and the inability to see a ray of hope will result in the quick disillusionment of those who now enter the field.

I am troubled by this, as I find it hard to imagine more honorable work than the protection of our children and the preservation of our families. Those who select child protection as their field of professional endeavor are exceptional individuals. Their decision to work in this field must be validated, and they must be appreciated. The first step in achieving this is to provide caseworkers with the tools and resources to do what is expected.

We are excited about the hiring of 120 new caseworkers and welcome them. We want to see them entering an environment which nurtures and maintains the idealism which attracted these caseworkers to the field. We also want to see an environment supports our long-standing dedicated caseworkers as well. An environment in which all caseworkers can be effective and productive. Honor those courageous caseworkers who have remained and continue to work under the most difficult circumstances where the infrastructure to support them appears to be a disincentive.

Those who now enter this field and those that remain are undoubtedly seeing a landscape of vulnerable children that is much different than it was in 1990. It is not a more pastoral scene. It is a scene complicated by increased poverty, HIV, boarder babies, and substance abuse all juxtaposed on a backdrop of extreme violence, issues which were in their infancy in the early 90's are now in full bloom.

Would any of us tolerate a fire company who couldn't respond to fires because of a lack of firemen, allow police to respond to a robbery without appropriate protective gear or a way to defend themselves, or let an ambulance

crew respond without resuscitation equipment? We provide fire, police departments, and ambulance crews with the necessary equipment and personnel to do their job because, as a society, we want to feel safe and secure knowing that when we need help, all we do is call 911. Shouldn't we provide the same safety net to children and their families?

Who is watching, nurturing, and caring for our children? Tell me what I should say to a child who needs protection, who needs the emotional and physical wounds of their betrayal soothed, and whose parents need help to be the kind of parent we would want. How long should I tell them to wait? Do you want me to tell them that we have other priorities which must be addressed first? If we consider the abuse of children an emergency, when are we going to decide to back up our rhetoric with the necessary tools to respond?

We are all here to testify today to bring the reality of the issues to your attention and to express our concern and commitment to advocate for the resources necessary to strengthen our institutions response to children and families in need. We want to give children and families hope.

Our Governor, Commissioner Waldman, and Director's support for new caseworkers reflects an important and appreciated step in the right direction to reestablish New Jersey as a leader in child protection. I would like to provide a few specific-- Actually, I'm going to just leave the list, which is in the testimony details, because they have already been touched and just simply end with saying that the Governor's Task Force on Child Abuse and Neglect remains ready to assist the department in analyzing the problems before us and working to meet our children's needs. Although the problems of child abuse appear to remain invisible to society at large, as evidenced by the dramatic and

shameful increase in the maltreatment of our children, always remember that the experience of child abuse remains indelible to its victims. These hearings are the first important step to begin to erase the pain. We have it within us to take the right steps.

Thank you.

ASSEMBLYWOMAN HECK: Thank you very much, Dr. Finkel.

Ceil Zalkind, who is with The Association for Children of New Jersey.

C E C I L I A Z A L K I N D: Thank you, Assemblywoman Heck.

ASSEMBLYWOMAN HECK: Oh, did you want to ask a question?

ASSEMBLYWOMAN MURPHY: If I may.

ASSEMBLYWOMAN HECK: Certainly.

ASSEMBLYWOMAN MURPHY: Doctor I-- Excuse me, Ceil. Doctor, I apologize for being late. I was at a hearing downstairs all morning.

Some of the questions-- I'm delighted to hear from you as the Chairman of the Task Force. I'm wondering if indeed, as you've spoken of children all through this, how are we helping parents, since parents are the abusers? What kind of work are we doing in helping parents to understand that they are the "criminals"? I'm using that term in quotes if you will. What kind of tools do we have to exercise disciplinary action over a father, grandfather, uncle, since usually a sexual abuse for a child is, indeed, the closest persons to them? They are not strangers in the men that they meet on the street. Are there dollars directed to this kind of activity? What kind of activity do we see is necessary? Are you discussing that?

DR. FINKEL: Well, it would be ideal if we could prevent all of this victimization. Obviously, we don't have an answer, one, in great part, to how to prevent all forms of child maltreatment. But, you know, it's very interesting to me that we have taught society that when you become pregnant -- when women become pregnant, it is now accepted that you get prenatal care. We march patients in to get their prenatal care, we have child-birthing classes, and when the baby is born, all that stops. There is no continuum of education that helps parents be the kind of parents that we want them to be.

ASSEMBLYWOMAN MURPHY: And then I'm presuming most parents, who are parents as two persons for this, want themselves to be.

DR. FINKEL: Correct. Yes, I think that most parents want to be good parents. But obviously, these issues are very complicated, and I don't have a quick answer for you in regards to-- But there are two mismatches. One, we don't have enough resources for kids who, in fact, have been abused to put their lives together, and we don't allocate enough resources to prevent. Some of our prevention strategy, which are great, are just sort of informing children of the fact that certain kinds of touching is inappropriate. That's a first step. But to think that we're going to solve this problem by having children just say no, just as in the drug thing, is -- we're fooling everybody.

ASSEMBLYWOMAN MURPHY: I don't think -- through the Chair -- I don't think that I was so much speaking to that. I find myself, frankly, very often enraged with the abuse that occurs with particular emphasis on sexual abuse by a family member on a child. I'm wondering if in your Task Force-- I'm looking for a miracle.

DR. FINKEL: Right.

ASSEMBLYWOMAN MURPHY: Aren't we all?

But I'm wondering if, in your Task Force, this is something that you're focusing on or discussing as to what sort of disciplinary action is government in its best form to take upon these abusers. What are we to do, and is anything expected of us? Are there programs that we should insist people enroll in, etc.?

ASSEMBLYWOMAN HECK: Assemblywoman, one of the things that we said at the outset was that this is a fact-finding hearing, and one of the important factors involved here is that not only are we getting visual background -- informational background -- but we do have a number of people here who will make suggestions in those areas. Again, that is a concern of a number of the members of this Committee, that if, indeed, a person is a drug addict and continues to give birth to drug-addicted children, what are we doing to prevent that mother from having five, six, eight, ten disabled children. Is this not a crime of the person to the human being in the womb and at birth, and that's one of the things we will be addressing.

ASSEMBLYWOMAN MURPHY: Thank you, Madam Chairwoman.

ASSEMBLYWOMAN HECK: You're welcome.

Ceil.

MS. ZALKIND: Thank you, Assemblywoman Heck and members of the Committee. I commend you for sponsoring this very important hearing today. My name is Cecilia Zalkind. I'm the Associate Director of The Association for Children of New Jersey, which is a statewide, not-for-profit child advocacy organization in Newark.

You've heard a lot already today about some very horrible descriptions of the familial child abuse. I'm here to talk to about State child abuse. Through two projects that we've undertaken this year, ACNJ has obtained information which proves to us that DYFS is failing its child protection mission. As a result, what we can say about abused and neglected children in New Jersey is that they are being twice abused, once by their families and again by a State system that is supposed to protect them.

Over the last year, ACNJ has received considerable feedback from a variety of sources that the Division's response to reports of abuse and neglect has changed. We have been told that reports are not investigated promptly, investigations are not thorough, and even worse, some cases are not investigated at all.

Alarmed by this feedback, ACNJ decided to get the opinion of people directly involved. Three weeks ago, we began to mail the survey, which I attached to my testimony, to routine reporters of child abuse and neglect -- police, schools, hospitals, doctors, and child care centers. We asked them to describe their experience in reporting child abuse to DYFS. To date, these 270 surveys have been returned to ACNJ. They represent every geographic area of the State and include people who report one or two cases each year to those who routinely report twenty or more cases. The thoughtfulness and depth of their response is impressive. It is clear that people care very deeply about this issue.

Although our findings are not complete, and we're still receiving surveys -- we received 40 alone yesterday -- the preliminary findings suggest that the feedback we had heard is absolutely true. What the surveys say is that

some problems are absolutely confirmed. We've heard over and over about delayed response to child abuse reports, superficial investigations, and screening out of cases not deemed to be serious enough to warrant an investigation.

I have attached a sample of some of the surveys that we got in over the last week -- just some of the comments, because we promise people confidentiality. But interestingly, most people signed the form and said, "I want to be contacted again. I want to do something on this issue."

Let me just read you three very short comments. This was from a school district personnel, I believe a guidance counselor. "Cases are not opened by DYFS unless a dire need is present. This is frustrating to reporting agencies like schools because without follow-up, the abusive, neglectful situations are exacerbated. We do not make frivolous referrals. Therefore, we expect better follow-up to referrals."

This from a hospital. "For some cases, DYFS is requiring our Outreach Department to conduct a home visit and then report back to DYFS before the case is accepted for investigation."

From the police. "The response time is extremely slow. Numerous times, cases have been reported and it has taken hours and sometimes days to get a response."

Just to add one more, a response we received yesterday from a school district. We asked people to rate the DYFS system on a scale of one to ten with ten as the highest, and this director of special services in an urban school district said that if he were asked to rate the system, he would give it a five based on the resources that it has available to it now. But if he were

looking for a system that he would feel comfortable could protect his own child, he would give it a two.

The most dramatic response to the surveys, however, is the description of why DYFS practice is regarded as poor. Over and over, the surveys describe the DYFS offices as overworked and understaffed, noting that critical staff and resource shortages have undermined the ability of DYFS field staff to do their job effectively. Even those surveys which are the most critical of DYFS attribute the problem to a lack of staff and urge that more resources be provided.

A second theme, which has already emerged from the surveys, is the conflict and the responsibility of DYFS both to preserve the family and to protect the child. Many surveys noted that in some cases, especially those involving parental substance abuse, this is impossible, and it is the child who gets hurt. One survey summed up this theme by recommending that the State more clearly "focus on the well-being of the child rather than family unity," and as this person added, "It cannot be understood how a system developed to protect children, places them back into abusive environments." We have been very heartened by this response. I must tell you that as an advocacy organization, we have struggled over the last year with what we see as the environment for children and to get a response so quickly from so many people who had never met us before was very encouraging.

We've decided to expand our desire to get feedback, and we are planning to open up a toll-free 800 hot line for seven evenings in late October and early November. We want to get input from everybody who has contact with DYFS, and we want to get input from the DYFS staff. Two of the

evenings, October 29 and November 4, have been set aside for DYFS staff to call in. They can do it anonymously. We will assure them of confidentiality to comment on what they feel they need to do their job.

Every description you heard by medical personnel this morning involved a DYFS worker who had to talk to that child, who had to look that child in the face and think about, do I have a foster home waiting for me back in the office to protect this child. We want to hear from the DYFS worker about what they need.

Flyers announcing the toll-free number are attached to the testimony. Some staff from ACNJ is here and willing to hand out flyers. Please urge people to call. We believe that this additional feedback will provide some direction and support for positive change, and we hope to have both the survey and the hot line information available for this Committee and for public discussion sometime in early December.

On a second note, there is a second State system that is critical to the protection of children that has not been raised yet in any testimony this morning, and that is the Family Court. ACNJ recently had an opportunity to undertake another project, which provided a very unique look at the child protection system through the Family Court. ACNJ was engaged by the Administrative Office of the Courts to conduct a comprehensive assessment of how the Family Court handles child welfare cases. This was required for New Jersey to access Federal funds for court improvement under legislation that passed in 1993.

We worked on this assessment for a year, utilizing a multistrategy approach to obtain input from as many people as possible. Family Court

judges in every county were interviewed, along with key court staff. Five counties were selected for an in-depth assessment in which parents, children, foster parents, court volunteers, and lawyers representing every party in the system, from DYFS to parents to children, as well as child placement review board members, were interviewed, surveyed, and seen in focus groups. In addition, we observed almost 100 cases in court, an additional 100 cases before Child Placement Review Board meetings, and read a sample of 125 court records.

Let me tell you, this experience was eye-opening and very disturbing. Those interviewed for the project were remarkably candid and I almost want to say desperate to share with us what they saw as the shortcomings of the court system and what it is unable to do on behalf of children. Our findings in this report addressed a broad range of issues, including things like case practice. Does the court get enough information to make a decision about whether a child is safe to return home? What is the quality of the court review? We timed hearings, for example, timed how long hearings take, which is quite interesting. We looked at compliance with court orders. To address your question, if a parent is brought to court in order to do something, does anyone look at whether that happens? We looked at systemic support. What kind of training do judges get? What are the standards for decision making when children are involved. We looked at the quality of legal representation for parents, for children, and for DYFS, as well as the effectiveness of the Child Placement Review System.

The overarching theme of this project, however, that we heard from everyone was the need for sufficient resources to make the system work.

Resources on the court end were described over and over and over again -- more staff, lower caseloads, more training, more services. The court calendar, as well as the caseloads of the Deputy Attorney Generals who represent DYFS, the law guardians, and the public defenders who represent parents are too high. They create long delays in decision making for children and contribute to a very superficial practice that focuses on the process rather than the outcome for children.

Additionally, we heard from everyone that the interrelationship between DYFS and the court is essential. For the court to be effective, DYFS must be effective. Caseworkers must be able to follow through on court orders. They must have services to provide families, resources to protect the child and ensure permanency. Unless that is possible, the court is and will continue to be, as we saw, in the position of making plans based on limited options rather than in what is best for the child.

I think it's very important to look at this information in the context of the impact on children. If DYFS cannot do its job, the impact on children is devastating. You've already heard about children brutalized by sexual abuse and physical abuse. If DYFS can't respond, what happens to them will be ignored. Children who live with neglectful families will come to believe that it is acceptable for a parent to feed her drug habit rather than her children. Children who need the safety of a sober home will remain at risk because there just is no home available. Children who live in the limbo of temporary foster care will never have a permanent family. We will have condemned these children to a world in which there is no hope and no one to

trust, not the families who have harmed them nor the State agency that is entrusted to protect them.

Some of these kids will survive. They'll go on to be productive adults. Some, however, will repeat the cycle of abuse in their own children, as we all know already happens. Many of the court records we looked at involved not first generation, not second generation, but third generation families where the grandparent, who is now caring for grandchildren, had been under DYFS supervision because of her abuse of her own children. Some will end up in juvenile jail, and we'll all sit back and say, "How did this happen? What went wrong?"

Perhaps it's time to stop offering children a false promise of safety and decide whether or not we want a child protection system. If we do -- and ACNJ would certainly urge that we retain the State child protection system -- then we need to make it a priority of government and invest it with the resources, support, and leadership it needs to do its job.

When the voters elected Governor Whitman, they told her they wanted tax cuts, downsizing, and reductions in State government. She fulfilled her campaign promise. Part of that result is the current crisis in the child protection system. I believe it is time to open a public discussion to discuss if that is really the consequence that voters wanted. I don't believe that it is, as evidenced by the many surveys we have already received arguing that the DYFS system must be exempt from budget cuts and downsizing. As one survey respondent wrote, "If children could vote, they would be safe."

Keeping in mind that there are no cheap or easy solutions, let me offer the three recommendations for this Committee. I think that you have an

incredible opportunity to take a serious look and make some long-term important changes.

First, I think you have to determine what DYFS needs to do its job and give it sufficient resources. I think this Committee or, as other witnesses have testified, a blue-ribbon commission should conduct an independent investigation of what resources -- staffing and services -- DYFS needs to function. Ask the DYFS Director today to provide information on the staffing levels in each office, including vacancies, and compare it to the workload standards. Don't be mislead that the promise that 120 more workers will be hired. Although this is a good beginning, is it enough? How will these workers be hired? Trained? Who will supervise them? Will they have resources to do their job? Where will they be deployed? It's very important to assess the current DYFS practice and resource allocation. Is it efficient? Can changes be made to make the service delivery system more effective?

Second, I would use this Committee to convene a public process to examine the structure and effectiveness of DYFS. Our support for DYFS resources is not advocacy for a return to the status quo. Dr. Finkel talked about the good old days. I'm not advocating for the good old days of DYFS. I don't even believe that there are any good old days of DYFS. Positive change is welcome and needed. However, the changes that are occurring with the agency are being done with no public input. Changes such as centralized child abuse screening, privatization of services, and rebidding of the DYFS contracts are all being handled internally. Each will have enormous impact on case practice. There is considerable talent inside and outside DYFS. I think this Committee should utilize it to design the best system possible. Other State

systems have constituents who demand accountability. When DMH is affected, when DID is affected, parents come out and advocate for their kids. Well, children involved with DYFS cannot advocate for themselves, and they don't have parents to advocate for them. Stronger public input and legislative oversight is needed.

Three, I would urge you to consider legislation which says, once and for all, that when the State intervenes because the child has been abused or neglected, the child must come first. Provide services to the family to stay together, if that is possible, but recognize quickly that there are situations where that is not possible. The child abandoned by his parents, the two-year-old who is not just sexually abused, but sexually brutalized and exploited, or the child whose brother has died at the hands of his parent has no family to preserve. Let the child move on to another family rather than engaging in endless debate about whether or not the family can be rehabilitated. I urge you to consider amendments to the child welfare and child protection statute to ensure that this message is clear to DYFS, to the courts, and everyone who is involved in this system.

In conclusion, I cannot underestimate the urgency of this problem. The child protection system is in crisis. It is no exaggeration to say that children will die without some attention to these problems. In fact, in reality, children have already died. Unfortunately and shockingly, their deaths are accepted almost as an inherent part of child protection, a so-called acceptable risk. In my view, acceptable risk is a concept that should be reserved for business or insurance or maybe car sales, not children. When children are

concerned, there is no risk that is acceptable. Let's make that message clear today.

Again, thank you very much for holding this Committee. I think this is an important first step.

ASSEMBLYWOMAN HECK: Thank you, Ceil. Do you have any questions for Ceil? (no response)

I did want to say that perhaps you can help us in closing later, Ceil, if you hear anything that we should be addressing, as I will be giving the DYFS Director and the Deputy an opportunity as well.

MS. ZALKIND: Thank you.

ASSEMBLYWOMAN HECK: Because I think we're all of one mind here that we want to come out with something constructive and something that we can do legislatively, as well as with other resources.

MS. ZALKIND: Thank you. I'll be very glad to do that.

ASSEMBLYWOMAN HECK: Thank you. Thank you, Dr. Finkel.

I'd like to ask Rose Zeltser of the Children's Aid and Family Services to come forward please.

Rose, are you-- Oh, there you are.

R O S E M. Z E L T S E R: Here I am.

ASSEMBLYWOMAN HECK: And I'm going to ask another Rose, Rose Silva from the CWA Local 1039, to come forward and then Bill Boyles from The Children's Home.

Are you still here, Bill Boyles?

W I L L I A M D. B O Y L E S: Okay.

ASSEMBLYWOMAN HECK: Okay. And then Dr. Grace Sisto. So you know where you are on the area.

MS. ZELTSER: Good morning.

ASSEMBLYWOMAN HECK: Please, begin.

MS. ZELTSER: Okay. My name is Rose Zeltser, and I'm currently the Director of Professional--

ASSEMBLYWOMAN HECK: Is that on, Rose? Is that red light on? Just press the button. (referring to microphone)

MS. ZELTSER: Now it is. I'm sorry.

My name is Rose Zeltser, and I am currently the Director of Professional Services of Children's Aid and Family Services in Hackensack. This is a multipurpose agency that has been in existence since 1899 and serves many, many DYFS children in different programs.

However, my testimony will reflect the experience and knowledge that I have gained as a result of my 28 years of working for the Division of Youth and Family Services beginning as a caseworker in the Newark district office and ending when I retired last year as State Administrator for Adoption Operations and Support.

I also, Rose, think that the scheduling of these hearings is especially timely, and I applaud you and this Committee for taking a look at this.

Over the course of the years -- and I'm going to just paraphrase in order to save some time -- of my experience at DYFS, there have been many, many times of retraction, cutbacks, freezes, etc. I think the issue before us today is, what is different today? What is happening today that is different

than when those other retractions occurred, those economic downturns occurred that makes it so poignant that all of these people are out here applauding and trying to get help for the children who live in our State?

I think that what is happening on a State and Federal level is those decisions that are being made are having a dramatic impact on kids today. We have to recognize what are the forces that threaten to dismantle that infrastructure that has always comprised DYFS and, thus, impacting that safety net.

There seems to have been a consistent process since 1991 to reduce the DYFS staffing levels without any thoughtful long-range plan. I will tell you, I sat on senior staff meetings, and I have to say what everybody else has said. You will not find a more dedicated, committed group of professional staff from the line workers up to management. People who stay at DYFS care terribly for DYFS. I think the issue is, there's been no predictability in DYFS, so that every time, when I was there, we would get a sense of, we've reached the check cut fill level, Nick would come back and say, "Our salary account has been further reduced. We have to further now reduce, and so we still have to freeze." There wasn't any sense that we would bottom out and then get to the point where we could plan. This is very, very destructive, and it becomes cannibalistic, because when you're in an organization where there is no predictability, you try and preserve the most necessary mandated services because it's critical, but the rest of the infrastructure begins to shred and dissemble.

During that same period time there have been changes in the legislative process and the statutory process and the administrative process

which make demands much greater. Your changes to TPR, determination of parental rights statute, are terrific. But think about it, you have a caseworker now who has to work with the birth parent, child, the foster parent, sometimes an adoptive parent all at the same time, if, in fact, we're going to make those permanency decisions. It's time consuming. It impacts on how much they can get done.

We said it here before. In the past 10 years, we have had a dramatic increase in substance abuse. These families are the hardest to treat. We know what happens with the boarder babies. We have that in our hospital. Those children need intensive services. They need intensive services to overcome their addiction to drugs. They also need-- The workers need to work intensively with their birth parents from the day that baby is born in order to make sure that a permanent plan is made. You cannot do that with a high caseload. Drug addictive parents are very transient. They move from place to place to place, just keeping up with them is very difficult. If you're going to meet the mandates of determination statute, we must provide and try and engage families in services. Well, to do this with this population is an extremely intensive -- labor intensive -- capacity. That is why another stress level has added to the DYFS worker.

Because of the ongoing staff reductions, there has been continued deterioration in the systemic support systems needed to maintain the field offices. The foster home recruitment and training capacity in some offices has been eliminated. I think that the effect of not having a very pro-active recruiting foster family situation leaves the system further fragmented, because as more children come into the system, you have to rely on the same pool of

foster families and, as they attrite out, you do not have enough restocking. So it's another further pull of the thread of that infrastructure.

We already talked about HRDI and the cutbacks in training. I think this is another issue that needs to be looked at, a comprehensive overall training capacity.

I want to talk a little bit about the re-RFP process. Because DYFS has had to absorb the significant reductions in the service dollars, it appears that fiscal constraints may be the critical factor that are driving decisions for children. The decision to re-RFP all of the therapeutic contracts in order to obtain services on a less costly basis may result in lower cost, but if those providers chosen do not have the expertise or knowledge in the targeted area, what is the value of that service? Services that have been developed over many, many years-- It takes many years to develop an expertise and a knowledge base in some of these areas of sexual abuse, adoption support services, family preservation, etc. They cannot just easily be replaced by generalist practitioners who can say they would do it cheaper, but they may not know what is involved in that. It is important not to have the Division, because they have to save money, to, again, take away that underpinning of service providers that are out there committed to doing this work.

The other piece about the service providers and the re-RFP: It is extremely important -- extremely important -- that you understand that in order for DYFS to be effective, they have to have private-public partnership. They have to have working day-to-day relationships with their providers, so that the client, the family, the parent, the child does not get caught in the middle. That does not happen if you completely turn over new providers.

Finally, the welfare reform initiative is coming down, as well as the managed care concept that is coming down. We don't know what the impact of that is going to be on children in this State. Other states have seen a dramatic increase in foster care when they went to do their welfare reform initiative, Wisconsin being one of them. It is important that we keep DYFS strong. It is important that they have these tools in order to provide the service. It is important that while we are working toward the managed care system, if that is the goal, that we do not undermine the services that are out there now protecting children.

I just want to close. I think that this has been a terrific process, and I think there is a need for some type of bringing together all the people who desperately care for this population of children to maybe identify some of the possibilities that might occur in order to strengthen the Division's practice and process.

I, too, have stories of children. We have a preadoptive group home that takes young children from four to eleven. These are children who always have had attachment disorders, and the goal is to work with them so that they can go and trust adults again and go and to live in adoptive families. I can tell you that the children who are being referred today are not the children referred even six, seven years ago. When you have a six- or seven-year-old child admitted on psychotropic medication because he is suicidal-- We have a six- or seven-year-old little girl who was used in pornography from when she was a preschooler.

The services needed to help these children are intense and longer term. Because they have suffered inconsistent parenting all along, when they

come into the system, they're angry. They're rageful. They are depressed. This is not unusual for somebody who's been through it. We, as adults, would have the same reactions. So it is important to recognize that the services cannot be cut off and cannot be assumed to be finished by any prescription.

The DYFS staffing -- the 120 positions -- is terrific. It's a morale boost for the Division, and it's something that's really needed. But staffing cannot be tied to fiscal considerations. You have to tie it to programmatic needs. If you want to, find what that is and then stick with it. Don't allow the Division to be kept hostage of this give and flow.

Thank you.

ASSEMBLYWOMAN HECK: Rose, I just want to mention one thing. A number of years ago you were telling me it's getting worse which really bothers me. I went into one of the homes with you and Dr. Grace Sisto and learned that some of these children were, from birth, trained to be sexual toys and didn't know any differently and that you had to retrain proper behavior, acceptable social behavior and that was so difficult. I sat at the dinner table with -- it was almost on a one-to-one basis that they had people working with the individuals; and when I heard and they said, to please someone, they will do something that we consider inappropriate that was taught to them, I think this to me was the most shocking. You mentioned that they were almost unadaptable, these children. So, if they were unadaptable, what happens if they reach adulthood without any guidance?

MS. ZELTSER: I think the issue-- I just want to make sure that you're clear about this. DYFS has some--

ASSEMBLYWOMAN HECK: Press the button. (referring to microphone)

MS. ZELTSER: DYFS has some very, very wonderful programs. We do-- They do -- I used to be them -- very, very, significantly important and very positive work. When Pat Barr talked about the dedication of the staff, there are programs with private providers that have been models for the country. You know, the postadoption contract services have been modeled. I was asked to go to Congress to testify about New Jersey's program, because we do good work. The medically fragile program is a model.

We do good-- There is expertise in DYFS. They know what to do. They need the resources to do it, and the partnership between the private providers and that State agency has always served children well. It is now that it seems that there is not this consistent pulling together to make sure they can still do it.

ASSEMBLYWOMAN HECK: Thank you very much, Rose.

Any questions for Ms. Zeltser? (no response)

Now we have Rose M. Silva from the CWA.

R O S E M. S I L V A: Good afternoon, Assemblywoman Heck and members of the Assembly Policy and Regulatory and Oversight Committee. Thank you for this timely committee hearing on the Division of Youth and Family Services. I am Rose M. Silva, Staff Representative, CWA Local 1039. Our local represents about 450 Division employees, 80 percent field staff/frontline workers.

The recent announcement by the Division of Youth and Family Services that it would be hiring additional staff, new caseworkers for field

offices was a decision obviously decided by the public. The Division was well aware that for five years it has been without sufficient staff. CWA has pleaded with the Division in many a labor management meetings to increase funding for staff. It was through media coverage, concerns of the public, providers, and staff that diminished staff at many District offices was putting children at risk. Only through adverse coverage of the problems did the Division finally decide to address the staffing issue.

Amidst this, the Division made several policy changes, new case-handling practices, identifying substance abuse families, which increased caseloads, precluding staff existing to meet mandates and follow through with collateral home visits. Several other changes were taking place that became burdensome to the staff: closing of offices, mandatory training of new case practices, and introduction of computers. Those of us most familiar with the Division practices were amazed at the veracity management decided these priorities in the midst of major staffing loss that impacted the agency negatively.

Being a DYFS case manager is the most difficult job in the child welfare field. The families and the children we service are the most fragile and vulnerable, often compounded by poverty, substance abuse, and educational limitations. Today more than ever, families are stretched to the limit because of both parents working, inadequate child care support/affordability, single parenting, the loss of informal/extended family networks in the community, violence, homelessness, affordable housing, and making the challenge of raising healthy children even greater in the State of New Jersey.

Frontline staff work against insurmountable odds to protect the children of New Jersey from abuse and neglect. Staff shortages is only one problem. These employees are expected to do their investigations under the most adverse, unsafe, and perilous conditions out in the field, as well as in their district offices, with no security or protections. They face a fragmented service delivery system often limited/capped as to how many clients can be serviced, inadequate/no substance abuse programs, often after-care programs for mothers and children, no foster care, no foster homes, working under the philosophy All things to everybody. But you labor on regardless of the lack of respect and support because you care.

Protecting the interest of children, especially abused and neglected children, is a tremendous responsibility. Keeping up with endless policy changes, legal and legislative changes, is cumbersome and impossible at times for field staff, but it is a requirement of the job. Discipline is swift and furious if not adhered to. Regulation is the distinction of government, but when it interferes with the ability to protect and service, a review must take place to prevent further deterioration of the situation. Despite an atmosphere of budget restraint, tax cuts, block grants, welfare reform, we, the taxpayer, Legislature, and Governor, are obligated to protect our most vulnerable citizens. It has been more than 15 years that CWA and others have supported the recommendation by the Child Welfare League of America that maximum caseload size of case managers should be 25 children. How many kids does a DYFS case manager have: 45, 65, 105? When will the State Division of Youth and Family Services design and put in place a long-range

planning process to avoid crisis, staffing shortages, service delivery that strengthens and empowers the families we service.

Continuous legislation such as Assembly Bills 689, 703, 1389, S-236 and 237 set forth disclosure proceedings that have far-reaching effects on DYFS. Legislation that attempts to weigh accountability with privacy will not improve the Division, but will contribute to the problem. Real improvements will occur when underfunding and understaffing is addressed. Changes in the confidentiality law will not do this. One favorable legislation, A-2385, maintaining caseload standards for caseworkers and sets forth fill levels at 400 caseworkers is laudable.

In the matter of block grants, the Federal government has abdicated its role as supporter and protector of the most vulnerable citizens and have passed the role to the states. Is the State of New Jersey and the Division of Youth and Family Services prepared to take on this role? I ask that the legislators consider these concerns when the task and challenge of block grant planning and implementation proceeds: the need for services and maintaining services at a level for those who need them, the ability to pay for services, and the willingness to pay for them.

It is also recommended that you carefully craft legislation that puts the interest of children foremost before the interest of politics and cumbersome regulations that impede and preclude children from receiving services that maintain, improve, and bring hope to their lives. As the block grant process proceeds, please ensure public participation in the planning process is included: citizens, grassroots organizations, providers, and consumers. There must also be assurances that eligibility, quality of services and standards implemented to

evaluate programs for effectiveness and quality to ensure people rightfully receive services in their community.

Lastly, let us not believe that privatization is the panacea for unregulated Federal funds. The Division of Youth and Family Services would be doing taxpayers a favor by reviewing its present contracts to see if they are effective, relevant, and meeting current needs of the families and children it is entrusted to provide for.

Thank you again for your effort to protect the children of New Jersey, and I applaud your effort for this timely hearing today.

ASSEMBLYWOMAN HECK: Rose, I don't think in this paper I see the bills to which you referred, so if you could--

MS. SILVA: Oh, I didn't hand my papers out.

ASSEMBLYWOMAN HECK: Oh, this must be another group.

MS. SILVA: Yes.

ASSEMBLYWOMAN HECK: Another CWA paper?

MS. SILVA: Not to my knowledge.

ASSEMBLYWOMAN HECK: Oh, it's a different group, all right.

But if you could, let us have that. Then I'm going to ask the Director and the Deputy Director later -- so that you can have a retort to the allegations there or even give comment to some of the suggestions that were made and probably accept some of the compliments that were given to you, also -- the Division.

I have next Bill Boyle from The Children's Home, Mount Holly.

I'm going to ask you to synopsize if you have papers with you, because I know that we have another big group yet to be heard from, and I want to make sure everyone is given an opportunity.

Oh, we have your newsletter they tell us.

MR. BOYLES: Hello.

ASSEMBLYWOMAN HECK: There you go. If you press the button now, I can turn mine off. (referring to microphone)

MR. BOYLES: Hello.

ASSEMBLYWOMAN HECK: Did it turn red?

MR. BOYLES: Okay.

ASSEMBLYWOMAN HECK: Good.

MR. BOYLES: Thank you, and I will keep my remarks short.

In my position as Executive Director of The Children's Home, which is a residential treatment center in Mount Holly serving DYFS clients, obviously, I could tell many individual stories about the kids, their situations, and our interactions with DYFS. I don't want to get into that. Actually I've been sitting here listening to the testimony and recognizing you're getting a lot of food for thought and an understanding and an education, I think, as to what is out there in the field so to speak.

I've been sitting here trying to put myself in your shoes, so to speak, and understand your role and responsibility in assuring the welfare of children in New Jersey. I, first of all, would strongly second the recommendations that you convene a blue-ribbon panel. But I would take that beyond DYFS. Children's services, especially services to high-risk youth in New Jersey, is a very fragmented system. It's really not a system. It's different

divisions, some of which are in the same department, the Department of Human Services. But there are also other divisions, and now we have the newly created Juvenile Justice Commission. A lot of these kids are the same kids. Whether a kid ends up under DYFS jurisdictions, so to speak, or is in the Juvenile Justice Commission sometimes is a matter of circumstance. We need a comprehensive review.

So my recommendations are several. One is that-- First of all, yes, we do need a quick fix in DYFS. They do need the support of the Legislature to have the resources to get the job done. I think that has become abundantly clear already in today's testimony.

I think the other thing is, I sit here and try and think, as a legislator, what would I need to increase my comfort level that the welfare of the children in New Jersey is being protected -- is that right now we have nothing in place that would give you any kind of assurance like that. I would suggest that, just as my agency is licensed by DYFS -- and interestingly, they talk about attaining an 80 percent level of the staffing standard -- why don't my agency-- If I achieved 80 percent of their licensing standards, I would not be allowed to continue to do business and serve children. I would second some of the other testimony that you support 100 percent of all staffing levels for DYFS and all the dollars needed to train and prepare those staff to do a most difficult job.

The other thing is a blue-ribbon panel looking at DYFS, as well as all of children's services, but to push for accreditation of DYFS, which would mean an independent national accreditation organization coming in and certifying to you that, in fact, quality services are being provided under DYFS

jurisdiction. Obviously, DYFS is a very unique agency in this State. There are legal mandates that you are responsible to make sure are fulfilled in terms of protection of children, and also, obviously, there are ethical mandates that we all, as citizens of our State, need to fulfill, and there is greater burden on your shoulders as legislators.

I applaud you for your past efforts, but more I applaud you for now bringing to focus this critical issue. We must invest now. We must abandon short-term bottom line mentality. We must look to the future. We, the private provider agencies, want to work in close partnership with all agencies in this State to develop a seamless system of care for highly at-risk children and youth. This must be done as a public-private partnership, and we must, basically, do a quick fix now and start planning and do it strategically, so that five years from now we will have a system of care where each child is consistently and constantly receiving the most appropriate care in the most appropriate setting, and it's not driven by dollar decisions, and it's not based on where is the least restrictive or most restrictive end of a continuum. It is what is most appropriate and needed by that child.

Thank you very much.

ASSEMBLYWOMAN HECK: Thank you very much.

I'm inviting the woman who had a great impact on my interest on the subject. Many years ago we met when she came before the county CDBG, the Community Development Block Grant Group, to gain some dollars to institute a home for what she termed at that point unadaptable children. She's retired now, and she's done some marvelous work as an advocate and

continues to be a resource for myself and this Committee, a woman of stature, a woman of courage and far-reaching ability, Dr. Grace Sisto. Please.

As she walks forward, do you remember my talking in the earlier opening remarks that this reminded me of Holocaust? I'm sure all of you know it, but I'm going to pass this book around and show you some of the photographs of abused children. This is not just a cute, little, sweet, silky, satiny feeling child. The pictures in here are grotesque and reminded me of the Holocaust Museum.

Grace, please.

G R A C E S I S T O, Ed.D.: Thank you, Rose.

ASSEMBLYWOMAN HECK: If you'd press that so it turns red. (referring to microphone)

DR. SISTO: This one on the end?

ASSEMBLYWOMAN HECK: The button. One of the buttons.

DR. SISTO: Pardon.

ASSEMBLYWOMAN HECK: The button in front of you.

DR. SISTO: This one?

ASSEMBLYWOMAN HECK: Well, it should turn red. I think it's the black one that you--

DR. SISTO: All right. I want to thank you for your kind words. I do want to say, on behalf of all of us, how proud we are of you. Rose deserves the highest accommodation for her work on behalf of the children of New Jersey. I can't tell you how important it has been. She doesn't just survey a problem, she digs in there, gets to the heart of it, and most

importantly she finds solutions. I think the children of New Jersey are far better off as a result of the work you've done in the State, and I do thank you.

I'm going to be very succinct, because I know everybody is very tired. I'm concerned about the drug-addicted women who have multiple births. They are, in my opinion, child abusers. I think they need to be identified early. I think we need to recognize not only the social service system, but the medical system. We need to recognize that these are women who are having seriously damaged children. They're either neurologically damaged or they're congenitally. They require intensive services from birth on. Very often, they require services for the rest of their lives. Now, many of these women have five, six, seven children in State care.

For residential -- for group home care, which Children's Aid provided, I think the cost is somewhere around $30,000 a year per child, which does not take into account the educational services that are provided, the psychological services, and the medical services. So we're talking about each child costing over $50,000 a year, and that's a very conservative figure. That's the money end of it, which is not the most important. It also is terribly costly in human resources. These children do not reach their potential in most instances and very often end up in the corrective system.

I do think we need to pay attention to this problem. We need to provide better preventive services to stop these multiple pregnancies. That was my very short message. I did submit a written statement, which is a little more lengthy, but I do think it's a very important area for us to pay attention to.

Thank you so much.

ASSEMBLYWOMAN HECK: Grace, thank you very much. Please continue to give us your input so that we can move in the right direction. It really is very important that we address the problem of women who continue to be drug abusers and stay sexually active and then continue to give birth to children who then must suffer most of their lives. We think of this, and we have to address this. This Committee must look at it from a criminal point of view. Something has to be done. We cannot allow these little babies to be born suffering from the moment of birth, which is supposed to be a wonderful, wonderful happening, and continue on in terrible pain.

Our next group-- This must be the group that sent me this other package. A panel of DYFS social workers. Elaine Waller, I believe; Catherine Danatos; Maria; and Ernest; and Dan Colangelo. It's Ernest Aponte, I believe and Maria Ojeda. I might not be pronouncing it right but that's -- you know who you are.

E L A I N E W A L L E R: We also have George Krevet here today.

ASSEMBLYWOMAN HECK: Oh, good.

Good afternoon. My name is Elaine Waller, and I represent CWA. Thank you, Chairwoman Heck, for allowing us to speak to you today and address your Committee.

Our union, CWA, represents 35,000 State employees which include all DYFS workers. We have put together a panel of five DYFS workers today to make a presentation to you.

First, I would like to introduce Catherine Danatos. She works for the Metropolitan Regional DYFS Office, which encompasses Essex, Union, and

Middlesex Counties. She's been employed for 20 years, and she works as a supervisor.

C A T H E R I N E D A N A T O S: Good afternoon and, again, thank you very much. It's a privilege to be here.

Before we go any further in the remarks, I want to tell you that it has been an honor and my privilege to work in Child Protective Services despite the imperfections in this State, and I do believe that there is a long history in this State for being a leader for Child Protection nationwide. I'd like to think worldwide.

The Division of Youth and Family Services has a proud and extensive history of service to the children of New Jersey, commencing since 1899 when the State Board of Children's Guardians was established to protect poor children from the atrocities of workhouses.

During that first year, our agency provided for 400 children through foster care, adoption, or institutional placement for the disabled.

Since 1900, this noble public service institution has undergone numerous changes. With each change, the goals and mission of the agency was redefined and sometimes expanded but always in service to the citizens of this State.

To understand the growth and evolution of public child assistance programs is to recognize the greater and deepening awareness and commitment through each generation of change of what it means to live and what has been referred to as this great democratic experiment. Such awareness and commitment was an affirmation of the need for human solidarity as an instrument building a community of peace and justice, the very core of this

very great democratic experiment. This commitment recognized that solidarity involves a firm and persevering determination to commit one's self to the common good, to the good of all, and to the good of each individual. This commitment was acknowledged and accepted that we are each, in some way, responsible for all.

The growth and evolution of public child and family assistance programs has responded to the urgent needs of both individual and community in times of economic, social, cultural, and political crisis. It is no secret that the challenges facing us today are rooted in structural changes in American economic and cultural life with consequences too complex and far reaching to be affected significantly by any one form of relief policy.

The war on drugs has done little to ease the destructive prevalence of substance abuse, particularly cocaine abuse, at every social and economic level of our society. The unprecedented and yet soaring profits of corporations has done little to stem the tide of burgeoning unemployment, the result of massive and pervasive downsizing despite these profits. When indicators disclose that more people have been put to work, stock prices plummet.

Perhaps we need to return to the commonsense approach of our founding leaders, such as Benjamin Franklin, in evaluating the manner in which we assess these issues and the impact with which these issues and decisions influence the greater community.

However, the profound urgency of our current crisis underscores the immediate necessity for responsive and committed action to sustain the very survival of our most vulnerable population, our children, and indeed may speak to the very survival of this great democratic experiment. As a society, it

seems we have traveled very far along the road of self-indulgence, perhaps, forgetting that our sphere of obligation is not exclusive to the bottom line. It is time to temper our autonomous, self-absorbed drive with concern for others, rededicating ourselves as a committed, collective community to recognition of individual human dignity fostered through public policy and service to common good rather than what sadly appears to be our current trend of every-person-for-himself policies.

Our children cannot wait for the public debate which has begun quietly to surge and will no doubt become the explosive summoning call within the next few years.

The challenge that is facing us today at this moment, perhaps, can best be understood in the context of another great American crisis and for which President Franklin Roosevelt threw down the gauntlet before both citizen and leader alike. The test of our progress is not whether we add more to the abundance of those who have much, it is whether we provide enough for those who have too little. Our children do not have a voice, except for the voice of this body here today and the commitment of the child advocates, both internal and external to the Division, who have been eloquently well spoken.

On a personal note, since my colleagues will be describing the specifics of what is needed, I would like to make three recommendations based on the other speakers' comments.

There has been great talk about resources, and I think one of the things that has not been mentioned is that the complexity of the problems coming knocking at the Division's door, perhaps, has another view. That view may be putting dollars and resources, some through staffing of the Division

and some in looking in other arenas, such as maternal health care earlier on, in prenatal care and outreach workers in other systems. But since this hearing is addressing this system today, staffing sufficient for the Division to do preventative work, if not eliminating, at least minimizing the severity and complexity and trauma of the problems that are ultimately winding at the door of the Division today--

I would like to support the recommendation of a prior witness that the Division's view of how it balances its allocation of staffing must be weighed against the complexity of the cases. In the urban areas particularly, the level of violence, the level of drug abuse, the level of domestic in-home violence all complicates the amount of time a caseworker needs to address a family problem. I don't think that we should write off our families. I think that, certainly, our children need to be protected. I think that we would be doing a disservice to many of our children to write off those families as unrehabilitateable, and I would caution this body to keep a balanced perspective in that view.

Finally, the Division caseworker cannot be saddled by practices which limit the length of time; although, certainly, I am not suggesting that there should not be some reasonable balance in that also. There is no quick fix to the complexity of the problems that we are dealing with. It has been demonstrated that caseworkers spending intensive time in assisting the client to go through the process yields better results. If the client could be told what to do and then go do it, they would not need Division of Youth and Family Services. They would not be at our door.

ASSEMBLYWOMAN HECK: Clarify, because I missed something when you went from the caseworker should not be saddled, but I didn't hear anything--

MS. DANATOS: Okay. In terms of length of time--

ASSEMBLYWOMAN HECK: Saddled what?

MS. DANATOS: There have been comments repeatedly made and one of the prevalent things that I see at the Division is that because of the understaffing and the workload, the amount of qualitative time needed to be spent with a client is not available, because the demands of the immediate emergencies do not allow the extra 30 minutes, the extra hour that a particular client might need.

ASSEMBLYWOMAN HECK: And you're suggesting?

MS. DANATOS: And I'm suggesting that in the reduction of the volume per worker--

ASSEMBLYWOMAN HECK: Oh.

MS. DANATOS: -- based on the weight of the labor intensive need of the family--

ASSEMBLYWOMAN HECK: Okay. Similar to the second recommendation?

MS. DANATOS: Yes.

I'll let my colleagues continue. Thank you.

ASSEMBLYWOMAN HECK: One thing I have not heard today, and perhaps you'll bring it up-- But, also, let's remember that many of these babies, children, adolescents have also been given the death sentence through

the abuse. They are HIV and AIDS positive. We have not mentioned that yet, but that is a fact, is it not?

MS. DANATOS: It is.

ASSEMBLYWOMAN HECK: And if one of you would address that, I'd appreciate it.

MS. WALLER: Okay. Our second speaker today is George Krevet. He's a social worker from the Elizabeth DYFS office. He, currently, is on leave working for CWA Local 1037.

GEORGE KREVET: Good afternoon, Chairwoman and Committee members.

The intent of this presentation, of which you have a copy, is to provide the Committee with some insight into:

(1) the stressful nature of DYFS work,

(2) how this is compounded by the ever-increasing volume of work which adversely affects clericals, supervisors, as well as frontline workers, and most importantly,

(3) the impact of staffing levels on New Jersey's children.

Even in the abstract, the typical reactions to the term child abuse are those of revulsion, horror, and anger. Unfortunately, for DYFS workers, child abuse cannot be an abstraction. It is a daily, sometimes hourly, reality. Unlike those of us who read the newspapers and see the words "scalded arms and legs of an infant," the DYFS worker must examine the actual scalded limbs of the screaming infant. Instead of seeing the words "multiple welts and bruises on the back of a seven-year-old boy," the DYFS worker must count the welts and bruises on the back of the frightened and whimpering seven-year-old.

Instead of seeing the words “fractured skull of a three-year-old girl,” the DYFS worker must sift through the matted hair of the dazed child so as to determine the approximate length and location of the injury. Or worse yet, instead of reading the words “sexually abused five-year-old,” the DYFS worker must try to break through the sullen wall of silence of a little girl betrayed by the grown-ups she trusted most. And unlike the physician working in the sanctuary of a hospital who may eventually choose to either help or hinder confirmation of child abuse, the DYFS worker must frequently conduct her investigation in the child’s home with the child’s parents screaming at the worker that she has no right to be there, insisting that the injuries are the result of an accident, often threatening or actually becoming violent when the decision is made that a removal is necessary. The adrenaline, or what’s left of it, surges again when the worker, upon leaving with the hysterical child in her arms, is greeted by the family’s neighbors already alerted to the situation by the previous commotion.

This is but the beginning of a long line of stressful situations and hostile players encountered by the DYFS worker. Then there is the judge who publicly berates the worker for failing to provide a foster home when no foster homes are available. And, of course, the worker to have placed the child in foster home already at capacity -- this would be the individual to reprimand the worker for having done so.

There is the demanding Deputy Attorney General who acts as if the case at hand is the only case on the worker’s caseload. There is, in cases of removal, the defense attorney who has a vested interest in calling the worker’s competency, if not sanity, into question. There is the referent who

may be a teacher, relative, whomever, who demands to know why the worker hasn't implemented his recommendations, oblivious to the numerous legal constraints.

There is the acting out juvenile who, after the worker, using smoke and mirrors because of funding cuts, spends months working on and receiving approval for a particular placement, jettisons the placement by setting his mattress on fire.

There is the foster parent who holds the worker personally responsible for a child's renewed bed-wetting behavior when the foster parent specifically agreed to care for a toilet-trained child.

And, of course, there is the hostile parent who, in the preliminary stages of the Division's involvement, views the worker as an adversary intent on dismantling her family, which sometimes means the canceling of a public assistance check, thereby depriving the parent of the two most important things in her life, family and a means of survival.

In recent years, the stress level for DYFS workers has increased exponentially with the proliferation of crack and AIDS. Unfortunately, just as these twin epidemics are increasing, the resources and workers available to manage the familial problems associated with them has dwindled. Since 1989, by our calculations, the Division has lost over 600 positions through layoffs or attrition. By management's own estimate, they lose from five to seven caseworkers every pay period.

Initially, the Division's response was to simply cut back and reorganize; put a few resource development people in the field, thereby depriving the field workers of readily available resources; remove bottled water

from the offices without concern to morale; and impose new standards for case handling which gives the worker more responsibility with fewer resources. Needless to say, this approach resembled the proverbial rearranging of the deck chairs on the *Titanic*.

Clearly the aforementioned revised case-handling standards reflect the Division's awareness of the societal influences of drugs and communicable diseases and the commensurate increase in the volume of cases. The new standards call for more in-depth and some say more intrusive interviewing of clients, an expanded role for DYFS among drug-using parents, more comprehensive record checks, more supervisory conferences, more collateral contact, etc., etc. Without question, we acknowledge that each of these measures, in and of themselves, improves accountability, but we also know that to attempt to implement them without additional staff is ludicrous.

And while we applaud the Division's recent hiring of 120 new workers, we know that number to be inadequate given the Division's own calculations. The attachment one is a copy of an internal DYFS document delineating the workload by office. The fifth column addresses the staff positions per office. Please note that, by their own computations, the Division is understaffed by almost 500 positions statewide. That is based on minimally acceptable levels, which are only 80 percent of those recommended by the Child Welfare League of America. Close scrutiny also reveals that of the 42 offices: 39 are below DYFS's minimum acceptable level, 27 are less than 75 percent staffed, 11 are below 60 percent, and one office is even below 50 percent of the minimum. According to this document, the Elizabeth office would need 28, Burlington 29, Bergen 32, and Camden Central 33 new

workers just to bring them up to minimally acceptable staffing levels. One hundred twenty new workers is but a start and even that number is deceiving. Please ask the Division's representative how many of those one hundred twenty are going to the office of Child Abuse Control, which is a nonfield position.

As compelling as these statistics are, the testimony of DYFS workers themselves is even more troublesome. We at Local 1037 distributed surveys to the DYFS workers throughout the Local regarding the impact of staffing on protective services, and the results were disturbing. As you can see from the attendant document labeled attachment two, statement seven, "DYFS children are properly supervised and protected" is overwhelming disagreed to by the Division's own workers. The responses to statements numbers six, seven, twelve, thirteen, and fifteen further confirm that staffing levels are inadequate to ensure the protection of New Jersey's children. The very people who do the work deny that the mandate is being met.

Given the above, we are hereby proposing that the New Jersey Legislature make a special appropriation of minimally $25 million to facilitate the hiring of 500 new workers, including clerical, caseworkers, and supervisors, in order to provide this State's children, at the very least, the minimum measure of protective services. What DYFS needs is funding not magic.

Thank you.

MS. WALLER: Okay, I'd now like to introduce you to Ernest Aponte. He has been a social worker for the Atlantic City DYFS office for five years.

E R N E S T A. A P O N T E: Good afternoon. I didn't prepare anything. I kind of want to just speak from the heart.

I wanted to tell you a little bit about myself. I am a male Hispanic. I come from a welfare mother and father -- four children. DYFS chose me, for whatever reason.

When I started DYFS four and a half years ago, I thought it was the greatest job in the world. I thought that I could make a significant difference in the community that I grew up in. I grew up in the projects of Atlantic City, and I saw a lot of things, you know, never thinking I would be a DYFS worker. I always thought I'd probably be one of your clients. But I had a strong parent who taught me morals and instilled in me that I needed to do the best I could to better myself.

I'm finding myself in contracts now, as a DYFS worker. I'm more of a paper pusher than a caseworker. I've heard a lot of people talk about acronyms. The biggest acronym that I've learned is CYA, and to be quite frank, you know what that means. That's not what I came up through the ranks of poverty to do.

Up until yesterday, I had some pretty serious doubts that I wanted to continue as a DYFS worker. I've been doing intake for about five years and I asked to be switched to general services, because I just couldn't deal with the crisis and, in being a bilingual, getting the added crisis of anything that has a Spanish sir name also thrown on top of it. Now I'm a general service worker. Well, I just happen to have had all of the worst cases in the office piled up and given to me. It has thrown me into a terrible emotional disarray.

I'm the father of three girls. I'm the only one working right now, and I can't afford to quit. If I could, I'd quit in a heartbeat, because it is the most depressing job that I've ever done. It's not the work. It's not the people that depress me. It's the policies, the bureaucracy. The changing of-- I mean, you never know what the rules are. One day it's child welfare. The other day it's Child Protective Services, and the other-- I wish there was a way that the policies were straightforward.

I'm one of the newest workers in my office, and the average worker in my office has been around for 15 to 16 years. You know, I'm the new kid on the block. They see me with all this energy, and gung ho and I want to change-- They say, "Ernie, what's wrong with you, man? You know, you're making us look bad. You have to stop that. You have to stop taking kids." I've been nicknamed Mr. Dad, because if I see a kid at risk, I'm going to take him. That's not what I'm being taught to do. I'm speaking very frankly, and if it offends anyone, I'm sorry. That's what I'm seeing.

I'm in one of the offices that are 80 percent, and morale is terrible. We're not getting any workers, so I can't imagine what it's like in one of the offices in Newark or in more suburban counties. So, I mean, that's just my little bit of experience. DYFS isn't terrible. I think the potential and the workers are there, but the policies and the bureaucracy has to be worked with, and the policies should be to protect children. Workers who come in new-- I feel terrible for these 120 people coming in. I would probably recommend they look at something else because, unless some changes come, I can't see that people would want to stick around in DYFS. That's all that I have to say.

ASSEMBLYWOMAN HECK: So do you agree that the blue-ribbon panel and that, perhaps, DYFS workers should be part of it?

MR. APONTE: Yes I do.

ASSEMBLYWOMAN HECK: Okay.

MS. WALLER: Okay, our next speaker is Maria Ojeda. She has been a social worker for the Sussex County DYFS Office for 12 years.

M A R I A M I N A R D I - O J E D A: Thank you.

ASSEMBLYWOMAN HECK: Have I met you before?

MS. MINARDI-OJEDA: Excuse me.

ASSEMBLYWOMAN HECK: Have you been before us--

MS. MINARDI-OJEDA: No.

ASSEMBLYWOMAN HECK: --on other matters?

MS. MINARDI-OJEDA: No.

I want to thank you, Chairwoman Heck and all the Committee members, for giving me the opportunity to testify on behalf of all the DYFS workers. I'm here because we are the ones that are in the front line. We are the ones that have the contact with these children who have been abused and neglected. We are the ones that see the bruises on the children. We are the ones who do the investigations. We are the ones that have to interview children who have been severely sexually abused. We are the ones who become emotionally involved in our cases. We are the ones that also cry when children with HIV die on our caseloads. We are the ones that are criticized by the judge when we don't have a foster home or a residential placement for a juvenile that's in crises. So I thank you for giving me this opportunity.

I've been a caseworker for 12 years. I feel that I'm unique in some ways, because I've had the experience in working in three different DYFS offices, two were the inner cities of Newark and Paterson and now in the rural area of Sussex County. What I've learned is that in spite of everyone sometimes thinking that there's only abuse and neglect of children in the inner cities, the reality is that there's also abuse and neglect of children in the upper-class suburbs.

Today, there are more families in financial stress, and with this, the use of drugs and alcohol by parents and children have increased significantly. This has left our children at risk of abuse and neglect and even more at risk without the proper supervision from DYFS.

I am here as an advocate for children, but also for my fellow coworkers who continue to receive the negative publicity when a child dies as a result of abuse and neglect. It is the caseworker who is criticized at times and blamed for the death of the child. The reality is that we have government officials that sometimes turn their back and eyes to the cries and the needs of our children. They are to blame at times when they neglect to fund this agency with a budget that cannot accommodate the filling of all vacancies and the hiring of more caseworkers to protect our children. Children are left at risk because of a government who makes excuses that DYFS cannot be provided a budget to save children's lives.

As a social worker, we are working under grim, and I mean grim, conditions where children are being left at risk because there is not enough workers to supervise those children. Caseloads are much more intensed with multi of problems. Each day we are expected to do more under poor condition

and limited resources. How much more can a caseworker do when they have caseloads of 30 or more families with children -- over 90 -- to supervise, and the majority of them are considered high-risk cases?

Caseworkers are working beyond 5:00 p.m. to fulfill their DYFS mandates. Caseworkers are working beyond all they can. It is not humanly possible for us to handle a caseload of this magnitude. We have families of our own, and we too must eat and sleep like you all. But we neglect our own families and ourselves, because we are forced to work under terrible conditions where we are told by our managers that we must supervise all of these families. But how can we? Just one protective service investigation sometimes takes an entire day, and that consists of a thorough investigation, only to come back at 5:00 p.m. to find two more investigations sitting on your desk that need immediate response.

How about all of the other children and families that are in crises? Must we say, "Sorry, I cannot help you, because I have another family that's in crisis"? So what happens when a child dies as a result of it?

We need a budget to hire more caseworkers, so every child gets the supervision and service they solely need. The approval of 120 caseworkers is not enough at all. It barely fills the vacancies we have, plus the additional 400 workers that are needed so children are not left at risk.

Recently, the agency, as an answer to our plea for more caseworkers, decided to relocate many of our support workers. They are our foster care facilitators, our resource specialists, our litigations specialists to do case management to offices where offices where identified with low staff. But as a result, foster care facilitators whose primary job is to recruit foster homes,

which are in high demand, are doing case management. Resource specialists, whose primary job is to recruit services for DYFS, is doing case management. We are not fulfilling our legal and moral duties to protect children from abuse and neglect unless we have much more caseworkers in this agency.

As a result, workers are extremely overworked and burnt out. Morale among caseworkers is poor. Many are leaving the agency because of the stress and magnitude of work that's being forced on them. The crises is escalating, and it's just a matter of time before another child is killed by abuse or neglect. I can only think of Elisa Izquierdo, the little girl who was severely abused by her mother and died. Is this what we want for New Jersey children?

This agency cannot be made smaller because there are children's lives at stake. We simply cannot make this agency a part of a political maneuver for someone's political career by saving this government money. I resent the lack of integrity by some officials in this agency who claim to advocate for children but do little to advocate for them by dealing with the issue of hiring more workers. We do not need sympathy. We need more workers, and we need them now.

Recently, the Division implemented new case practice handling standards for the agency. These standards were implemented to better protect children. However, how can they benefit children when there is not enough workers to implement them? With these standards, workers are to investigate more referrals. We are required to assess risk to a child when there's an allegation of drug and alcohol abuse by a parent. We are expected to do more under these conditions with little caseworkers. We are placing more children in foster care placement, but there's not enough foster homes. There's an

increase of juveniles in crisis, juveniles with psychiatric problems, drug and alcohol problems, and another problem, juveniles becoming sex offenders -- juveniles sexually abusing other juveniles.

I only can end my testimony only to tell you that I and many caseworkers cannot go to sleep at night because we know there are children at risk. We want to do more, but we can't because we feel that our hands are tied. We take our jobs and our cases home with us, and we toss and turn in our bed saying, "Did I do that? Oh, I didn't see that family, uh-oh. I didn't see that family." We want to do more. I am committed to my job. I've been with the agency for 12 years. I don't have any reason to leave the agency, but I only ask that you take in consideration a budget that will fulfill all the workers that we need.

Thank you.

MS. WALLER: Okay, our final speaker is Dan Colangelo. He's been with the Burlington County DYFS office for 23 years as a social worker.

D A N I E L C O L A N G E L O: Thank you, Assemblywoman Heck. I believe I was speaking in front of you several years ago. I was with a close friend and coworker at that time, unfortunately, a very dedicated and long-term DYFS worker who, about three years ago, left. Also, about a third of the staff that we had then are no longer doing field work. They're either out of the agency or elsewhere.

I will try to keep my remarks brief, because a lot of what I could say would be just repetitious. However, I come from an office that is one of the 11 that is under 60 percent in Burlington County. We had been like that for at least over a year, perhaps longer. It seems an interminable amount of

time. I think we're at 58-something percent of the workload standard. What I'd like to say though that it's-- The reality is worse than the numbers, because there are four people that are counted as caseload carrying people who are on extended sick leave, medical problems, all right, so they're there. They're still on the books so to speak, but they're not, you know, working day to day. Also, there's people on maternity leave that are counted in those numbers. So I venture to say that it's even worse than what the numbers say for our office. One of the old-time supervisors once described the situation in my office as beyond burnout. I believe that that's an accurate assessment.

Also, those of us that are remaining -- most of us -- are winding sicker than we used to be. So we have a greater number of people that are getting sicker just from the stress of being overwhelmed. But just allow me to say on a personal note about what it means to be overwhelmed.

I ran into two cases, recently, that I had worked with in the past. One was a six-year-old girl. Through my efforts and the efforts of others, we prevented her from being, as her sister was, sexually abused -- prevented, okay. She is now a very happy, well-adjusted child. She just gave me a big hug. I looked at that, and I said to myself, "Would I have had the time to devote today to her case if I was confronted with it?" I really doubt that I would have.

Another one was a 14-year-old girl who had no parents and was living with a relative that couldn't handle her emotional problems, and she was on the streets. She ran away and was telling me when she turned up again that she was selling herself in a drug-infested neighborhood. I spent at least 30 percent of my time for over two weeks working with judges, working with other providers to get her in a safe environment. I saw her recently. She is stable.

She is making progress. She has self-esteem. Yet today, to be confronted with her case, I don't know that I would have the time. That is the lament that we feel, that we express amongst ourselves is that we're not able to have the time to give the quality and the concern that these children require. I can testify up to 23 years that the statements that you have heard -- I can testify from personal experience that the severity of what we're dealing with, the complexity of what we're dealing with is significantly worse than it was in 1973 when I started. So please, I ask you to stop the neglect of those of us whose job it is to prevent parental neglect.

Thank you.

ASSEMBLYWOMAN HECK: Thank you very much.

Did you want to wrap up?

MS. WALLER: I was just going to say this concludes our presentation. We want to thank you for your time and consideration, and if you have any questions of this panel, we would gladly answer them.

Thank you.

ASSEMBLYWOMAN HECK: I think you were very thorough, and you're reenforcing what has been said here most of the day.

I would like some of your input, also, on some of the suggestions that were made to improve the system, not just from a man power standpoint, but for an overall support group standpoint, as far as meetings are concerned or interaction with other agencies, etc., anything that you see that might be an improvement of what we have now, since you are in the field. But I know the immediate problem is staff and to ensure-- As you had said before, we're taking people who are resource people and people who do the groundwork

outreach for foster care. We don't have them anymore. We heard Rose Zeltser saying we're taking these people, putting them in the field, and where are we going to send the children? How are we going to help them even though we're working with them. So I think what you've said here today will make an impact and be an important part of what we do to resolve the situation.

MS. WALLER: Thank you.

ASSEMBLYWOMAN HECK: Thank you very much.

MS. DANATOS: Thank you very much.

ASSEMBLYWOMAN HECK: I have two people from UMDNJ, Dr. Lynn Taska, from the Robert Wood Johnson Medical School; and Kathleen Cummings, from the University Hospital. Oh, that's Newark.

Kathleen, are you still here?

K A T H L E E N C U M M I N G S: Yes.

ASSEMBLYWOMAN HECK: Oh, good.

MS. CUMMINGS: I've been watching everybody do this. (referring to microphones)

ASSEMBLYWOMAN HECK: Yes. (laughter)

MS. CUMMINGS: Did I do it right?

ASSEMBLYWOMAN HECK: Yes.

MS. CUMMINGS: Great.

Madam Chair and members of the Assembly Policy and Regulatory Oversight Committee, as my predecessor, I want to thank you for this opportunity to share with you some of my concerns around those children who are detained in hospitals beyond medical necessity. My name is Kathleen

Cummings, and I am the social work coordinator at UMDNJ-University Hospital, on the Newark campus. I am also a member of the Boarder Baby Task Force. That is a multidisciplinary group of people who were looking at solutions.

Today, at University Hospital, we have a total of 25 children pending DYFS investigation or disposition, 25 children who are hospitalized but should not be. These are children who are medically clear and have no place to go.

ASSEMBLYWOMAN HECK: And ranging in what ages, Kathleen?

MS. CUMMINGS: They're primarily newborns from birth to about three months old.

ASSEMBLYWOMAN HECK: Oh.

MS. CUMMINGS: Who are these boarders? They are newborns whose mothers are between the ages of 25 and 30. Mothers who have not had any prenatal care. Mothers who have unstable or unsuitable living situations, who have limited resources, who have more than one child, and in 85 percent to 90 percent of the cases have used drugs. Some of the babies require treatment for their withdrawal symptoms. Others have medical complications, respiratory problems, and prematurity. But the majority are considered healthy and ready for discharge within two days. All are at risk for abuse and neglect.

I have been a social worker at the University Hospital in Newark for the past 19 years. Most of that time has been spent in direct practice with children and their families. Maternal drug use has been a consistent reason for

referral to the hospital social worker. Initially, when I started, heroin was the drug of choice, but that was eventually replaced with cocaine and its many derivatives, including crack.

Today, polysubstance abuse is very often the case. Mothers who are abusers are referred to one of the limited drug treatment programs. Placement in foster care has always been one of the options for the newborn. It is my observation that the situation has worsened. Drug use has increased, creating a demand for foster homes that far exceeds the supply. The situation will continue to worsen, unless we get serious about addressing the cause, which to me is drug use and abuse.

During my tenure at University Hospital, I have had the opportunity to work with DYFS workers from all over the State but particularly in Essex County. I have never had any reason to doubt that DYFS workers are dedicated, concerned people whose ability to plan for these children is limited by the excessive caseloads, the severity of the problems, and the multiple interventions that are required to complete an investigation and reach a suitable disposition.

Although I applaud the DYFS efforts to address this problem by increasing the numbers of caseworkers, this approach alone will not work. At University Hospital, two-thirds of the children who are referred to DYFS are discharged to mother and/or other relatives. The remaining third require foster care. From January through August 1996, it took DYFS an average of 83 days beyond medical clearance to place a child in foster care. It took DYFS 27 days to arrange placement in a group home and 15 days to discharge to mother with community supervision. For us, the babies who stay the longest are those who

require foster home placement. They have no place to go because there are no foster homes available. More DYFS caseworkers may impact the time it takes for DYFS to do an investigation, but without somewhere for the babies to go, infants will continue to spend the first few months of their lives in hospitals.

From my perspective we need to streamline the approval process for foster homes. We need small group homes as interim placements with an accountability process that ensures that a more permanent plan is implemented within time frames that meet the needs of the child not of the State, not of the parent, but of the child; to place children in available homes no matter where they are in the State; to develop a fast track process for those children whose families are currently being serviced by DYFS and the DYFS history itself supports permanency planning; to develop an outreach program that identifies at-risk pregnant women for the purpose of preventing boarder babies either by connecting them with appropriate health and social services or facilitating their making alternative care arrangements before the baby is born.

I am a member of the Boarder Baby Task Force, as I said earlier, and I know that the $2 million grant that everyone is talking about is over the next four years. So it's approximately $475,000 per year. It is to address this particular area; also to provide adequate staffing levels for DYFS to complete investigations; to fund residential drug treatment programs for mothers with their children; to provide DYFS with the resources to support children place with relatives.

We, at University Hospital, will continue to do our best to provide a sensitive, nurturing environment for these children. We have a boarder

nursery that holds 12 babies, where we have appropriate size cribs and musical stimulation and mobiles and colorful decorations, but it holds 12. As I said, today we have 25. That means that the rest of the babies are in the acute care area and not getting even the amount of stimulation that we are able to give in the boarder unit.

Our very best efforts at University Hospital are not a substitute for permanent placement in the appropriate home. The bottom line is that children who do not need acute medical care do not belong in hospitals. My vision is that every child who is conceived will not be assaulted before they're even born, and that when they are born, they will have an appropriate, safe environment within which they can flourish and achieve their potential.

Thank you very much.

L Y N N S. T A S K A, Ph.D.: My name is Dr. Lynn Taska, and I have been asked to talk to you today about the effects of child sexual abuse on children here in New Jersey. I am a psychologist on the faculty of the Department of Pediatrics at UMDNJ-Robert Wood Johnson Medical School, in New Brunswick.

I am here today to tell you about some of the experiences we've had and findings from a research project entitled Adaptation to Sexual Abuse in Children and Adolescents. This project is federally funded by the National Institute of Mental Health. Candice Feiring, Professor of Pediatrics, is the Principal Investigator. Michael Lewis, University Distinguished Professor of Pediatrics, is Coprincipal Investigator; and Linda Shaw, Director of the Sexual Abuse Medical Clinic, is Coprincipal Investigator. I am the Project Coordinator. The purpose of our collaborative research is to improve our

understanding of how and under what circumstances children and adolescents develop problems from the trauma of sexual abuse in childhood.

There is an extensive literature which shows that having been sexually abused in childhood increases an individual's risk of numerous later problems in adulthood including depression, self-destructive behavior, anxiety, low self-esteem, difficulty trusting others, substance abuse, eating disorders, anger, aggressive behaviors, sexual dysfunction, and a tendency toward revictimization. Receiving therapeutic intervention services in childhood and adolescence has been shown to lower these risks.

Our project, which has been going for about two and a half years, has interviewed 150 boys and girls between the ages of eight to fifteen years of age from 1994 through 1996 who resided in six counties in central to northern New Jersey. All of these cases involved substantiated or confirmed sexual abuse by a juvenile or adult perpetrator. Most of the cases were involved with the Division of Youth and Family Services, at least at the intake level. The families we have seen have tended to be poor families, almost half have an annual income of less than $15,000. The majority are also single-parent families.

The sexual abuse experienced by these children and adolescents is severe. Two-thirds of them experienced penile penetration. About 25 percent of the sample experienced the use of physical force or restraint during the sexual assault, while another quarter were threatened with the use of force. Almost half of the children and adolescents lived with their perpetrator, while 26 percent were abused by a parent figure.

I want to emphasize that children and adolescents are not referred to our project because they're showing behavior problems. We are identifying sequential cases of sexual abuse. Participants are identified and referred to our project, because they've been sexually abused. In many cases our psychological assessment uncovers the child's psychological distress, which has previously gone unnoticed during the crisis provoked by the discovery of the sexual abuse.

At the time of our initial assessment of children and adolescents which occurs within eight weeks of discovery of the abuse, most are showing very high levels of psychological distress. Most of the sample report numerous symptoms of post-traumatic stress disorder, which indicates that they are experiencing repetitive and intrusive thoughts about the abuse and that its aftereffects are interfering with their functioning and self-image. A third, in fact, show poor self-esteem. Forty-three percent report high levels of depression, a level considered serious by clinicians. Almost half of the sample report having thought about suicide within the two weeks before our assessment. Most of the children blame themselves to some degree for the abuse and report feeling ashamed.

I want to diverge from the text for one moment to tell you about a child I recently evaluated, a 14-year-old male, who was in DYFS foster care for a long period of time after experiencing abuse and neglect as a child. He was referred to us after sexually assaulting a young girl himself -- has had no therapy. Three days before I saw him, it was his birthday, and he stood on the railroad tracks in Union County with the intent to die. The train was bearing down on him, and he only got off the tracks when the train honked at him and he got scared.

We plan to follow-up on all of our kids a year after our assessment. As of this point, we've seen 74 of the 150 kids. At this one year follow-up, we have learned that only half of the children have received any counseling--

ASSEMBLYWOMAN HECK: Any counseling?

DR. TASKA: --any -- in the year following discovery of the sexual abuse. For us, the most distressing thing is seeing kids a year down the road who are doing worse and whose cases have been closed by the Division and who have no one to advocate for them. It's something we have been doing, but we are a five-year funded research project.

The children and adolescents we are seeing here in New Jersey are distressed and are in need of services. They tend to come from stressed families and need someone to follow-up with them and make sure they get the therapeutic and supportive services they require. Often parents request a report from us based on our assessment, and this report provides intervention recommendations to DYFS, mental health providers, and other child advocates involved in the case. Our recommendations for every child we have seen has included individual, group, or family counseling.

We believe it is imperative to identify these children and adolescents and to advocate and facilitate the receipt of services. If we fail to do so, too many of them will be at-risk for poor mental health, revictimization, and in some cases, as our work suggests, becoming victimizers themselves.

Thank you.

ASSEMBLYWOMAN HECK: Thank you, Doctor.

I'm going to ask Ms. Barr and Michele to come back, because I know that Kevin has some questions, so I had some people write questions for you.

Michele, do you see the need or the opportunity to restructure DYFS and Children's Services as we implement welfare reform, which gives the State the freedom to run these programs as they see fit?

DEPUTY COMMISSIONER GUHL: To restructure DYFS as a result of welfare reform, which I--

ASSEMBLYWOMAN HECK: Yes, and to restructure DYFS and Children's Services as we're moving into the welfare reform.

DEPUTY COMMISSIONER GUHL: : I think I would be-- You know, the jury is out. We haven't seen it yet. We have no idea. Some of the policies haven't even been totally honed, so we're not yet aware of any impact there would be on that system. It is something, I can assure you, we're going to monitor very, very closely. I know that we're working on the components, for example, that have to do with teen mothers and the requirements that they stay in a home or, if that's not acceptable that, in fact, we have placements available for them. So what we know about, we are certainly getting ready to be positioned for--

ASSEMBLYWOMAN HECK: Okay.

DEPUTY COMMISSIONER GUHL: --and we'll watch it.

ASSEMBLYWOMAN HECK: Do you think that it would be advisable to have this type of a blue-ribbon panel to seek collaborative ways among the departments to strategize--

DEPUTY COMMISSIONER GUHL: Absolutely. Absolutely. I mean, you know it was not Pat to say to this group, "It's more than a DYFS issue," and by no means do I mean to shirk our mandated responsibility. But we're talking about such massive societal problems that it just-- And having a committee, we always welcome the opportunity.

I purposely stayed though, Madam Chairwoman, I have to tell you. When I did leave finally, once to go to the ladies room, I was thinking that, in fact, you are a bulldog because you have not yet left. (laughter)

ASSEMBLYWOMAN HECK: I don't want to miss anything. (laughter)

DEPUTY COMMISSIONER GUHL: I want to commend you for that. I did not want to miss any of the testimony.

ASSEMBLYWOMAN HECK: I think we have a wealth of information here today.

DEPUTY COMMISSIONER GUHL: Yes. Yes.

ASSEMBLYWOMAN HECK: And, Kevin -- I'm going to let Kevin, because Kevin might have to leave soon.

DEPUTY COMMISSIONER GUHL: Yes, okay.

ASSEMBLYMAN O'TOOLE: Yes. Thank you, Chairwoman. Just let me say a few things. I do want to commend Chairwoman Heck for her leadership. Rose, the film that you had shown to everybody to start this session some four and a half hours ago I think really set the tone for this hearing. I think what we're talking about here is not just statistics or numbers, we're talking about real faces, real people, real children, our children.

I think it's very clear from all the speakers so far, from Michele Guhl on down to the Director, to all the wonderful speakers, the doctors, the nurses, the caseworkers, that we are all very much concerned about this most complex problem. I think we together must assume responsibility to fix this very real problem, and I would go so far as to say that this is, perhaps, the most pressing problem that confronts us as we sit here today.

Let me just say that I didn't need to read the *New York Times* or *The Star-Ledger* or the Bergen *Record* to know that we have a problem with DYFS and with our children. I have two particular issues that I'd like to talk about and just ask a couple of questions, and I'm not here to point the finger. I know everyone's trying very hard in a very tough circumstance.

I'd like to first talk about the boarder baby issue. For a number of years, I've taken the opportunity at Christmastime to go down to the United Children's Hospital and to UMDNJ with some friends to visit all the children that are staying there during the holiday season, and I've had the opportunity to visit with these boarder babies, to talk with the doctors, talk with the nurses and the administrators, and it's a real crying shame that we have these children due to very dire circumstances, who are stuck in this hospital for more than just a day or two. I'm a little bit discouraged to hear that we have boarder babies staying in the hospital for periods of two and three months.

My question -- I will tell you, Kathleen Cummings really hit it on the money here -- what can we do, first of all, to bring that two-month average down to a respectable number? I have to tell you, I think when New York was confronted with this, I'm told that their average is now three and a half days. You know, I think that anybody would tell you, either a layperson or

professional, that any long-term stay in a hospital for a boarder baby is certainly going to deprive that individual of the human spirit of nurturing--

DEPUTY COMMISSIONER GUHL: It's terrible for them.

ASSEMBLYMAN O'TOOLE: --whether it be a parent, a foster parent--

DEPUTY COMMISSIONER GUHL: The bonding.

ASSEMBLYMAN O'TOOLE: --or some type of care or a bond, and I agree with you, Michele.

So my question for you very specifically, Michele, is there anything we can do to create an expectation that we can bring that two-month average down to a two-week average, a two-day average?

DEPUTY COMMISSIONER GUHL: Right.

ASSEMBLYMAN O'TOOLE: What will it take, and what realistic goals do we have in mind?

DEPUTY COMMISSIONER GUHL: I appreciate the question. It's a very topical and very serious problem. I am going to be absolutely nondefensive in any responses, because that's not my intent to be here.

We've been working on this issue. But shame on us for, perhaps, not addressing it soon enough. We are currently under litigation, as you may know, on this topic, which will somewhat restrict my testimony per DAG's recommendation. Nonetheless, I'm very comfortable telling you that, and I would be happy to share-- Hopefully, you've all seen parts of our very -- what I believe is a very aggressive plan to attack this problem, and it's unconscionable, frankly, to let it go on for all the reasons that all of us know.

You should know that five of the new one hundred twenty workers

will be directly outposted either to hospitals or to working solely on this issue. We're doing all kinds of recruitment, and it's a long, multifaceted strategy, which, if you would like, I will have the DYFS Director delineate.

I am committed as a manager of, well, six divisions, but DYFS is one of them, to making sure that we get a handle on this very, very quickly. This has just been approved. It's going to come into place within the next few weeks, frankly. What's very scary about when you look at this is one day you think we're in good shape -- well, not that any number is good, but maybe the number is nine, and the next day you have a blip and it's twenty-five, which we've heard, so it's a tremendously fluctuating statistic to look at. But you're right. We've been having a problem, the stay is too long. I'm looking to you if you want us to detail for you our plan. We think it's going to, very quickly, address the issue. So I defer, through the Chair, in terms of how much time you would like this response.

ASSEMBLYMAN O'TOOLE: Well, perhaps, Chairlady, if I might-- If you could, perhaps, in the future submit a detailed plan for my review--

DEPUTY COMMISSIONER GUHL: Absolutely.

ASSEMBLYMAN O'TOOLE: --and this body's review.

DEPUTY COMMISSIONER GUHL: I will be happy to provide it to the whole Committee.

ASSEMBLYMAN O'TOOLE: And, Chairwoman Heck, let me just say that I've had an opportunity to work with Deputy Commissioner Michele Guhl on a number of other issues, and I will say I am fully confident that, with

Michele at the helm, we will get some real results and perhaps some real reform with DYFS.

ASSEMBLYWOMAN HECK: I have no doubt about that, Kevin.

DEPUTY COMMISSIONER GUHL: Thank you.

ASSEMBLYMAN O'TOOLE: And I have the utmost confidence in your abilities and the abilities of your administration.

DEPUTY COMMISSIONER GUHL: Thank you, Assemblyman.

ASSEMBLYMAN O'TOOLE: The second issue I want to touch upon very briefly, Rose, if I might-- Two years ago, I had an opportunity to counsel a seven-year-old boy who was living in a foster home with his five-year-old sister, and I accepted a pro bono case as an attorney at the time to help counsel with this youth.

His biological mother was a crack-addicted prostitute who was, unfortunately, murdered during her time on the street. The biological father is a convicted felon twice, currently addicted to drugs, homeless and, as I'm told by the caseworker, no real parental skill and, according to that caseworker, basically had no real interest in the children other than a financial interest.

I met with the DYFS worker at the DYFS office, and I went to the foster home to see the environment, and I will tell you it was-- Although it was in a housing project, it was very comforting to know that the foster mother was providing an environment, I would say, of compassion and love that was certainly lacking in the family prior to the foster mother taking over. The frustration that I met with is that the foster mother was attempting to adopt these two children, and the biological father was standing in the way in the sense -- because he saw a path of financial gain by maintaining custody over

the children, and DYFS was going in, and we were trying to terminate the parental rights so to speak.

What frustrates me just a little bit, and I know you've touched upon it, and Director Barr touched upon it, is that it seems that our court system is somewhat bogged down, and I'd like to see if there's some way that this body here, Chairwoman, could work with the courts, the judicial system. I don't care if it's with the help of the Attorney General, perhaps with the Administrator of the Courts. If we could even create a special court, if need be, to help expedite the adoption hearings and also termination of any biological parents that are standing in the way of any real adoption.

I think to offer these children an opportunity to provide a home with love and an environment where they have -- whether it's an adopted parent or a biological parent, I think we must do everything and anything we can to see that that process is done as quickly and as fast as possible. It was just so frustrating to sit there for a year or two to see that this process would drag its feet in court. Perhaps, if we can move ahead on filling some of these vacancies with the judges and perhaps even to look into the possibility of setting up a special court dealing with the extermination of rights and the adoption process-- But that's my two cents.

I appreciate you coming here.

DEPUTY COMMISSIONER GUHL: Thank you so much.

Boy, I'd love to see that. We would love any support you could help. We are working interbranch whatever -- interagency.

ASSEMBLYWOMAN HECK: And just to mention that Human Services was very supportive of the Termination of Parental Rights bill, which

was signed into law. So Ceil had mentioned to me the other day that this is helpful to the judges, and maybe you'd like to touch on that when you're working with the judges.

Richard, do you want to say anything?

ASSEMBLYMAN BAGGER: No.

ASSEMBLYWOMAN HECK: Okay.

Kevin, any other questions?

ASSEMBLYMAN O'TOOLE: That's it. Thank you very much.

ASSEMBLYWOMAN HECK: Carol?

ASSEMBLYWOMAN MURPHY: No, I'm set. Thank you very much. It's quite an education today.

ASSEMBLYWOMAN HECK: It is quite an education.

We also wanted to-- It was brought to my attention when Rose Silva was up, of the CWA-- She made some serious allegations concerning the caseworkers and case management services. The quote was that "many caseworkers were under adverse, unsafe, and perilous conditions. That they operate under fragmented serviced delivery systems, and there is no follow-up to aftercare services for parents and children, and foster care services are not consistent." Can you respond to these service allegations by telling us what the Division is doing to address these problems?

DEPUTY COMMISSIONER GUHL: Well, I think I'm going to defer for the child welfare component to the Director. But I do want to address some of the more -- I don't quite know how to characterize it -- housing or the logistical issues, the adverse conditions issue.

Number one, we did, you may or may not know, close/consolidate a couple of offices this year. I don't know if that's, perhaps, part of the reference. Again, that's where we did an analysis and decided in some counties there was an overage of office versus others.

There was a reference, I know, made to taking away bottled water, which we've done department-wide but -- for where there is, in fact, a problem with the quality of water.

One of the problems, clearly, that's been brought to my attention is a vehicle problem that I think exists statewide, but particularly concerns me with our DYFS people who need to be on the road in very unsafe neighborhoods 24-hours a day, and that's something I'm trying to work--

ASSEMBLYWOMAN HECK: Have we made changes over the years in protection of the workers themselves?

DEPUTY COMMISSIONER GUHL: Well, I'm going to look around me--

ASSEMBLYWOMAN HECK: Or are we studying that issue?

DEPUTY COMMISSIONER GUHL: --because I've only been here one year.

ASSEMBLYWOMAN HECK: Are we studying the security issue as well even in the offices?

DEPUTY COMMISSIONER GUHL: Yes.

MS. BALASCO-BARR: In the offices that have identified, specifically Bergen County, we did assign-- We put in a bulletproof window between the reception area and the public area, and in some offices, we have security guards. They're there for the workers' protection. We also encourage

workers that when they're going out and they have a sense of personal safety -- a problem with their own personal safety, there is no problem with having a worker go with them. You know, it's a buddy system that we send two DYFS workers out.

ASSEMBLYWOMAN HECK: Is there any interaction between local law enforcement and the DYFS worker as protective?

MS. BALASCO-BARR: Yes. Oftentimes, especially in the evening when we get a call through OCAC, the first call, oftentimes, is to the police department to give us a sense of what is going on in that area and do they know about any criminal activity in that house and what's the neighborhood like. Many, many times police officers meet the DYFS worker at a place where we need to begin an investigation. But we always have an awareness of the safety factors around workers.

DEPUTY COMMISSIONER GUHL: But it's a very dangerous job. So if there's things we're not aware of, we need to be made aware of. There is specific instances, you know, just encourage it to bubble up.

ASSEMBLYWOMAN HECK: I think we all know, but we don't know the whole story.

DEPUTY COMMISSIONER GUHL: Yes. I'm not sure that I know the whole story to be--

ASSEMBLYWOMAN HECK: I think we're getting a taste of that today.

DEPUTY COMMISSIONER GUHL: Yes.

ASSEMBLYWOMAN HECK: And I think even though we're part of the area that we're dealing, we know a part of it but not the whole picture.

DEPUTY COMMISSIONER GUHL: Well, that's why I didn't want to leave at all. Right.

ASSEMBLYWOMAN HECK: I think that's why we believed, on this Committee, that a complete airing was necessary and testimony such as this. Now, you know, Michele, that there weren't just two people here.

DEPUTY COMMISSIONER GUHL: Yes.

ASSEMBLYWOMAN HECK: I mean, there have been a lot of people waiting a long, long time.

DEPUTY COMMISSIONER GUHL: Absolutely.

ASSEMBLYWOMAN HECK: So this is a serious problem. Again, I think the Committee recognizes that, and the Committee recognizes that we are in a crisis situation, and we want to make certain that we get all of the particulars before we move in a direction.

DEPUTY COMMISSIONER GUHL: Well, it's a crisis business, you know.

ASSEMBLYWOMAN HECK: But more so now, I think.

DEPUTY COMMISSIONER GUHL: I think you're right. It's everyone, I think, with all the statistics across the nation. It's just getting worse and worse.

There were many, many facts that, as I listened and wrote-- One thing I was looking at what I, as a Deputy Commissioner, really needed to address and what I thought were serious concerns. On top of that I sort of kept a running list of some misinformation that's out there. I hate you to walk away, but I know this is not the forum for correcting some of the misinformation that probably, perhaps, wasn't properly communicated. Again,

shame on us, and I don't want to be defensive, and I knew it was an unproductive tact to take, but as we move forward, I would be very appreciative of an opportunity to explain some of the actions that were referenced so that the Committee could put them in proper context.

ASSEMBLYWOMAN HECK: We have no problem doing that.

DEPUTY COMMISSIONER GUHL: Thanks.

ASSEMBLYWOMAN HECK: But I also think there might be some things that occurred here today that, perhaps, you weren't fully cognosce of.

DEPUTY COMMISSIONER GUHL: Absolutely. Absolutely, that's why I'm glad I stayed.

ASSEMBLYWOMAN HECK: Yes.

DEPUTY COMMISSIONER GUHL: Yes.

ASSEMBLYWOMAN HECK: I'm going to ask -- if you'd like to sit there that's fine. If you'd like to go back -- because we do have a few more people who wish to speak.

Rita Kern, Monmouth County, maybe, CART and CIACC.

Is she still here? Oh, good.

Do we have any other people who are representing CART and CIACC groups? (no response) No.

We do have a couple of people here from Bonnie Brae, and we'll take them next, and we also have Union Industrial Home. I'm going to ask if all of these people are still here, so that I kind of know what's coming up. Merle Hoagland is still here? Good. Dr. Susan Roth and DeWayne Tolbert?

UNIDENTIFIED MEMBER FROM AUDIENCE: (speaking from audience) Mr. Tolbert is not here.

ASSEMBLYWOMAN HECK: Not here.

Angela Estes is still here?

UNIDENTIFIED MEMBER FROM AUDIENCE: (speaking from audience) Not here.

ASSEMBLYWOMAN HECK: Not here.

It looks as if this is Sister Ellen Kelly. Not here.

Paul DeSantis? (no response)

Dr. Patel we know is here. He called earlier and wanted to make sure we would still be here by 2:00 or 2:30. (laughter) Yes, we are.

Please, Rita.

R I T A S. K E R N: Thank you.

My name is Rita Kern. I'm a volunteer parent representative on the Monmouth County CARTS, and for the past two years almost, I have Chaired the CIACC. I must say that I had better testify before I am in awe of the procedure. I am in awe of your comments, Assemblywoman Heck. I am very impressed, and I wanted to tell you that. I'm also very pleased to hear all the testimony that came before, and what I will discuss very briefly -- I did not prepare a written format -- will just pretty much reenforce what we have heard this day.

I came to you with a letter that the Monmouth County CIACC sent to the Children's Coordinating Counsel central region in order to express our views about how children were not being served properly because of restraints and budgets with DYFS.

As you probably all know, CART is mandated to serve children within the community as best we can. These are children with special emotional needs. DYFS is our partner in doing this. The mandate that we have this year is to bring the children back from residential, put them into community programs, community services, wrap them around with services so that they can be safe, so that the community can be safe, and the children can be better served.

Philosophically, idealistically, for many of the children, it is a wonderful idea. Realistically, however, we have found in Monmouth County, and in counties across the State, this doesn't work because resources are not available and funding is responsible for resources, for instance, foster care.

We are told very often when we sit and plan for a child and that child cannot remain in the home that there is no foster care for them. It is very difficult to keep a child in a community if they do not have a place to live. So ultimately, what happens is somehow that child gets shuffled around until he or she ends up in a residential placement.

For some children residential placement is appropriate. I don't deny that. But this could work effectively in the community if we could give service to these children. There are many things with foster care. There are not enough homes available right now. With cuts in staff of DYFS, they are unable to supervise, to train, to monitor the families that are now giving foster care. The children with special needs that we deal with are the children everyone has talked about today. We call them children with special emotional needs, but these are the children, for the most part, who have been damaged,

who have been born into lives that they did not choose. So we must be careful about servicing them properly.

What is needed is-- There is not even, in Monmouth County, someone recruits and/or trains foster parents. We need specialized foster parents to take care of these children within the community.

In addition to that, because of the restraints in DYFS's budget, there are services that they cannot provide. They then come to CART and say, "We know these children need these services, but we cannot provide them. Can you provide them?" Once again, we are very limited in our budgets at CART. We do the best we can, but we do not serve these children as well as they need to be served.

I feel very strongly-- Again, as I said, I am a volunteer. I do this on my own time. I have no vested interest. I don't hold anything to anyone. I have a strong passion for children, and just as you've said, we must take care of our children. They have no voice. They have no vote. It is up to adults to take care of them, and it is, in reality, in our best interest to take care of our children, because they are the future.

ASSEMBLYWOMAN HECK: Rita, I just would like your opinion as a volunteer, and there is a difficulty in finding foster care. It was mentioned before that, perhaps, a group home situation, a foster care situation in a home-like setting where we would-- It's something I think Carol and I were going to look into through appropriations.

Fran, any monies involved in that bonding issue that children who have emotional, mental disabilities that a group home might be a test to allow for people who don't have a home of their own or couples to put together a

small family-type situation, foster care, group home might be available through that bonding issue?

UNIDENTIFIED COMMITTEE MEMBER: Yes, it's possible.

ASSEMBLYWOMAN HECK: It's possible. I'm going to ask Fran, Carol, to look into that for us.

Go ahead, Carol.

ASSEMBLYWOMAN MURPHY: It was on that same premise, almost, that Plaid House began years ago by Kate Merkt in Morris County.

May I, through the Chair?

ASSEMBLYWOMAN HECK: Please.

ASSEMBLYWOMAN MURPHY: Ms. Kern, do you in your committee find people coming forward and saying they would like to be foster families? Are foster families difficult to find? Are people reluctant to take on other children, or are there people who would like very much to do this who speak to your organization, to your group the CIACC of CART?

MS. KERN: I think it-- At the moment, recruitment is necessary. It is difficult to find foster care. But something we also must look at is that the stipends given to foster parents is very minimal. It is just for the clothing, theoretically, and feeding of the children. These children need even more specialized foster care, and families need to be given greater stipends in order for them to hold onto our children and to give them the unconditional care that they need.

ASSEMBLYWOMAN HECK: Thank you very much.

MS. KERN: And if I just may, I want to take off my CIACC hat and just tell you that I, as a parent, am a member -- and I don't have any small

children -- of the New Jersey Parent's caucus, a newly founded parent's caucus. We do have a child and family initiative that answers/directs our opinions to much of what we talked about here today. So I would hope and ask of you that if you do convene a committee -- a blue-ribbon committee -- whatever you're going to call it, that you do invite families, parents to participate.

Thank you very much.

ASSEMBLYWOMAN HECK: Thank you very much.

The two individuals from Bonnie Brae, Dr. Susan Roth and Merle Hoagland, I think.

Thank you for being so patient, but I know you weren't bored. I saw you two.

S U S A N G. R O T H, **Ed.D.:** I am Dr. Susan Roth, the Executive Director of Bonnie Brae, a residential treatment facility for adolescent boys, which contracts with the New Jersey Division of Youth and Family Services. The children in need of residential treatment are the focus of my comments today.

The staff and Board of Trustees of Bonnie Brae take special interest in this hearing as Bonnie Brae's population in its entirety are children whose needs cannot be met by their families or communities and, therefore, rely on the resources of DYFS and the safe haven and reparative environment of a residential treatment center. I applaud the difficult task you face in seeking solutions to the problems faced by DYFS, and I appreciate this opportunity to contribute to your efforts to articulate how a stressed and changing child welfare system is meeting its clients' needs.

Thank you for getting our attention. I say our because it is our joint and several responsibility as a public-private partnership to care for the children whose needs grew out of abandonment, abuse, trauma, negligence and inadequate care. These children are being asked to do what has never been done in all the years of mammalian evolution, and that is, to parent themselves.

Assemblywoman Heck, in writing about boarder babies you have recognized the lack of suitable homes for too many children in New Jersey. You have spoken about the risk of psychological, developmental, and emotional problems that can have short- and long-term consequences. The long-term consequences for children who are not parented adequately are seen in full measure among the population of children who require residential care. And the care they require is long-term care.

Bonnie Brae was established through private contributions to provide that care, and it is still supported to a significant degree by individuals, foundations, and corporations. However, its fund raising abilities are not sufficient to compensate for any loss in DYFS revenues.

The September issue of *American Psychologist* states: And I quote: "One of the most distressing problems in contemporary American society is the impaired health and psychological state of a large number of children who live in economically disadvantaged families. The absence of widespread moral outrage among the middle class and their reluctance to demand publicly supported benevolent interventions are puzzling."

The article explains that most Americans believe that a mother who fails to nurture her child and to socialize civil habits had a choice. Most

Americans blame her failure of will and see her as morally flawed. The natural sympathy for the children of the poor is muted and the community is unwilling to spend public funds to help.

The Legislature must be politically responsive to its constituents but also wise to its beliefs. The Legislature must maintain and build on the State's resources and invest wisely in its future. While it is true that the State has limited resources and both the Legislature and DYFS make difficult decisions on how they should be spent, the children of New Jersey must also be seen as resources. Some of them are damaged. I know it costs a great deal to repair a damaged child, but it is far more costly not to do so.

Bonnie Brae serves boys who meet the criteria of clinical necessity, who have diagnosed mental illnesses and have been classified emotionally disturbed by the child study teams of their local schools. Some also are dually diagnosed; that is, mentally ill chemical abusers. Others are sexual offense victims and/or perpetrators; some are known to the criminal justice system. All are known to the child welfare system.

In the task you have undertaken today, the number and needs of these children, who require residential placement, seems small. And one would think the Legislature's passing the Bring Our Children Home Act, which established the county CARTs and CIACCs, would portend a reduction in the need for DYFS caseworkers or funding for residential care. But that is not the case. Here is an example: Bonnie Brae is 80 years old. It is located in Somerset County which, in the past, rarely has Bonnie Brae had to be a resource to Somerset County children. But the county CIACC reported at its September meeting that three out of the four parents abdicate their parental

responsibility and will not cooperate with any plan. Even in Somerset County, there is a hue and cry for residential treatment services for these children.

In the month of August alone, DYFS referred Bonnie Brae 19 cases from 11 different DYFS district offices. The boys were coming from other residential treatment centers, detention centers, children's shelters, and the State Psychiatric Hospital For Children. In only 2 cases were the boys living at home with mother. We were filled to capacity, but we discharged 3 boys and accepted 3 of the 19. What happened to the others?

Since April, five residential treatment centers closed in New Jersey. That means 81 fewer children can be served. The data on children tells us where they go. Increasingly more troubled children whose needs are not met by the child welfare system and who are left in the mainstream community get caught up in the juvenile justice system.

Finances, not child welfare, have driven the consistent reduction in dollars and caseworker time DYFS has appropriated to children who need residential treatment. Statistical data on this matter are listed in brief bullets and appended to the written copy of my testimony. The meaning of those data are found in the lives of children and families for whom residential treatment is the treatment of choice and for the communities to which they are restored. Children are too important to be left to accountants.

ASSEMBLYWOMAN HECK: True.

M E R L E F. H O A G L A N D: Assemblywoman Heck, we--

ASSEMBLYWOMAN HECK: Press your little button. (referring to microphone)

MS. HOAGLAND: We very much appreciate the opportunity to give testimony to the Committee. Thank you for the opportunity to respond to the questions at hand. I am Merle Hoagland, Program Development Director at Bonnie Brae, a residential treatment center for adolescent boys, all of whom are DYFS clients.

While there are many statistical data about DYFS staffing and the needs of children in residential treatment, time constraints dictate narrative responses to the questions you are raising at this hearing.

The failure of least restrictive environments can be exemplified by several cases. Currently, we have a resident, SG, who was interviewed and accepted by us in the beginning of the summer. SG has no parents and had been in the foster care system almost his entire life. He is now 17 years old. His only other placements had been in shelter care. DYFS chose not to place SG with us; instead they pursued a therapeutic family placement. This placement, like all the foster care placements, failed.

SG was interviewed by us for a second time and our acceptance of him remained. He was placed with us in September. SG should have been in a place in his life where he was moving toward independent living. Instead, the system steadfastly continued least restrictive placements that became a succession of failure for him. In developing a treatment plan for SG, we incorporated his need for independent living and developed a program around his needs. SG's presenting problems are mild in comparison to the majority of clients we treat. Yet, they were too difficult to be managed in a community setting, even with intensive wraparound services.

The case of LP is another example of the failure of least restrictive placements. LP and all of his siblings were raised by one foster mother. The foster mother died, and all the children needed to be placed. LP had some minor criminal involvement, and he was young, 14 years old. There were no responses from group homes or therapeutic foster homes when LP was posted for placement. LP was interviewed and accepted and placed with us. The fact that LP no longer had a family resource made him a poor candidate for less restrictive placements.

Statistically, the average number of out-of-home or least restrictive placements that our clients have been in prior to placement is eight. The majority of these placements are either foster care placements or group home placements. It is not uncommon for a client to have been placed and replaced multiple times in the same least restrictive environment.

The continuum of care may be misguided. There are a large number of clients who need residential placement early in their placement history. The problem with pursuing the least restrictive placement for these clients is that the continuum of care model is based on failure. By the time a client is placed residentially with us, he has experienced treatment failure at least eight times.

Further statistical proof of the failure of the least restrictive placements is the fact that we receive up to 10 referrals a week requesting residential placement for a client. We interview two clients a week, 48 weeks out of the year, and are able to accept only one-third of the clients we interview. The question then becomes where do the clients who are rejected by residential facilities get placed?

The core group of children who are best not served in the community are those that have been physically abused, sexually abused, emotionally abused; sexual perpetrators; drug and alcohol addicted; those whose psychiatric condition, that is suicidal, homicidal, psychotic, pose too great a risk to themselves, their family and their community; and those whose behavior is too aggressive, assaultive, oppositional, or destructive to be maintained safely in the family, school, or community.

Attempting to treat these children in a least restrictive environment poses too great a risk to all involved and often leads to a revolving-door approach -- foster home to shelter to detention to psychiatric hospital to foster home to detention, etc., etc. -- prior to treatment. That wastes time and resources.

More and more clients are coming to us from Corrections. In fact, in the last month, four cases have been referred to us directly by a judge. Detention centers are full, and the courts are becoming more involved in ordering residential treatment as opposed to pursing Corrections. This overflow in the Corrections system has an impact on us not only on admissions, but when a client engages in a serious criminal act while in placement as it is difficult to have him removed to Corrections even when he is court ordered and on probation.

Seventy-five percent of our clients are on probation and have been in detention at least once prior to being placed with us. Although these clients have engaged in criminal behavior, they are not criminals and their life circumstances of abuse, neglect, multiple caretakers, learning disabilities,

emotional problems, psychiatric problems clearly indicate the need for intensive long-term treatment services.

There will always be a large number of children and families that have severe and chronic problems. These children could be locked away in detention centers and that would provide some measure of safety in the short run, but sentences expire, probation expires, detention centers get full to capacity and the essence of the problem remains only to be replayed again and again until treatment can interrupt it. There will always be a large number of children and families whose problems are so severe and chronic that only a long-term intensive treatment program will be able to safely work through the issues.

Keeping children with their families and in their communities is a goal to strive for. Identifying, early on, children who will not be able to be treated safely in the family or in the community is a goal as well. Instead of residential care being the treatment option of last resort, based upon a succession of failures, residential care should be a treatment option of choice available to the courts, families, and placing agencies for the large number of clients who cannot be treated elsewhere.

The solution is early identification and intervention and using residential care as a viable and effective treatment modality that can be cost-effective as opposed to multiple, less restrictive placements that can not provide the changes necessary for a child to return to the community.

Thank you.

ASSEMBLYWOMAN HECK: Thank you.

I did want to ask about the five residential communities that closed. Was it done through -- because they lost their licenses, or was it financial or--

DR. ROTH: Almost entirely financial, although I-- Almost entirely financial in the smaller ones. The one that was operated by the State -- I would be delighted for you to raise that question. It was the State facility which was privatized, which was taken over by Catholic Charities. It would take somebody other than me to answer what happens, not to point fingers, but to learn from it. I would welcome your asking that question until you get a satisfactory answer.

ASSEMBLYWOMAN HECK: We're asking that question, and there is some statistics on their testimony that I'd like you to address. If not today, give it to us in written form, because I think it's important that you have the opportunity to review that. But I think it's also important that it be looked at critically and from a constructive criticism point of view.

I did go to a graduation of residential clients, and it was really very heartwarming in that some of the children who were going to college--

DR. ROTH: Yes.

ASSEMBLYWOMAN HECK: --were so pleased that they were placed in a residential group home. They had been graduates of numerous foster care facilities that were, apparently, not satisfactory to them. One young woman is going into social work so she can share what she learned. One young man said that he had always been marked as a retarded child who was incorrigible and was, very fortunately, put into a very good intensive residential care facility where he decided he was going to make a stab at it and not listen

to the labels that were placed on him, and he too was going on to college and was very proud of himself. He would share when he got out of the college to go back into the community and work for other children. So it really is impressive. It's very impressive. But I thank you very much.

MS. HOAGLAND: Thank you.

ASSEMBLYWOMAN HECK: Dr. Patel and then Ceil. She's hanging in there for the wrap-up. (laughter)

Dr. Patel, you're from St. Peter's Medical Center?

B I P I N P A T E L, M.D.: Yes, I represent St. Peter's Medical Center and the Robert Wood Johnson Medical School, Department of Pediatrics, and I truly thank you. I thank you for allowing me to be here. I didn't prepare a written testimony, because I can tell you of my experience. I hope if there are questions relating to the medical aspects of how we deal with abused children, maybe the Committee may want to ask of me.

What I see, child abuse, when it does happen-- I can tell you that for the last almost 20 years-- I started out as a pediatrician in the clinic at St. Peter's, which catered to the urban children. I was the only pediatrician in that clinic, and I would see DYFS workers bringing children in the middle of our routinely scheduled clinics and would say, "Dr. Patel, we need you to assess these children, and we want you to tell us whether these children have been abused and neglected," and so and so forth. Repeatedly, we would attempt to give it our best shot. I always felt guilty that we were not doing a good job, and I think the DYFS workers knew we're not, together, providing the best care for these traumatized children.

I know you've been at war with our work, and you've heard me talk about the centers of excellence which are where, continually-- I believe that many different levels -- to say that we need experts at all levels-- The Division of Youth and Family Services is a major task, but it's not the only agency which can address the issue of child abuse.

This became very clear as I assembled representatives from the Division of Youth and Family Services, the Prosecutor's Office, social workers from the two hospitals, some community members, and some interested physicians also. We were sitting around in this conference room, and we realized that how intertwined we each were with the other, and if one of those spokes became loose or off, the whole thing can collapse. If one of them was weak enough, I think we were going to let the abused children down. So we sought some private funding to establish a center which would start addressing this as a joint effort.

What I found was there were some wonderful individuals in DYFS who went beyond their call of duty. They were not the typically stereotyped individuals who said, well, they're State bureaucrats, they work from 9:00 to 5:00. I didn't find that. I found some really wonderful individuals who were willing to share and very able to share our vision of what we can each do slowly and gradually. We were able to establish a center.

ASSEMBLYWOMAN HECK: I'm going to ask you a question. Dr. Patel, the multidisciplinary teams now that really came out of-- I think it's--

Robert Wood was the first, wasn't it, Dr. Finkel?

DR. FINKEL: (speaking from audience) Morristown.

ASSEMBLYWOMAN HECK: But, are they throughout the country, or is it something just in New Jersey? I mean, is there history of this program being--

DR. PATEL: Unique?

ASSEMBLYWOMAN HECK: And successful. I know it's successful here in New Jersey.

DR. PATEL: No, it's not totally unique to our region, but certainly we have probably more of these programs now -- I know one is starting out, or it has already started in Hackensack, and they come to see us also.

It's not unique. Even our academy has realized this, and there's a committee on child abuse at the academy of Pediatrics which actually recommends the model that we had used.

ASSEMBLYWOMAN HECK: But is it going nationwide now? Yes?

DR. PATEL: I'm not sure that that is. But that is the recommendation. I don't know, maybe Marty has--

DR. FINKEL: (speaking from audience) I think it's becoming completely the standard in which cases are investigated. One of the things that that--

ASSEMBLYWOMAN HECK: Oh, yes. Could you come up to the mike, please, Dr. Finkel.

And, Ceil, maybe you can add to this discussion.

DR. FINKEL: (witness complies) One of the things that we can be proud of is that I think New Jersey is probably one of the first states in the

country to actually have an agreement between the Division, law enforcement, meaning offices of a prosecutor, and the Attorney General's Office, that multidisciplinary intervention strategies -- evaluation and strategies, in fact, is the standard that we want to accomplish.

We have utilized, through the Governor's Task Force, money to in fact, seed MDT's within a prosecutor's office. I don't think that any other state within the union is as far advanced in that particular approach.

ASSEMBLYWOMAN HECK: Oh, good. Very good.

DR. PATEL: Thank you, Marty. I think he was able to better articulate this.

Coming back to the DYFS workers--

ASSEMBLYWOMAN HECK: Yes.

DR. PATEL: I can even give you an example of being at the bedside of a newborn whose mother had been abusing drugs during pregnancy. I happen to be standing in the nursing station one evening, and the mother was actually next to the crib, and the DYFS worker had come in to talk to me. At that point one of the nurses came out from the nursery and said, "Dr. Patel, you've got to see this, because I feel that the mother is actually doing drugs right here in the nursery." And I said, "I can't believe that." In fact, she was, and this young DYFS worker stood up to her and gave her a lecture and actually was going to escort this mother back home. I'm standing there, that I would be scared to go out with this mother and here's a young graduate who was brave enough. These are repeated examples of individuals who dedicate or actually sometimes putting their lives on the line in trying to help. I can't say that there's always this kind of response. But, in general, we have been

very fortunate to have dedicated folks. At least in our region, we have had very good experience with DYFS workers.

It's saddening to see, as I said, over these years, the numbers of children who have been abused who have died of severe physical abuse and also to say that children who are neglected often die. In fact, more children die of child neglect than severe abuse.

All these issues have escalated. My knowledge only is because I listen to reports coming out of such committee and newspapers, and it does sadden me to see that resources are not being allocated where they would really work for these children. We can only do our part, and we're trying hard to do whatever we can to support the Division of Youth and Family Services. And I come back to that concept where we do and we are intertwined with each other, and it's going to be a collective effort.

ASSEMBLYWOMAN HECK: And I think we have established here today that communication among all the disciplines is absolutely essential and that decision making on any level cannot be done in a vacuum. If anything, we've learned that today by the amount of testimony and by the amount of expertise we have here, not just in this one room today, but throughout this State.

And I remember Ceil, having first met Ceil five years ago when I was Chair of the Senior Citizen's and Social Services -- that doesn't exist now -- and she came running down the hall because she was at another Committee meeting, and I was talking about DYFS, believe it or not, isn't that strange. Well, she came in, and we were talking about studying child care and child abuse, and she said to me, "Don't waste your time reinventing the wheel. The

studies have been made in that area. Now is the time to move in a positive direction." We're still trying to do that, Ceil. I think we've reached what was called a crisis period now with the escalating numbers and the viciousness of the children who are abused. Again, the HIV and AIDS factor being a huge part of why we're so frightened for these children.

One physician, Dr. Finkel, told me that not only is he afraid for the children, the babies who are being born this way, but with the modern techniques that these will be the numbers in the adult society who will carry that disease forward, and that we have to be very, very careful and apprehensive about how we're working with these very young people, very young babies, very young children because what problems will arise when they attain adulthood, and many will because of the strides that we're making. They are impaired from leading "normal lives." I just wanted to throw that in.

I'm going to ask Ceil to give us--

DR. PATEL: Can I just make a--

ASSEMBLYWOMAN HECK: Go ahead, Doctor.

DR. PATEL: Can I just make a comment about that, because it brought back -- I had a visiting professor this morning who was talking about bonding in newborns, and Dr. Klaus is an eminent international physician. What he was telling us this morning was that there's been evidence of reduction in child neglect, abandonment, and abuse if we support these mothers at the time of birth. And the introduction of a concept of support person, or doula, during delivery has actually shown that over time and into adulthood these children also fear not only the mothers--

From our side, from the physicians, we're looking for prevention--

ASSEMBLYWOMAN HECK: Of course.

DR. PATEL: --which seems to be dodging us all the time. We feel that these are the types of interventions that we hope that we can create, that there's primary prevention, because people say that there is no primary prevention. It is with folks like Dr. Klaus who's shown this human behavior right at the time of birth and the research data is quite powerful now that, yes, there may be something here, and it's worth a shot. It's not something, some technology-- In fact, the technology is what took us away from actually having the mother and the baby together and in contact talking with each other. We're trying to bring this back. We'll try our best, but it's a habit, and then we'll--

He told us about that it's the new concept is putting the baby through a car wash is what we do. We have a baby, we clean him, and we take the baby away from the mother. We had to learn to bring the baby and keep the baby back with the mother and allow the baby to be with the mother.

These studies have been done where impoverished mothers, drug abusing mothers, if they are supported, they can be better folks, and they can be better bonded with their children, too, and then there would be lesser abandonment and abuse. So I just wanted to tell you, because you did mention about the long-term outcomes.

ASSEMBLYWOMAN HECK: And I appreciate that.

DR. PATEL: These are things we would be working on ourselves, too.

Thank you.

ASSEMBLYWOMAN HECK: Thank you.

Ceil, if you'd like to--

MS. ZALKIND: I'm going to be very brief. Actually I never get the chance to have the last word, especially in my own family. (laughter)

I think today was a remarkable day. I think to have so many people from so many different perspectives come together on an issue that is so important is really a tribute to your energy and your focus and dedication to bringing this together.

In thinking back on people who testified, it's very interesting to me that you heard from people across the spectrum of child protection, many of whom have their own programs, their own services, and probably could have sat here today and told you what they needed. But if you reflect back on what people said, I don't remember one person saying, "I need more of this. This is what I need." I think to put that aside to talk about who's the first contact with the child -- and it's the DYFS worker -- I think that that is remarkable.

The second thing, in the midst of all the horrible stories, and they were very difficult to hear about what happens to children, I think you saw a group of people who were not discouraged, who said we can do something about this if we work together, if there are some resources there to help. I think that that's very positive despite some of the negative discussion. I think that's very positive, and I hope that that's a message to the Division and the Department.

Our sense is that there has not been a public process, that decisions are being made. Our sense of what's happened in the child protection system is there's been no direct, overt change in the State law that says, "Don't investigate these cases any longer." It's happening in a very

insidious, informal way, and suddenly we discover ourselves a year later with a whole group of children who are suddenly not being cared for by the State. I think that is indefensible and, if nothing else, I think creating and maintaining that public forum would be an essential role for this Committee.

I have to say, I was very dismayed by Assistant Commissioner Guhl's remark that there was misinformation shared at this Committee that would need to be put straight. If that is true, and it may very well be true, why cannot that be done in public? Why does that have to be followed through with you privately? I think the public forum is very important.

ASSEMBLYWOMAN HECK: I really do believe that it would be incumbent upon all of us to pull something together, Michele.

DEPUTY COMMISSIONER GUHL: Sure.

ASSEMBLYWOMAN HECK: And make sure that we put that blue-- You know, we've done some good things cooperatively, and I think that we can do a little bit more of that to allow for input.

I thank you, Ceil, for--

MS. ZALKIND: Thank you.

One last thing?

ASSEMBLYWOMAN HECK: Yes, please.

MS. ZALKIND: I heard, Tuesday, that the first case was decided in Somerset County on the new standard in the termination law that you sponsored and pushed through to passage last January. I understand that despite the fact that we thought this would be a monumental event, it happened very simply. It was just the right case at the right time, and the law is in place to free a child for adoption within six months of placement--

ASSEMBLYWOMAN HECK: Thank God.

MS. ZALKIND: --which I don't think has happened before.

ASSEMBLYWOMAN HECK: And I think that's what we have to look at, too, Richard, is the State statutes and where we can be of assistance--

ASSEMBLYMAN BAGGER: Yes.

ASSEMBLYWOMAN HECK: --because we don't like creating laws just to create laws. But we would like to be supportive in the movement of children, the placement of children. Again, freedom for a safe and happy, secure lifetime for them. I think that should be our major concern, the child's welfare and children's rights, and we have to move in that direction.

MS. ZALKIND: Thank you. Thank you.

ASSEMBLYWOMAN HECK: And I thank all of you for being part of this very important meeting, and we will get together again, I'm sure. I think we're going to have some good ideas coming out of this.

MS. ZALKIND: Thank you.

ASSEMBLYWOMAN HECK: Thank you very much.

(MEETING CONCLUDED)