P U B L I C H E A R I N G

before

SENATE INSTITUTIONS, HEALTH AND WELFARE COMMITTEE

on

SENATE BILL NO. 1134
(Establishing a Department of
Human Services as a principal
department in the Executive Branch
of State Government.)

Held:
December 7, 1972
Assembly Chamber
State House
Trenton, New Jersey

MEMBER OF COMMITTEE PRESENT:

Senator Garrett W. Hagedorn (Chairman)

* * * * *

I N D E X

INDEX (Continued)

ADVANCE COPY

SENATE, No. 1134

STATE OF NEW JERSEY

INTRODUCED NOVEMBER 13, 1972

By Senators HAGEDORN, WALLWORK, HIRKALA and MARAZITI

Referred to Committee on State Government and Federal and Interstate Relations

AN ACT establishing and concerning a Department of Human Services as a principal department in the Executive Branch of the State Government, and making an appropriation.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. This act shall be known and may be cited as the "Department of Human Services Act of 1972."

2. There is hereby established in the Executive Branch of the State Government a principal department which shall be known as the Department of Human Services.

As used in this act, unless the context clearly indicates otherwise, "department" means the Department of Human Services.

3. The head and chief executive officer of the department shall be the Commissioner of Human Services, who shall be appointed by the Governor, with the advice and consent of the Senate, and shall serve at the pleasure of the Governor during the Governor's term of office and until the appointment and qualification of the commissioner's successor.

He shall devote his entire time and attention to the duties of his office and shall receive such salary as may be provided by law.

4. The commissioner, with the approval of the Governor, shall appoint a deputy commissioner to serve at the pleasure of the commissioner and who shall be authorized to exercise the powers and duties of the commissioner in his absence or disability and shall perform such other duties as the commissioner shall prescribe.

5. The commissioner shall have the authority to establish, organize, and maintain in his offices an administrative division to perform all necessary personnel, budget and finance, facilities and

equipment services for the department and to assign such personnel thereto as may be required.

The commissioner shall appoint assistant commissioners, including an assistant Commissioner for Mental Health, an assistant Commissioner for Mental Retardation, and an assistant Commissioner for Individual and Family Services.

6. The commissioner, as administrator and chief executive officer of the department, shall:

a. Administer the work of the department;

b. Appoint and remove officers and other personnel employed within the department, subject to the provisions of Title 11 of the Revised Statutes, Civil Service, and other applicable statutes, except as herein otherwise specifically provided;

c. Perform, exercise and discharge the functions, powers and duties of the department through such divisions as may be established by this act or otherwise by law;

d. Organize the work of the department in such divisions, not inconsistent with the provisions of this act, and in such bureaus and other organizational units as he may determine to be necessary for efficient and effective operation, but the organization shall include separate divisions for mental health, mental retardation, and individual and family services;

e. Adopt, issue and promulgate, in the name of the department, such rules and regulations as may be authorized by law;

f. Formulate and adopt rules and regulations for the efficient conduct of the work and general administration of the department, its officers and employees;

g. Institute or cause to be instituted such legal proceedings or processes as may be necessary to enforce properly and give effect to any of his powers or duties;

h. Make a report in each year to the Governor and to the Legislature of the department's operations for the preceding calendar year, and render such other reports as the Governor shall from time to time request or as may be required by law;

i. Coordinate the activities of the department, and the several divisions and other agencies therein, in a manner designed to eliminate overlapping and duplicating functions;

j. Integrate within the department, as far as practicable, all staff services of the department and of the several divisions and agencies therein;

k. Appoint such advisory committees as may be desirable to advise and assist the department or a division in carrying out its functions and duties;

l. Maintain suitable headquarters for the department and such other facilities, institutions and headquarters as he may deem necessary to the proper functioning of the department;

m. Perform such other functions as may be prescribed in this act or by any other law.

7. The commissioner shall establish a seal of office of the commissioner and file same with the Secretary of State.

Every certificate, assignment, conveyance or other official paper executed by the commissioner under authority of law and sealed with the seal, shall be received as evidence and may be recorded in proper recording offices in the same manner and with the same effect as a deed duly acknowledged or proved before an officer authorized by law to take proof or acknowledgment of deeds. All copies of papers in the office of the commissioner, certified by him and authenticated by the seal, shall be accepted as evidence equally and in like manner as the original. An impression of the seal directly on paper shall be as valid as if made on wax or wafer.

8. All of the functions, powers and duties of the existing Department of Institutions and Agencies, the commissioner thereof, the State Board of Institutional Trustees, the Division of Mental Health and Hospitals except as hereinafter provided, and the Division of Mental Retardation of such department relative to the laws of this State relating to mental health services and resources are hereby transferred to the Department of Human Services established hereunder in separate divisions thereof.

All of the functions, powers and duties of the Division of Public Welfare in the Department of Institutions and Agencies are hereby transferred to the Department of Human Services to be located in a separate division thereof called the Division of Individual and Family Services.

9. The Division of Narcotic and Drug Abuse Control in the Department of Health, together with all of its functions, powers and duties, is continued but such division is transferred and constituted the Division of Drug Abuse in the Department of Mental Health established hereunder.

10. The transfers directed by this act shall be effected pursuant to the "State Agency Transfer Act," P. L. 1971, c. 375 (C. 52:14D–1 et seq.).

11. Unless specifically otherwise provided in this act or by any operative law, whenever, pursuant to existing law, reports, certifications, applications or requests are required or permitted to be made to the department, division, bureau, board, commission or

. . .

other agency, whose powers and duties are herein assigned or transferred, such reports and certifications shall hereafter be required to be filed with, and such applications or requests shall hereafter be made to, the department or agency to which such assignment or transfer has been made hereunder.

12. With respect to the functions, powers and duties hereby transferred to the Department of Human Services, whenever in any law, rule, regulation, judicial or administrative proceeding or otherwise, reference is made to the Department of Institutions and Agencies or to the commissioner thereof or to the State Board of Institutional Trustees or the Board of Trustees of any State institution transferred hereunder, or the Department of Health or the commissioner thereof, the same shall mean and refer to the Department of Human Services and the Commissioner of Human Services, respectively.

13. The salary of the commissioner which by provision of this act is fixed by law, for the fiscal year ending June 30, 1973, or such portion thereof remaining following the appointment and qualification of the appointee shall be based pro rata on an annual rate of $40,000.00.

14. There is hereby appropriated to the Department of Human Services the sum of $100,000.00 for the purposes of this act.

15. All acts or parts inconsistent with any of the provisions of this act are, to the extent of such inconsistency, superseded and repealed.

16. The provisions of this act shall become operative at the beginning of the biweekly pay period next following enactment. Anticipatory action to effect the establishment of the department may be taken in advance thereof including the making of authorized appointments, and confirmation or approval thereof, and, within the limits of appropriations to the department, the expenditure of funds for payment of salaries and expenses incident thereto.

17. This act shall take effect immediately.

SENATOR GARRETT W. HAGEDORN (Chairman): Good morning. I would like to begin this public hearing on bill S-1134.

The public hearing today will address itself to this bill which provides for the establishment of the Department of Human Services with separate divisions for mental health, mental retardation, individual and family services, with each division directed by an Assistant Commissioner.

It is conceivable that the proposed legislation to restructure the huge Institutions and Agencies Department is not the final answer to this perplexing problem. It is, however, an attempt to take the mental health care in New Jersey out of the dark ages and bring it into the 20th century.

After a year and one-half of hearings and study throughout the State and at a cost to the State of $58,000, the American Psyciatric Association delivered their report in February 1971 issuing a stinging indictment of the present system. This report recommended that a separate department of mental health be created, stating this step was essential to develop strength, visibility and identity needed to revisalize and sustain a successful effort to attain an adequate mental health program.

The Legislature in past years, and even today, is investigating the scandals, the suicides and the conditions prevailing at our State institutions. Superintendents have resigned, quietly leaving the State. Administrators have been admonished. The Director of the Division of Mental Health was removed. Attendants have been dismissed. But, really, the underlying causes have never been attacked. We have been unable to attract a qualified director for the mental health division in over three years. This can be attributed to the inadequate salary but also to the bureaucracy, the maze of red tape, the lack of authority,

which is essential to move New Jersey forward in mental health care.

In New Jersey we still depend on huge isolated hospitals that are out of sight and out of mind where patients, over the years of confinement, vegetate without hope or help. The community oriented approach has enabled modern institutions in Canada and other states in our nation to cut the patients' stay to a few weeks of treatment and restoring these people to productive members of society.

The mental health legislation in the early 60's envisions community-based centers but this program has scarcely been implemented after ten years. Of the fifty mental health centers projected for New Jersey only ten are open at the present time. We have been painfully and disgracefully slow in implementing this program.

It is reported that other states with a program of intensive individual and group therapy in community oriented settings are getting dramatic results at substantial savings to taxpayers but more importantly, however, they are restoring health to people instead of aggrevating their mental conditions.

The State of Tennessee, not the most affluent state in our nation, already has 16 community health centers while New Jersey, ranking 7th in the nation in income and with a population twice that of Tennessee has only 10.

Hopefully the creation of the Department of Human Services, divorced from the monsterous I&N Department, with its numerous complex problems, will be the dynamo to bring about the quality of mental health care that the unfortunate victims in our State so rightfully deserve.

Furthermore, the creation of this Department could help to attract millions of dollars in Federal funds and foundation grants that presently are passing

by this State.

By means of this public hearing today we are seeking suggestions to improve and make more effective the mental health care program in our State.

The first gentleman we are honored to have with us today to testify will be the Commissioner, Robert L. Clifford, who is the Commissioner of the Institutions and Agencies Department and we are all very mindful of the many perplexing problems that he has faced and brought about some very excellent results, particularly I am thinking of the case of our penal system. We are fortunate indeed to have in the State a gentleman of the caliber and ability of Commissioner Clifford and at this time I would ask him to give us his thoughts on the problem.

COMMISSIONER ROBERT L. CLIFFORD: Thank you, Senator Hagedorn. I welcome the opportunity to comment on the proposed legislation which would undertake to establish a new Department of Human Services.

It is my understanding that this morning's hearing is directed only to that legislation and not to other efforts to fragment the existing Department of Institutions and Agencies, such as those manifest by the introduction of Senate bill 817 which would establish a separate Department of Mental Health. My intention, therefore, is to confine my remarks to S-1134, but in the event there should be hearings at a later date on S-817 or on similar legislation, I respectfully solicit your invitation to be heard on those measures.

Let me say parenthetically that I mean no discourtesy in not handing to you, sir, a copy of these prepared remarks. They are on their way over for your benefit and for the reporter and for anybody else who wishes them.

I must confess, firstly, that it is not clear to me whether the new Department of Human Services,

as proposed, is designed to replace or to be an addition to the existing Department of Institutions and Agencies. The language in various sections of the bill, and I refer particularly to sections eight and twelve, suggests replacement of the present department. However, the absence of any language as to the disposition to be made of the Divisions of Correction and Parole, Medical Assistance and Health Services, Youth and Family Services, Business Management, and Community and Professional Services seems to leave room for the interpretation that the new Department of Human Services would be in addition to the present Department of Institutions and Agencies.

Let me refer once again, specifically, to section eight. It incorporates, as part of the new Department, "The Division of Mental Health and Hospitals except as hereinafter provided." There is, however, no such proviso or apposite language elsewhere in the bill.

The next section, section nine, directs that the Division of Narcotic and Drug Abuse Control, which is presently in the Department of Health, shall become the Division of Drug Abuse "in the Department of Mental Health established hereunder." Nowhere else in this bill is a Department of Mental Health established or referred to.

Section twelve directs that whenever in any other law, rule, regulation, judicial or administrative proceeding there is reference to "the Department of Health or Commissioner of Health," it shall mean the new "Department of Human Services and the Commissioner of Human Services, respectively." I must therefore inquire whether it is intended that the new Department shall absorb both the existing Department of Institutions and Agencies and the existing Department of Health.

I started with what may appear to be some rather specific and perhaps, in some instances, technical objections to the legislation. To the extent that they

may reflect some uncertainty on the part of the sponsors as to the objectives and results to be achieved, they are significant and, to me, disturbing. If they are simply printing or drafting errors, they can, of course, be corrected.

I have somewhat deeper objections, though, which spring from this effort at fragmentation, based upon my impression that breaking up the Department of Institutions and Agencies - at least in any way that has thus far been presented - would result in duplication of effort by service personnel in the residual respective programs. The "umbrella" theory implicit in the present departmental structure gives recognition to the family oriented system of service wherein different members of the same family may require mental health services, various kinds of "welfare" and parole supervision. Any fragmentation of this Department would result in fragmentation of services to the afflicted family, with decreased efficiency and, I must say in this time of budgetary concern, increased cost.

Reference to a recent address, delivered on April seventeenth, 1972 by Elliot Richardson, Secretary of the Department of Health, Education and Welfare, before the annual meeting of the Association of Western Hospitals in Los Angeles, might be in order here. Secretary Richardson pointed out that current pressure to develop a separate Federal Health Department was a disservice to those in need of the full spectrum of care and he deplored such a move because he felt that "the concern for good health cannot be segregated into a neat, isolated compartment. "Each of the people we serve," he said, "is a human being with complex overlapping needs. He must be dealt with as a whole person. You cannot parcel out his problem to fit a rigid organizational structure."

I suggest to you, sir, that this national philosophy with which the proposed legislation appears to be at

variance might well apply to New Jersey's situation. We know that the problems of the mentally ill far too often spill over rigid psychiatric classifications and may involve situations of poverty and a need for public assistance, delinquency and crime, children's needs, the problems of the ill and aging, the need for rehabilitation of those with multiple handicaps as well as a host of other problems. Secretary Richardson observed that "we must help our citizens as they really are, as whole people, and not simply as they fit into pre-established bureaucratic cubbyholes." From the standpoint of patient care and purposeful programs I am concerned with the philosophy of separatism implicit in this bill.

I might observe parenthetically that Secretary Richardson's approach is not dissimilar to that voiced in the report of the Governor's Management Commission, which urges that the State should alter its approach to "social programs by considering the family as the basic unit," which seems to me to argue for retention of an omnibus department.

Permit me to close with the assurance, and I say this with absolute sincerity, that I do not approach efforts to split up the present Department of Institutions and Agencies with a defensive, parochial, or closed-minded attitude. I think I have said it differently, if somewhat more colloquially on other occasions. I hope I do not suffer from the sometimes expressed bureaucratic syndrome manifest in empire building. I have no personal interest in maintaining simply for the sake of grandeur, if there be any in it, a Department with 18,400 employees, a Department with an operating budget this fiscal year of approximately 214 millions of dollars and a Department with institutions which, on any given day, have a population of approximately 20,000.

I have said before publicly that I do not take the position that what we have is the best of all possible

worlds. I do have some ideas of my own with respect to possible internal reorganization and I recognize that we have a long way to go before we can have any overwhelming sense of self-satisfaction about the fulfillment of at least some aspects of our mission. It does seem to me, however, that no one has yet been able to demonstrate that ,in the presence of other forms of bureaucratic structure, the problems which exist in some of New Jersey's "trouble" areas do not exist elsewhere. In fact, I am of the view that it is up to the advocates of the change to demonstrate that that change will result in improvement in, for example, patient care within the mental health program, in treatment results, and the like. That type of improvement is not apparent to me in the present legislation.

Finally, I would ask that no one interpret this statement as being an expression of opinion on the part of anyone other than the Commissioner. I do not undertake here to express an "administration" point of view, which may or very well may not coincide with my own opinion. Thank you, sir.

SENATOR HAGEDORN: Thank you, Commissioner. We certainly appreciate your words of wisdom and we are very much mindful of your deep concern with the whole problem in our Institutions and Agencies Department.

I have my reservations, or questions, also about item #8, for example, in the bill. I don't think it is clear and the very purpose of this public hearing is to get the expression of people that are involved in this program so that we do, hopefully, come up with legislation that will ultimately provide what I feel is better mental health care, which I think is vitally needed in this State.

We appreciate your efforts and your contributions. Thank you, sir.

The next gentleman to testify will be a member of the State Board of Institutional Trustees, Mr.

John J. Magovern, Jr.

J O H N J. M A G O V E R N, JR.: Mr. Chairman, let me first apologize for not having a sufficient number of copies to distribute or even a copy for the Chairman. Because of certain recent revisions it has been impossible for me to duplicate it, but it will be available.

SENATOR HAGEDORN: I might say it won't be necessary. If we have one copy that will be sufficient. There is no offense insofar as I am concerned.

MR. MAGOVERN: Thank you, Senator. My name is John J. Magovern, Jr. and I appear here as the Chairman of the State Board of Institutional Trustees of the Department of Institutions and Agencies and as their spokesman.

It is my understanding that this hearing was called to consider the establishment of a Department of Human Services which would undertake the administration and operation of all the divisions of the present Department of Institutions and Agencies, except the Division of Correction and Parole. Perhaps I should explain that I preface this statement with the words "my understanding" for I have no official details of the specifics or objectives of the hearing nor does Senate Bill 1134 really help since it appears to transfer only a part of the Division of Mental Helath and Hospitals, the Division of Mental Retardation and the Division of Public Welfare and the responsibilities and powers that go with those Divisions. It makes no mention of the other Divisions of the Department which are related to human services or at least supportive of these particular Divisions.

It might also be noted that several other bills have been introduced which remove one or more Divisions from the Department of Institutions and Agencies. It would appear, therefore, to be appropriate to consider the broad question of separatism of the Department and its effect upon those for whose benefit the Department is

operated as well as its effect upon all the citizens of the State rather than to explore the clear and unmistakeable defects in this particular bill. As you pointed out, this is really a first effort and is intended to bring out the thinking of all concerned. Hence, my comments relate to the broad, but very important aspects, of the distribution of the functions of the Department of Institutions and Agencies into several separate and independent departments.

One may view this approach to the problems inherent in any department dealing with human illness, social distress, criminal incarceration and the myriad of other ills that man is heir to as reflecting a legitimate concern on the part of the legislature over the future well-being of the charges which it has entrusted to the present Department of Institutions and Agencies.

Unfortunately, the solution does not, in our opinion, lie in the separation of existing powers and responsibilities into separate and independent departments. The issues are far too complex and the problems not so easily solved as the legislation would seem to imply.

Since its formation more than fifty years ago the Department has had ample opportunity to develop effective mechanisms of intra-departmental co-operation which have resulted in substantial savings to the State, and at the same time have provided better service for the people who are

its responsibility. Despite the cold accuracy of its name, the Department of Institutions and Agencies is a people-centered department to a degree not experienced in any other department of State service. Moreover, this people-centered orientation has consistently been directed to help those in need, whether the mentally ill, the retarded, the poverty ridden, or even the delinquent in need of guidance and help as well as correction or incarceration.

A unified department has made it possible for the State to experience significant savings with its centralized control of such matters as food service, housekeeping services, accounting and auditing, fire prevention, legal affairs, statistical records, etc. A separate department would find it necessary to develop all of these services from scratch, including any facilities needed to house these services. This is highly expensive and time-consuming matter which would certainly tend to subordinate any programs for improved therapeutic care.

It has been argued that separate departments would increase the visibility of our several divisions and make them a stronger bargaining agent for their needs. This is a questionable philosophy in the Board's mind. To achieve meaningful results in broad areas of mental health, retardation, welfare, the visually impaired, and correction under such limiting conditions would require a proliferation of inter-agency co-ordinating groups and special staff increases that would make resolution of problems and conflicts more difficult rather than more efficient.

We submit that New Jersey is definitely in the mainstream of modern and enlightened care in all our divisions as borne out by the records. There has been a significant decline for many years in the number of patients in State psychiatric hospitals which has made possible more intensive and productive treatment of mental illness and an earlier return to the community where follow-up care through community agencies is the rule. A study of our welfare programs and even the results in our tremendously overcrowded penal institutions likewise bears this out.

One of the charges frequently made has been that New Jersey is not oriented to modern concepts of community psychiatry, or delivery of services at the local level. This just isn't so. New Jersey, within the framework of the Department of Institutions and Agencies, was one of the pioneering states in the union in the development of community mental health services. Community services were being provided as far back as the 1940's in regional mental health clinics. Given the necessary prisons, funding and staffing, our correctional institutions will be able to enlarge the programs which though presently limited for lack of funds have shown success, although necessarily in small measure.

The framework of community care for the mentally disturbed, the retarded, the rehabilitated prisoner, is not only in existence but is actively operating and at a generally satisfactory level within the Department's present structure and funding abilities.

As in any system, however, there are indeed longstanding inadequacies which have not yet been fully met, but they are recognized and hopefully will be in the process of being remedied. There are also the inevitable periodic breakdowns inherent in any

system of human services. But this does not vitiate the Department's contention that New Jersey has been providing satisfactory care for its less fortunate citizens and is actively engaged in a dedicated and continuing struggle for improvement so as to meet the highest standard possible.

As Secretary Richardson of the Department of Health, Education and Welfare, has so rightly pointed out, "people need a broad range of services. Even more, they need these services at the right time, in the right mix and at the right place. And if they don't get them in that fashion the whole effort can be --- and often is --- a total waste."

It is the State Board's stong feeling, therefore, that with the record of achievements of the Department and in the absence of a more realistic approach to the problems at hand that the future will have far greater prospects for continuing improvement within the Department of Institutions and Agencies than under faultily conceived separate departments whose entire energies for some time to come will perforce have to be devoted to strenghthening a new and shaky administrative structure before it can even begin to plan programs, let alone carry them out.

And now I would be remiss should this statement fail to at least sound a warning of the additional costs to the State which are bound to accrue if the present Department should be divided into two or more separate operating and independent departments. I believe that former Commissioner McCorkle presented to another Senate Committee some estimates of these added financial burdens when he appeared before it on a bill to create a separate department of mental Health and Hospitals. I

do not have the amounts at hand but do know they ran into the millions. In any event, the appropriation of $100,000 mentioned in Senate 1134 is absurdly low when viewed in this light. I respectfully urge this Committee to examine into this phase of the proposal having in mind that separatism will markedly reduce many of the cost sharing features of a single department and thus markedly increase costs.

A comment sometimes heard is that the Department of Institutions and Agencies is too large and unwieldy for efficient and effective operations. At the present time it has eight divisions and is staffed by approximately 17,700 employees. From a business standpoint this would not be classified as an unusually large operation nor is its diversification nearly as great as many of our business entities which employ far greater numbers and have diversification of product and activities far more extraneous to one another than is to be found in Institutions and Agencies. And these enterprises operate successfully under a single head. Please bear in mind that I am not referring to the so-called conglomerates which may be even more complex but to the well recognized and well run single corporate undertakings. Let me cite four which will be immediately recognized:

	DuPont	General Electric	General Motors	Bethlehem
Employees	106,593	363,000	420,019	115,000
Plants	112	293	148	65
Divisions	12 (+33 subs.)	6 (+9subs.)	29 (+53 foreign subs.)	19 (+48 subs.)

These are complex operations and yet they operate effectively, I believe, and efficiently.

There is, of course, much more which could be said on this very broad subject but this summarizes the chief thrust of the views of the State Board of Institutional Trustees. On their behalf, Mr. Chairman, and for myself as well, I would like the record to show our appreciation of the opportunity to appear before you. Thank you very much.

SENATOR HAGEDORN: Thank you, Mr. Magovern. We, as members of the Legislature and for the State, express our appreciation to you for your great interest and contributions you make as a member and Chairman of the State Board of Institutional Trustees. I am sure that your testimony will be certainly considered in the development of the legislation.

MR. MAGOVERN: Thank you very much, sir.

SENATOR HAGEDORN: Mr. Philip K. Lazara, Director of the Essex County Welfare Board, Newark. Is he present?

(not present)

If not, the next gentleman to testify will be Mr. John Scagnelli, the Executive Director of the New Jersey Association of Retarded Children.

UNIDENTIFIED GENTLEMAN: Excuse me, Senator, I'd like to have Mrs. Koechlin make our remarks. She is a member of our Association.

SENATOR HAGEDORN: She will be welcome to do that.

M R S. P A T R I C I A K O E C H L I N: Mr. Chairman, it is a great honor to appear before your Committee in behalf of more than 250,000 mentally retarded people and their families in New Jersey who have an interest in the legislation that is being considered today.

My name is Mrs. Patricia Koechlin and I appear before you representing the New Jersey Association for Retarded Children. Our Association is the spokesman for

the retarded in New Jersey. Ours is a voluntary Association, composed of parents, relatives and concerned citizens. We have a keen interest in Senate bill 1134 which purports to establish a Department of Human Services in the effort to reduce the present Department of Institutions and Agencies to a more manageable size and concomitantly move toward a more effective service delivery system.

It has been a traditional policy within the New Jersey Association for Retarded Children to view the handicap of retardation as primarily an extra-medical disability.

To help the retarded develop the potential they possess, by and large, goes beyond the reach of medical and psychiatric treatments. We voiced an identical position several years ago, when the American Psychiatric Association studied the State Department of Institutions and Agencies and concluded that it would not be beneficial to enclose mental retardation in a medical or, for that matter, mental health model.

Retarded people get sick, of course, physically and mentally. Most of their temporary or life-time treatment, however, rests with education, rehabilitative training, social services, community programs, recreational activities and, in some circumstances, continued institutional care.

Therefore, we clearly recognize and endorse the intent of this Bill to continue and reinforce the separation of mental

retardation and mental health. Nevertheless, we inject some questions that the Bill, as printed, does not appear to answer. There are three Divisions in the current Department of Institutions and Agencies that are not mentioned in the proposed legislation --

Division of Youth and Family Service

Division of Corrections

Division of Medical Assistance and Health Services

Those ommissions, intentional or otherwise, at least let us wonder whether they will be included in the new Department or whether they will not. Because the Bill does not make those specifications we are left in doubt, as will others.

Our understanding was that State Government accepted the premise that the Department of Institutions and Agencies was impossibly large and administratively unmanageable by a single Commissioner and that it was the State's desire to streamline the responsibilities of the Department, to offer greater accountability and more efficient administration.

With two of the three Divisions not mentioned in the proposed law, Youth and Family Services and Medical and Health Services, we cannot see if that will be achieved. If those Divisions are purposely not in the Bill, under what government agency, then, would they be placed?

Beyond the mechanics of this legislation, our Association feels now, as it has for a long time, that a continuum of service for the retarded must be offered in government, as well

as in community service. This concept was defined in the report of the President's Panel on Mental Retardation. It describes "the selection and use in proper sequence and relationship of the medical, educational and social services" required to minimize the mentally retarded disability at every point in his life span. The retarded person requires all the services afforded the normal person, though he may need them to a greater or different degree and in different life periods. In addition, he may need specialized procedures and programs especially tailored for him. These should be provided by agencies as part of their regular services. We view this bill as a beginning in this direction and trust that such a comprehensive system be devised.

To help achieve this, we would propose a sort of cabinet of Divisional Heads, so that inter-communication is promoted on a regular basis and is specifically enabled, encouraged and perhaps mandated to collaborate more directly in the deliverance of service for the handicapped. As part of the Cabinet's on-going responsibility a method of review be instituted to monitor the progress of administering agencies and appropriate courses of action taken to insure performance. These representatives having supplementing and complementing functions should come together at regular intervals to discuss the desirability of building, strengthening and/or restructuring relationships in order to achieve a more effective and efficient blend of services.

A well conceived and working cabinet could then foster upward and downward communication through mechanisms of govern-

mental organization to bring about needed change - geared to more productive efforts in meeting the needs and requirements of the handicapped.

We thank you for this opportunity to appear before your Committee and hope that your efforts will be realized.

SENATOR HAGEDORN: Thank you very much and for your great interest in the mentally retarded.

I understand that Mr. Philip Lazaro, the Director of the Essex County Welfare Board, is present and we ask him to testify at this time.

P H I L I P K. L A Z A R O: As Director of the Essex County Welfare Board, an agency responsible for the administration of some 30% of the State's public assistance cases, I have a vital interest in any proposed administrative reform of the State Department of Institutions and Agencies.

That changes are necessary, and even urgent, in the administration of such a vast and unwieldy array of functions as now covered by the Department of Institutions and Agencies, is beyond question. However, I have serious reservations that S-1134, or any other bill drafted without benefit of a thorough-going study, can achieve the rational and efficient agency structure so sorely needed in New Jersey.

It is my firm belief, based on a lifetime of service in public welfare administration at the county level, over a period of 35 years - that is what it amounts to - that the Department is too unwieldy, the Commissioner too far removed from our operation, the structures too mired in conflicting and overlapping regulations, to permit rational administration of all the programs under its aegis. The County Welfare Director's Association of New Jersey recently supported this concept.

Although our agency will spend over $120,000,000 in public money this year, for instance, we have no access to the Commissioner; the reason, the Department is too

complex. Nowhere can we find written procedures or policies permitting appeal to his office from rulings and regulations with which we may disagree on lower levels; again stressing the complexity of his operation.

Within this single sprawling umbrella agency, there has been a proliferation of programs and administrative units with which county welfare boards are required to deal.

In 1969, for example, we assumed responsibility for the ADC-U program and in 1970 Medicaid. In 1971, ADC-U was abolished and we got AFWP in its place. In 1972 came a major change in the Food Stamp Program and the new Work Incentive Program under the Talmadge amendment. Time was when we used to deal with one agency at the State leval - the Division of Public Welfare. However, when Medicaid came to New Jersey the Legislature saw fit to set up a new State Division for it. Recently a new Division, the Family & Children's Division has been set up to administer services. The result, to give you an idea of what is going on, of all these changes for county welfare boards is responsibility to one State Division for assistance payments, to another for the service functions and to yet another for Medicaid functions; this is to say nothing of the need to coordinate with the State Department of Employment Security and Bureau of Children's Services in the WIN program, and with the Federal Department of Agriculture for Food Stamp operations as well as the Department of Health, Education & Welfare for assistance programs. And, it seems to us, not one of these departments or agencies sees fit to coordinate their demands on county welfare boards; there is no coordination whatever and it is just creating greater confusion. Everything seems to hit the grass roots agency at once. What happens? From this stems unnecessary increase in administrative costs - and here we talk about cost, and reducing costs - and turmoil in staff compounded by confusion among clients,

who are the most maligned group in the country. What service can we give them in this utter confusion? Too often we bear the brunt of the frustrations about matters over which we have no control and live on a day-to-day basis from one crisis to another. Do I say this is an untenable position? It is about time this stops and some constructive measures are made so we can properly give service to people.

Within the past two years, to give you another example of what is going on, the State Division of Public Welfare took another unilateral act to which county welfare boards voiced strong objection, to no avail. The Division, through an administrative act, changed the method of financing day care, homemaker and training allowances. The net effect of the transfer increased county costs from 12½% to 25%. In other words, this administrative fiat created a windfall to the State at the sacrifice of the overburdened local property taxpayer - an incomprehensible act. Something should be done about this on a Legislative basis and we have introduced a bill to correct this act.

In short, gentlemen, there are too many bosses. The lines of authority and responsibility are confused and complex. One state agency, responsive and responsible, is needed to correct and supervise all the services I have enumerated as administrative responsibilities of county welfare boards.

I spoke earlier of a thoroughgoing study. Let me conclude by proposing the establishment of a Legislative Commission charged with three tasks:

1. To study the feasibility of restructuring the Department of Institutions and Agencies into at least two discrete departments, one of which would deal solely with welfare and related problems.
2. Within that single department devoted to welfare, to order a complete systems review to establish responsibility, authority, and an efficient flow of work.

In other words, a systems analysis - where are we going and what are we doing.

3. Lastly, and most importantly, let this Commission review the hodge-podge of welfare law and policy which has mushroomed in this State and in its place propose a single, uniform welfare code. In this area I am not thinking in terms of a State takeover on a financial basis, I am talking about a single structure where we all know where we are going.

It is my firm belief, gentlemen, that S-1134 or any other proposed bill relating to welfare, will be nothing but a patch on a patch when, what is sorely needed is a reweaving of the original fabric.

I must, therefore, strongly oppose passage of S-1134. I propose in its stead a legislative commission to perform the three tasks I have outlined.

Now I think I would be remiss if I didn't talk about the bill in and of itself and make some comment to show you that I have read it.

The first observation I have made and that I want to call to your attention is that the bill specifically authorizes the commission to establish an administrative division and assign personnel to it. I have a question. Would this personnel be non-civil service? If it is, I strongly oppose it.

This bill is the latest in a series of reorganization bills affecting I&A. Although it would graft a new head structure on the existing statutory structure of this department, it contains no repealer provisions. I find it difficult to believe that some study should not be made to check for possible inconsistencies. Of course, I do not know if such a study has already been made.

Now the State Department of Health;- section #12 of this bill refers to the State Department of Health and the Commissioners thereof as part of the Department of Human Services but such transfer is not specifically

referred to in the general transfer section of the bill, which is section 8. In other words, I think there is a defect in this area and I see the Chairman is nodding, I suppose I am too late, they already know about it.

Now about the effective date. This bill provides the laws to become effective immediately but "shall become operative at the beginning of the bi-weekly pay period next following enactment." The above timetable is unusually short and possibly impractical for such a massive change in organization.

The fifth observation regarding the assistant commissioners, this position should be removed from political consideration and placed in the classified service. Thank you.

SENATOR HAGEDORN: Thank you very much, Mr. Lazaro. I think you have given us some very pertinent points to consider and that is the very purpose of this hearing, to get ideas and then from there redevelop our legislation.

At this time I would like to call on Dr. Effron, a Paterson psychiatrist who wishes to testify.

D R. A B R A H A M E F F R O N: I regret I do not have a typewritten copy or any specific prepared speech, however, I will abstract what I say and submit it to the Committee if desired.

I am speaking and trying to change the tune temporarily, for a moment, because I believe that the State of New Jersey has nothing to be proud of with reference to the psychiatric services provided to the communities of New Jersey.

I have had 30 years interest in mental health as a practicing psychiatrist. I have no ax to grind with the laws as they are passed, I think the laws are good. I think they are meant well and I think they are meant to provide services for the people who require them. But I do have an ax to grind with those people who

refuse to enforce the law. The patients and their families, do not know what is necessary and they are fed with news items of various improvements which are hog-wash; there are no improvements.

Agencies and personnel who are supposed to enforce the law are not concerned with enforcing the law, which I will prove to you before I am finished. They don't want to disturb anyone. They don't want to do any specific extra work. They don't want to eliminate their own jobs. Inspections of hospitals, inspections of community mental health centers, are a farce. If, for example, we put a policeman at the beginning of the New Jersey State Highway and we put another policeman at the end of the New Jersey State Highway, how many speeders, how many careless drivers, will they catch? None.

This is exactly what our inspections of hospitals and mental agencies do. The units are given fair warning weeks in advance of when they are going to be inspected. They have ample time to correct many deficiencies and the rest are hidden under the carpets and I am willing to say this under oath and prove what I say. Those are not inspections; those are farces.

We have attempted, at tremendous cost, to get people out of the State mental institutions where they have not in the past received proper treatment because it is impossible to get sufficient and adequately trained personnel to give those people care under under those enormous numbers. We are trying to treat them, as they should be treated, in the community where they can be treated. But this is going to be a failure too except in terms of figures and except in terms of statistics, and I will again try to point out why.

Let us, for example, start with the original concept where we had the mental health agencies with

funds, supported on contributions by the State and the county and the locality on a per capita basis. These are mental health clinics in each community. I am speaking personally of Passaic County. For four years I was a commissioner of the State Mental Health Commission. I speak, therefore, from at least four years of knowledge. It took me two years on that commission to understand and be able to read those budgets. They were padded. Many of the agency personnel are part-time employees. They come in and work three hours a day, three hours twice a week. Part of that time is spent in seminars where they are taught. This time is not provided for treatment, even for those six hours or eight hours a week that they give to the agency, for which they are paid. This time is for their teaching, patients are not treated. Emergencies come to these units and they need emergency help. Some of these patients are suicidal. Some of these patients are paranoid psychotics who may kill somebody. They are seen by personnel who are not professionals. They are seen by secretaries. There is a long waiting list. Though there may be other agencies that have no waiting list they are told to wait six months and come back for an appointment. This is nonsense. These people are emergencies. They should be seen as emergencies. They are not.

At one time I made an estimate of the cost of the treatment given by the community mental health clinics. The cost of treatment per patient visit to the clinic was at least as high in many of the clinics, and this varied from clinic to clinic, as it was in private practice, though many of these patients were being treated by non-professional personnel, by para-professional personnel or in group sessions. Somewhere there is an excess of money being used and used quite unwisely.

It has always been my impression that the primary purpose of these mental health clinics is to treat the people that cannot afford private care, though private patients should not be refused treatment. However, what happens on a matching fund basis, as has been practiced? In order for a particular clinic to get an increased amount of money, the individual who cannot afford to pay for treatment is given a longer waiting list and the patient who can pay most is taken first because in that way they clinic will get an increased amount of matching funds. So the poor person, the person who cannot afford treatment, is again put on the waiting list.

Now let's take this same poor person who is now going to our general hospitals which are being supplemented through community mental health clinics with Federal money, State money, and all kinds of funds which are being made available, and all kinds of supervision which is supposed to be available, and let's see what happens first with the poor patient - and remember, I am talking as a practicing psychiatrist; I am not talking about bureaucracy but bureaucracy has, obviously, its hand in here. The poor patient goes to the emergency room. Most times he is not seen by a psychiatrist. Most times he will not be admitted to the hospital, even if he needs it, because some of our hospitals, our voluntary hospitals, are run on a profit basis. They must show a profit. Therefore, the patient, again, who has adequate coverage, who is able to pay, will be admitted and those beds are reserved and the patient who cannot afford to pay is not admitted; he is turned away.

If he is admitted, and again I am talking about Passaic County, he will not infrequently be transferred to Hopedell. Hopedell is a small unit. It has inefficient services. Passaic County has never been

able to upgrade their services for psychiatry on the county level. The patient is merely kept there for a few days in, what I call, a cage and then transferred to Greystone Hospital, the State Hospital, for further care. That, of course, is a subject in itself.

He now comes out of the hospital and what follow-up facilities are present? He has to come back to local community mental health services and, again, I tell you they are inadequate. There is no interest. There is no follow-through, despite so-called inspections and tremendous amounts of money that are being expended.

Rehabilitation services are negligible and so eventually the patient deteriorates and you have him right back again in the hospital and back to Greystone, and so the turn goes around.

Let's take the third patient, the patient who can afford private care. He is more fortunate. He will get admission to our psychiatric unit in our hospital, in the general hospital, but what happens in most of these hospitals? They are given Federal funds through the Hill-Burton Act, or the more recent Federal funds available for psychiatric units because there has been a recognition of the need, but a large proportion of these funds are transferred from the use of the psychiatric units; they are transferred to general hospital services. They are not placed in the psychiatric unit. Therefore the patient is treated by a physician. There are an inadequate number, if any, and in some hospitals none at all, paraprofessionals or other psychiatric aides which are necessary. He is merely placed in a room which has four blank walls and occasionally has a miserable picture on the wall to look at. Then, unfortunately, contrary to all rules of our State, and I will point this out again in a letter I have here, these psychiatric units do not make enough profit for our hospitals. I say they are profit-seeking and therefore

the psychiatric patient is in competition for the bed with a very sick medical patient, or a patient who has an infectious disease and doesn't belong up in the psychiatric unit, or a post-operative surgical patient, so that what nursing care is available must be given to the acutely ill patient, the cardiac, the post-surgical patient and the psychiatric patient does not get the nursing care and if the nurse, in some of these hospitals, does give care she is chastised and told she must take care of the other patients and not waste her time sitting and talking to the psychiatric patients.

As a result, many physicians, including myself, have stopped admitting patients to the psychiatric unit of our general hospital and are sending them to private mental hospitals where they will get proper care because in the psychiatric units of our general hospitals they are getting inadequate care.

The hospitals, again, have refused to install facilities despite the fact that private funds have been made available for them. They do not want those funds. They have refused them.

Now I note, with your permission, that in November 1968, and I am merely trying to point out what I have tried to do as one individual who is practicing psychiatry and who happens to be interested in his patients, I made a specific list in a particular hospital, the name will be supplied upon request without objection, where there is a 20 bed psychiatric unit, paid for by the Hill-Burton Act: There was no male attendant, after four or five years of promises, and nurses were being hurt by psychotic patients. There were still no male attendants and I don't know whether there is now because, as I have said, I have stopped sending in patients.

Many times at night in a 20 bed psychiatric unit

there was no nurse. There was not even an attendant. I was told to mind my own business.

As I pointed out, empty beds were continually being filled with medical patients and surgical patients. The nurses on the staff are required to have a certain amount of psychiatric training but they receive none. The cost to the hospital amounts to $50.00 per month. The doctors were providing some nurses training but for extra special training, at $50.00 per month, the hospital said, no.

A full-time psychiatric social worker was never present and was not hired. They attempted to merely make use of a social worker who serviced the entire hospital. Well you know how much time she had for a psychiatric patient. There was no professional occupational therapist on a part-time basis even. An out-patient psychiatric clinic time was ridiculously small. An electroencephalogram machine at that time was working one hour per week although there had been private written guarantee to staff that unit on a full-time basis. But I was specifically told by the director of the hospital that the unit wouldn't make a profit for the hospital therefore why have it. It took seven years of battling to merely get the unit.

This was back in 1968, as I told you. Finally on December 4, 1970 - and I am coming to my conclusion and will point out where the bureaucracy comes in and why, all the things that we do are wonderful, they sound good on paper, they are meant well, there is no question of it, but they are not enforced - I wrote to the Bureau of Community Institutions - and again I won't mention names but they are available for the Committee - and I will read it, if I may: "This letter confirms our telephone conversation of the past week during which you were kind enough to verbally indicate

the standards required by the State of New Jersey with reference to self contained psychiatric units in the general hospitals. I have been and am an attending neurologist and psychiatrist at this hospital in Paterson, New Jersey for almost 20 years. Will you please advise me, one, whether or not a unit which I believe has received Federal funds through the Hill-Burton Act specifically to aid in the construction of this unit is permitted to completely disband this unit at any time after it has been in operation for two years?" The reason for that question was I was specifically told that the money received, the money requested, was merely because this was a low grade priority and in order to build the hospital more funds were needed and from my point of view, and this is my term, this was a fraudulent request for psychiatric money which was available and which was not properly used and is still not properly used.

Question two, "Whether your Department approves of the admission of medical and surgical patients, including coronary and post-operative patients to such a psychiatric unit?"

Question three, "Whether your Department approves the admission of cases which are isolated, such as hepatitis and tuberculosis, to such a psychiatric unit?"

I said, "after I have received your reply I will be in contact with you again to further discuss the existing standards of medical care." I will admit that on December 28th I received a reply from the State of New Jersey, Department of Institutions and Agencies. I am merely going to abstract this because it will take too much time to read all of it. It merely says, "we have no request on file for this particular psychiatric unit to be used as an additional medical-surgical unit, in fact it is my understanding

that this unit is an important aspect of the community mental health center which is being established in the Paterson area. These beds and others have been earmarked as in-patient facilities for the community mental health center. I have been advised that this involvement of the center's activities has made the hospital eligible for staffing funds under an NIMH grant. Personnel assigned to such units should have specialized training in psychiatric care and would probably not be geared to the type of intensive care required by coronary or post-operative patients. In addition, patients with a communicable disease should not be housed in this area. Such patients should be accommodated in isolation rooms which have been set up for this purpose.

"If I can provide you with any additional information, please feel free to contact me."

They also pointed out that under the Hill-Burton Act this psychiatric unit must exist for at least 20 years and it cannot be converted unless it can be shown that it is not necessary. This was all very well. This was in December 1970.

I then replied to this and got a reply and had several telephone conversations, merely pointing out that the commission existed, there was a violation of law supposed to be enforced by the Department of Institutions and Agencies and offered to cooperate and point out the defects. Nothing was done for an entire year.

I made further contact, and at this point please let me remind you that I had no personal monetary gain, I had discontinued sending patients into the hospital and had no monetary gain to achieve at all except that I was interested in the care of patients and I was annoyed that this was happening. I therefore was in contact with the Governor of New Jersey, one year

later. He referred his letter to the acting Commissioner, Maurice Kott who passed the buck on to the Assistant Commissioner for Health, Mr. Kulp, in November of 1971 and all I was told, and I am abstracting but I am leaving nothing significant out, that at the present time the teams that survey our hospitals for licensing purposes are looking into this matter and will be identifying such units. I can tell you without hesitation that since 1968, when I first started correspondence, through to the present time, conditions have not changed. The hospital has recently passed with flying colors an inspection. Psychiatric patients are not being admitted, psychiatric patients who need care are not being admitted, proper care is not being given. What is the point of all of this passing of laws? And I said the laws are good, I have no ax to grind with the people who work on the laws, I think they are necessary, I think they are good but the laws are not enforced. To quote from one of my colleagues in a psychiatric news item, "The psychiatric administrator will discover that his major headache is the day-to-day negotiation with the bureaucracy to which he has immediate accountability. Bureaucrats can exercise authority but they cannot make policy. The bureaucratic hospital administrator in his attempt to dehumanize and to rationalize the system attempts to invade the area of policy administration and thus presumes to be competent in both policy and technical aspects.

"Bureaucracies invade areas outside their jurisdiction in order to broaden their power base and in so doing become self-aggrandizing, self-protecting and self-perpetuating."

Finally, I still trust that this committee will carry my challenge to the Commissioner of Institutions and Agencies to have him explain why, after all these communications, units which are not following the law,

which are not giving proper psychiatric care, which are misusing and mishandling Federal, State and County funds, are permitted to go on that way and why people who are urgently in need of psychiatric care and cannot get it are turned away from the doors. Thank you.

SENATOR HAGEDORN: Thank you, Dr. Effron, for your great interest and your contributions in the area of mental health.

At this time I'd like to declare a five minute break and we will then proceed with the other speakers. The previous speaker did address himself to the problems of mental health care. The hearing today is primarily involved with S-1134 and the issues related to organizational change and I would ask that any of the speakers that will come before us later in the day will address themselves to that particular problem.

We will now have a five minute break.

(after recess)

SENATOR HAGEDORN: At this time I'd like to call upon Richard Hardenbergh who is the President of the New Jersey Association for Mental Health.

R I C H A R D C. H A R D E N B E R G H: Mr. Chairman, I am Richard C. Hardenbergh from Camden County and I am President of the New Jersey Association for Mental Health. The Mental Health Association is a voluntary organization concerned with the care and treatment of the mentally ill. It reflects the acceptance by the citizen of two responsibilities that are essential to a civilized democracy. The first is that all citizens in a democracy are the government and have an inescapable political responsibility for it. The second is the moral responsibility of each human being for those others who cannot meet their own basic needs. It has been said that "a civilization may be judged by the way in which it cares for its helpless."

I need not even say that New Jersey occupies no viable position in its care and treatment of the mentally ill - perhaps the most helpless of any group in our society.

Many years ago the Council of State Governments stated when a state commits a patient and removes from him the choice of where he shall live or who his physician shall be, it obligates itself to provide him with the best science has to offer toward his treatment and mode of living. Yet in 1970 the American Psychiatric Association in its study of the mental health needs and resources of New Jersey found needless dehumanizing conditions in every State Hospital. This at a time in history when the concept of adequate care and treatment is no longer "custodial" care in an "out of the way hospital" but rather a coordinated network of services embodied in the concept of the mental helath center. Today even though we know that many, even most, patients need not go to State Hospitals if treatment in mental health centers is available, New Jersey continues to perpetuate the outmoded system of warehousing human beings in obsolete institutions.

The Mental Health Association believes that the efforts in this State toward the development of comprehensive community based care have been token efforts. Where these efforts have been made, we have fragmented, competitive almost absurdly incoordinated services. Our State Hospitals do not relate meaningfully in program or goals to after care services, we have half-way houses utterly devoid of relationships to either community or the hospital and a hundred other square blocks trying to fit round holes.

If we are to move from the isolation of State institutions and community programs to a coordinated network of services without substantial gaps or

overlapping in service, there must be a governmental organization able to give the mental health program the strength, visibility and identity needed to revitalize and sustain a successful effort to attain an adequate mental health program.

The present structure has not done that, nor, in our opinion, can it. The Department of Institutions was established upon the premise that corrections and psychiatry belonged in the same department because both employed the same process, namely custody and rehabilitation. Tht justification no longer exists. Treatment is the focus of psychiatry and can and should be given outside of the institutions.

In particular, we feel that the continued association of mental health and corrections in the public mind is detrimental to the mental health program and offers little positive support to the correction program.

We recognize that all systems have entrenched interests, traditional practices, established relationships, and long-time emotional commitments that tend to maintain the status quo. However, the New Jersey Association for Mental Health believes the time is ripe for a concerted effort by Legislators, professionals and citizens that can, and will, bring about the much needed reforms.

Mr. Chairman, that completes my prepared statement, however, with your indulgence, if I may, I would like to make a few private comments.

At the moment I have four concerns in my life, two are my family and my church, and three, my business and if my business is not successful the first two fall down. The fourth concern I have is with mental health. The reason my concern for mental health is so great is that being President of this Association, which I think is a great one in our State - The Mental

Health Association - I have had an opportunity to speak and talk with people from many, many other states throughout our great country and I have found that where conditions are so much better than ours, that the mentally ill can be rehabilitated and put back into society. They can become valuable, economically and they can become valuable to themselves.

I have found that instead of talking about money and building roads and bricks and mortar that we are talking about rebuilding human beings. This is of a concern to me and I have made a commitment to myself and to our Association that we are going to do everything in our power to see that your Committee - and we thank you for your Committee - does everything to have a separate department. It is needed in this State. I won't elaborate on my visits to the various hospitals in the State. It has been heartaching. Inside you can't express the feeling that you have after you come out of one of these hospitals.

So, Mr. Chairman, I urge that you and your Committee make every effort to see that this bill is brought before the Senate and, if necessary, next Monday, I would hope. Thank you.

SENATOR HAGEDORN: Thank you, Mr. Hardenbergh, and I would like to observe that the people of New Jersey, particularly those residents of our institutions, should be very grateful, and I am sure are grateful, for the fact that the New Jersey Mental Health Association has been so vitally interested in their welfare.

At this time I would like to call upon Mrs. Frances S. Dunham, Executive Director Council 63, AFSCME, AFL-CIO.

M R S. F R A N C E S S. D U N H A M: Mr. Chairman, Council 63, representing employees of the Health Care and Rehabilitation Unit within the State Mental Institutions are in support for creating a

separate department for New Jersey's mentally ill and retarded who are institutionalized.

On behalf of the Health Care and Rehabilitation Unit Employees of Council 63, American Federation of State, County and Municipal Employees, AFL-CIO, I want to go on record as supporting the creation of a separate Department to care for patients who are mentally ill and retarded in New Jersey State Institutions.

As presently constituted, the Department of Institutions and Agencies is archaic. Its feeble performances are a disservice to 7,372 patients who are the helpless pawns caught up in politics, budgets and unbelievable chaotic misadministration.

It is our union's position that there is an immediate need to have a full-time Commissioner for psychiatric and retarded institutions who is accountable directly to the Governor, with full authority to make all administrative decisions relative to the operation of these institutions.

We further believe that this Commissionership should not be filled by a medical doctor but by a person trained as a lay administrator in the medical field. It is also our proposal that there be two deputy commissioners, with one having responsibilities for the schools for the mentally retarded and the other being a medical doctor with responsibilities for the medical needs of the patients.

The disgrace of New Jersey is the utter negligence that prevails in these hospitals because of outright indifference or inexperience by those who run the institutions and by those in the state administration who make the policies affecting these institutions.

Commissioner Clifford has repeatedly demonstrated his lack of interest in these institutions. His concern is for the convicted felon and how to improve conditions

for those who are imprisoned. Regrettably, mental patients can't riot, so Clifford is not interested because no waves are being created by them.

Mr. Chairman, we are not against penal reform. We represented our organization's correction officers in the large riots that took place in Attica in the State of New York. I want this to go in as a comment because we are not totally against the reform nor are we against penal improvement, but we are very much concerned about the needs of the patients within the institutions.

But sadder than this is the fact that the Commissioner had no training in health care administration, no training in personnel ralations and no exposure to the conditions both employees and patients live under in institutions located throughout the State. When our union, representing some 7,000 employees, attempts to meet and discuss critical problems affecting thousands of employees and patients, he is unavailable. The few times we have met with him he just didn't understand the problems we outlined. His mode of operating is to allow his institution directors to run their institutions in their "own" fashion.

This has resulted in chaos. The Medical Directors operate these institutions with muscle rather than reason, experience or training. This means personnel relations depend on terrorizing employees with the stupid idea that this achieves production. In fact, it achieves just the opposite with employee morale being low enough to cause consta resignations with a resulting need for continuous on-going recruitment.

Every director has his own rules and interpre-tation of Civil Service Law. Every director is a

feudal baron unreachable to demands for meaningful change for better patient care and higher employee morale. Every director, in one fashion or another, has a private practice on the outside with a great deal of State time being used for this purpose.

Doctors Fenimore and Weinberg of Greystone and Trenton State Hospital are examples of the need for strong and on-going supervision from a Commission dedicated to the needs of mentally ill patients. Both these directors head large institutions, spending millions of dollars yearly, yet neither one has had any training other than being a medical doctor. Neither one has concerned himself or spoken out on understaffing, better facilities, employee morale, medical care, proper equipment, rehabilitation, shortage of professionals, and so on, and on, and on.

Strange as it may seem, the way institutions are run, each institution having its own policy of operations, also applies to the internal operation of any given institution. In places like Trenton State Hospital or Greystone, or others, each building which is run by a doctor has its own directives and policies. In one building of Greystone an employee may be complimented for his performance, while in another building at Greystone he may be brought up on charges for the same performance.

In conclusion, let me state that every field of endeavor is dependent upon its employees. We represent the employees and we know for a fact that what exists today in Institutions and Agencies is mass confusion with patient care suffering and declining. New policies, new leadership, and a lot of attention is needed to give New Jersey's mentally ill a decent chance for recovery. A step in this direction would be made by creating a Department that could respond to the needs of these unfortunate citizens. What is also needed are dedicated people to run this

Department.

Therefore, we are calling upon this honorable body and all New Jersey Legislators to support legislation that will divest the responsibilities of the present Department of Institutions and Agencies wherein a separate department for the mentally ill and retarded is created. Only through the creation of an agency, solely devoted to the needs of those who are afflicted with mental problems and have to be institutionalized, can there be the type of administration that will bring about immediate and proper rehabilitation which will of itself save thousands and thousands of dollars for the State of New Jersey.

Sir, off the record I would like to state quite candidly to yourself and the group here that I have organized hospital employees for the past 10 years. I am a trade unionist. I have never worked for the State of New Jersey, nor for the City of New York from where I come. My job is to work for the people who work for you.

If it means that 25,000 State, County, City and Municipal employees, whom we represent, have to come out to assist in any way to support the separation, we will do this. I thank you.

SENATOR HAGEDORN: Thank you, Mrs. Dunham, for your interest and your contributions.

One area that I might disagree with you is the attitude of Commissioner Clifford who I really feel is dedicated to the problem in our State. I think that has been manifested.

A L W U R F: Excuse me, Senator, on behalf of Mrs. Dunham can I comment on your comment?

SENATOR HAGEDORN: No, but you may give testimony if you will.

MR. WURF: My name is Al Wurf, Senator and I represent the same organization that Mrs. Dunham

represents.

I think the record should clearly show that our organization was not attempting to slur the Commissioner but to say, in effect, that the Commissioner was inexperienced and that was the intent of what Mrs. Dunham has said.

But while I am here and I am giving testimony I'd like to make reference to one of the statements that the Commissioner made. In his argument against this bill, the Commissioner said that the present agency - the Department of Institutions and Agencies - has an umbrella theory. This umbrella theory was to serve families who are simultaneously getting health services, various kinds of welfare and parole supervision and he rationalized keeping this agency intact because of that. I would take issue with that; I would take issue strongly. It begs reality that an agency having thousands and thousands of employees with a severe problem in lines of command, a severe problem in policy, a severe problem of innovation, should be kept because some families in New Jersey have welfare, have members on parole or have some family members who are getting health services.

First of all, I doubt if this exists, but if this is the best that the Commissioner can do in coming up with a statement of why Institutions and Agencies should remain intact I submit, sir, that this statement would be the best one made to show why we should break up this agency.

SENATOR HAGEDORN: Is Dr. Lucille Joel from the Department of Psychiatric Nursing, Seton Hall University, present?

DR. L U C I L L E J O E L: I appreciate the opportunity to testify before this Committee.

I am a psychiatric nurse and I am Chairman of the Mental Health Psychiatric Nursing Division

on practice of the New Jersey State Nurses Association. I will be brief in my remarks since often in testimony so many things are redundant.

First, I would like to start with the broad statement concerning the structure of the Department of Institutions and Agencies as it relates to mental health and then limit my remarks to the specific concerns of nursing.

The New Jersey State Nurses Association supports any organizational structure in government which would give greater visibility to the problems of the mentally ill. The Association does not believe that the present inclusion of mental health in the cumbersome bureaucracy of the Department of Institutions and Agencies could ever achieve this aim. The continuous association of mental health and corrections in the public mind or in governmental structure profits neither in any way. In the past, the chief concern of both groups may have been the provision of institutional care but this once common bond is no longer relevant. The most effective psychiatric care is intensive community based service. Retaining the responsibility for mental health problems in the Department of Institutions and Agencies obscures the real problems confronting the mentally ill and sets a tone for treatment which deters progress. There is a need for a separate department concerned with the problems of mental health and mental retardation in New Jersey

As a psychiatric nurse and an educator, the calibre of psychiatric services available causes me concern in two ways. Primarily I am concerned for the patient. There has been adequate testimony given over these two days as to the deficiencies in psychiatric care in public facilities in the State of New Jersey. I am also concerned that witnessing inadequate care actually discourages nurses from pursuing a career in this field of work. Psychiatric nursing is not an overwhelmingly popular area of interest. Only 5% of the actively practicing registered nurses in the United States care for the mentally ill. Whereas there is one staff nurse to every four beds in the general hospital setting, there is only one nurse for every 114 beds in psychiatric facilities.

I, myself, some years ago terminated employment in the public hospital system in New Jersey because I could no longer morally be a party to the substandard treatment that the patients were exposed to.

Although many things may contribute to this deficiency of nurse power in psychiatry, there is general agreement among those rejecting a career in psychiatric nursing that the dismal environment, lack of a therapeutic plan of care, and slow recovery and discharge rates are significant contributing factors.

It is interesting that psychiatric nursing as a career is more popular among graduates of a 4-year collegiate nursing program than among graduates of a 2-year associate degree or community college program. The 4-year graduate seems to be able to take conditions more in her stride, look beyond the obvious, and seek satisfaction in her work through longer-range goals. In contrast, the 2-year graduate is turned off by the obvious inadequacies in care, and often fails to see how being there could make any difference to the patient. Associate degree nursing programs in New Jersey are mushrooming. They produce more and more nurses. Eventually they will produce the vast majority of nurses in New Jersey. A perpetuation of present conditions could alienate an entire segment of the nursing population to work in psychiatric settings.

I would like to conclude by emphasizing that the New Jersey State Nurses Association is concerned over the present inadequacies of the governmental structure and urges a reorganization which will improve conditions in the existing psychiatric facilities and foster growth of intensive community-based services.

SENATOR HAGEDORN: Thank you very much, Doctor, for your presentation.

I would now like to call upon Dr. Irving Feldman, Director of the Ocean County Mental Health Clinic.

D R. I R V I N G F E L D M A N: Senator, I also speak as the Chairman of the Legislative Committee of the New Jersey Association of Mental Health Agencies. We are a community-based mental health delivery service.

I want to express thanks to you for the opportunity to speak here and I hope that you will be encouraged in your efforts to seek the best answer to the problems of delivering mental health services in New Jersey.

As you know, I did submit to you in advance two items, one a reaction statement to the American Psychiatric Association report. Although I am very impressed, as anyone would have to be, with the study that was made and the findings that came out regarding the inadequacies of the New Jersey system, I have to say, parenthetically, no one seems to be saying anything about what is good in this system and there is plenty good in the system. I hope to say something about that.

Secondly, even though I am critical of the recommendation of the American Psychiatric Association because I feel that essentially it evades the issue: How do you get community based mental health services going? So, I felt that in addition to criticizing the report that was given we ought to give you some idea of the alternatives that may be taken to facilitate the movement toward expansion of community-based mental health services.

I would like to make some reference to the reaction statement and from there I will indicate some of the reasons for the proposed amendments to the Community Mental Health Services Act which are being suggested.

I think it is important to stress this because regardless of this structure or the question of what final structure we wind up with, the amendments we propose are meant to facilitate the movement toward expansion of community mental health services at the community level and that is what this is all about and this is what I would hope that we would all get behind.

In the reaction statement the point that had to be stressed was that state participation is needed to increase both absolutely and proportionately

with the communities who now support more than 50% of the cost of community mental health services on an inferior tax base. I would suggest that contrary to what this report indicated, it is not lack of citizen interest or support because the study itself clearly demonstrates that the people in this State are, I think, at worst, ninth in the country in actual expenditures in this field. The issue is not whether the people are interested or willing to support this, they are demonstrating this; it is that we are misallocating our resources.

Now I say that the report is inconsistent and this is an extremely important point. Obviously it is easy to criticize the condition of hospitals in this State but as long as they are in existence we are obliged to try to improve them. The report suggested seventeen recommendations which adds a tremendous cost to the taxpayers of this State, on top of which they ask for a new structure. I hate to use the term bureaucracy for this new structure because it sounds too pejorative, but this is going to be a very costly enterprise and all of these additional costs will not add 10¢ worth of effort to the development of community based mental health services which, presumably, is what this is all about - what we are interested in.

Another part of this report - I would suggest a rethinking of this question - is this readiness in the report to give up corrections, and I find that this is true of S-1134. In the report it included the Division of Mental Retardation. I felt that in making the recommendations it had something of the analogy that if the Congress had wanted to study the transportation needs of the country and assigned this study to the Teamsters Union, I am sure we would wind up with very good recommendations for bigger and better roads but I don't know whether it would meet the transportation needs of the country. So that is what I felt that the report

omitted the recognition of the strengths that we have in this State and I submit that they are two. One, the legal structure of the Community Mental Health Services Act in which you have built-in citizen and community participation and commitment. Any program in operation in the communities is supported, in fact, and participated in by the citizens of the community and I don't think that it is possible to conceive of an effective program of rehabilitation, or mental health care, without the continuing involvement of the citizens within the community from which these individuals come because essentially we are dealing with people who are rejected, who are sent away from the community, and we have to maintain this feeling of community responsibility for its own. This act builds in this principle.

Now I know this is a moot question, this umbrella structure - this is the term that is used - but I beg to differ with this man because I know in a community mental health facility that, indeed, individuals come to us for service, or are referred to us for service who fit two or more of the categories. They may have been ex-prisoners, they may require treatment because of emotional or mental instability, they may require welfare help, they may have an alcohol problem, and I think that unless we are prepared to deal with individuals, taking into account the variety of treatment needs that are present, we may do a disservice to what we are trying to achieve.

I don't say that the way that the Department is currently structured is the final answer but I do think that it has the potential. I find it very difficult to understand how anyone can ignore the fact that a great percentage of our prison population is very, very, much in need of mental health care.

So I say the question is: Why doesn't the umbrella structure, why doesn't the Community Mental Health

Service Act work better than it does? Of course, the report didn't address itself to this question. We suggest that the Legislature, in trying to arrive at a final decison, would have to seriously consider a fundamental issue, and that issue has to do with the question of the future role of State Hospitals. It may even require a planned dephasing of the hospitals.

Now when I say planned dephasing of the hospitals, I don't say that tomorrow you are going to abolish them or that they will ever be abolished, but if you are going to pursue community based services, one has to think along these lines. I would say that as a beginning effort the Legislature should obtain an up-dated estimate of the value of the grounds, building and equipment of these hospitals to see what their value is, to see what possible alternative uses they may have and at least with this base-line of information would not continue to pour monies into the upkeep of buildings which may, indeed, be obsolete.

It is very similar to the situation with the Defense Department and the Navy. They put the battle-ships in mothballs. Now, obviously, if they insisted upon running the battleships on the seas, they would have to maintain the battleships and keep them in good order, they would have to staff them, etc., but we would wonder to what extent they could contribute to the defense of the country.

We don't seem to be willing to face the fact that the hospitals themselves, the large institutions, may be obsolete and that we must think of alternative ways in which to provide the facilities to carry out these programs.

The notion - - I think that no one would take issue with the fact that it would be nice to depend upon a wise Commissioner to come up with all the answers. I don't mean to be flippant about this but I do say that

unfortunately, wise decisions, like seduction techniques, cannot be assured in advance; they can only be assessed as successful after experiencing their effect.

I want to say this about Commissioner Clifford. I think that one of his greatest strengths is the fact that he doesn't have this so-called experience that you are talking about. He has no ax to grind. He is a man who is willing to listen, who does listen and I would have great confidence that he will contribute to a rational solution to the problems that we have in administering services in New Jersey.

There were some statements made about clinics. I just wanted to put on the record two facts from our area and other areas that I am familiar with. Twenty-five percent of the referrals to our clinics come from physicians and psychiatrists and this is a continuing proportion. As far as poor people are concerned, the financial condition or circumstance of any individual coming to a State supported community facility has no bearing on whether or not they come in first, second, or on the time and length of their treatment. The personnel, their salary and their financial circumstance has absolutely no bearing on the service that they receive and as a matter of fact this is part of the regulations in the State and any particular facility that would be doing otherwise would be violating those regulations.

I would like to address myself now to some of the proposed amendments - give some explanation to them. I have submitted them in advance. The amendment that I have proposed, listed on page 3 of the Community Mental Health Services Act, is intended to infuse the State Board of Mental Health with input from a wider representation from the community point of view and to include those with the greatest commitment, namely providers and utilizers of the services and the county board members from the different areas of the State. These

are to substitute for almost a total reliance upon representation from the State Hospital Boards.

This reminds me of a Chinese proverb that I got in a fortune cookie one time which said something to the effect that when you are talking you are only repeating what you already know but if you listen you may learn something. I think this situation here is that you have so much State representation on the Board that this is, indeed, what is happening; you do need a greater input of commited people to participate at this level to help develop and formulate policy.

The second item on that page, and the purpose of that recommended amendment, is to recognize the interest of welfare, corrections, mental retardation, as well as the State Hospitals, in community mental health services because this is one of the running, chronic, problems that we have that we haven't yet developed the ability, particularly at the institutional level, to provide the resources in mental health care to the corrections and retardation area.

Another amendment that I am suggesting on #4 is a simple change of a word from "may" to "shall" to provide that the State Board shall, rather than may be equipped to carry out its functions. Because we have "may" in the bill it also suggests that you may not and, indeed, they did not. I think that this kind of change could change this situation.

I also suggest that since we no longer have the State Board of Control, the change to Board of Institutional Advisors should provide that this change from the State Board of Control to Board of Institutional Trustees should provide that the State Mental Health Board members be appointed by the Commissioner and that Commissioner be substituted for State Board of Control within the bill. Now an important by-product of this change will provide for two boards with provision for

a liaison committee. The Board of Institutional Trustees can focus on the administration and operation of institutions and the State Board of Community Mental Health can focus on the coordination of services between the communities and institutions. I am suggesting that there is a good deal of work for each of these groups to focus on and by separating these two functions this can provide a Commissioner with the kind of input he requires from the citizenry.

On page five the proposed amendment is to provide State Institutional and Agency particupation on professional advisory committees of the county mental health boards to help insure coordination of State and community policies at the community level.

Now I don't know whether people realize it but there are State agencies located within, or even outside the community, who do not at all participate in the deliberations of a county mental health board which by statute is charged with developing an order of priority of needs within a service area. I also think we should build in a requirement that the State personnel has the opportunity to help plan services within the community with people in the community who are responsible.

The sixth item is to give recognition to the key role of boards and staffs of funded projects, to develop maximum cooperation between county boards and funded projects and to give adequate recognition to the significance of professional advisory committees. This is in the area of one of the criticisms that is often made that we have a good law on the books but it is not being implemented. These are suggested ways in which we could get a greater assurance of implementation.

Section 9, page 6 of the act - now this is a key section - is to provide for the first time a measure

of financial participation by the State in the establishment of the 10 elements of a comprehensive mental health center program according to section 1 of the act itself.

The language establishes a base line of State participation for established out-patient services and for any other elements projected by the community and approved by the State, permitting a considerable range of flexibility in the formulae to the Commissioner depending upon the element of service which he may deem to have priority. For example, after-care programs which are now the sole responsibility of State Hospitals could be assigned to the community agencies and the State, in order to encourage the development of these could, for example, decide to support them at a 90% to 10% ratio. This is an example of the flexibility that would be built into this amendment.

We do not have any way, at this time, to pursue the additional elements of a comprehensive program because of this limitation in our current law. There is no provision for funding on the part of the State.

In the same section, an amendment to permit State support of so-called capital expenditures which are recognized, legitimate costs of operating an approved project. At present, the community must bear 100% of such costs.

On page 7 the object is to increase the per capita amount to a figure reasonably estimated to cover the 10 elements of a comprehensive program, a figure which even with the improvement of the formula for State participation, as suggested in section 9 (a), will take several years to achieve until the communities can attain the matching shares.

Incidentally, these amendments in the direction of developing comprehensive programs in community based and community run facilities mean that many of the responsibilities now assumed by hospitals can be carried

out at the community level and, from the State's point of view, will always have a minimal degree of participation, financial participation, by the community itself.

The tenth item on page 7, this is what we feel would be an important addition to the act, to enable projects to plan more rationally for the achievement of approved budgets while retaining the principle of insuring community matching shares. The 4th quarter payment can take account of what anticipated expansion, if any, had taken place. A drastic reduction in the amount of paper work should result, both at the State level and at the community project's level.

The next amendment - the final suggestion here - deals with the case where the additional available per capita funds would appear to minimize the need for this provision. However, until such time as the full per capita amount will have been utilized,this provision can prove to be highly useful to the Commissioner as a way to facilitate progress across the State, recognizing that some areas can proceed faster than others. Regulations can be formulated to insure that no injustices can occur, or overcommitment made by by a given service area. Several desirable alternative uses of such monies can be formulated in the interst of community mental health.

Until the 50¢ per capita,the State was contributing all of about one million and one-quarter dollars to community services. They are now up to about three and one-half million dollars, which is still a minute proportion of the total money spent in the mental health field. It still turns out that for various reasons monies are still uncommitted that are presumably available. Monies are unable to be spent in certain areas at the end of the year and these revert to the general treasury instead of being used because

the law now makes no provision for such use in the interest of further development of community mental health. This amendment is intended to make this useage possible.

I put these amendments in the record and, as I say, these are amendments that are intended for the Community Mental Health Services Act but are consistent with the efforts of Senator Hagedorn and his other sponsors. Whatever the situation at the top-most level in the State, these are the kind of amendments that will be necessary to pursue the expansion of community mental health regardless of what arrangements take place, or are finally decided upon, at the top.

I just wanted to make a couple of comments about S-1134. I do believe that it represents an opportunity to clarify the mission of the Department of Institutions and Agencies and build in certain reforms as they are indicated.

It seems to me that the title, the name, Institutions and Agencies, is at least reflective of part of the problem. The instrumentality is put before us and becomes the end instead of the means to an end. I would suggest to Senator Hagedorn that he seriously consider, in section 2, line 3, that a statement be added which expresses the real mission of this Department because whatever terminology one would want to use, whether it is the conservation of human resources, or the reclamation of human resources, to return to the community certainly as soon as feasible after receiving the necessary treatment, training or education to equip the individual to be a productive member of the community, is the objective. Now whether institutions or particular types of institutions are necessary to carry this out is a secondary matter. I am afraid our problem today is we are preoccupied

with trying to maintain obsolete instruments for fulfilling our objective. I do feel it would be a contribution in this bill to restate its mission.

I would certainly strongly urge that a serious reconsideration be given to retention of a division -- whether you want to call it corrections or social rehabilitation and parole. I think it is possible with one of the amendments indicated here to add, on page 3, section 8, line 3, "community mental health board" in line with the idea that two boards, one devoted specifically to the operation of institutions and the other concerned with the delivery of service and co-ordination from the community - between the community and State facility -- this state community mental health board should be added and put on a co-equal level.

I want to thank you for the opportunity to get some of this on the record and hope that you will see fit to help support some of the amendments that we are suggesting. Thank you. (For exhibits, see page 35 A.)

SENATOR HAGEDORN: Dr. Feldman, we are delighted that you came and it is certainly obvious that you have a great interest in mental health and that you have spent a great deal of time trying to give us some very constructive suggestions which I am sure we are going to consider very seriously.

We will have one more person testify before lunch. I would like to call upon Dr. Goldstein who is the President of the New Jersey Neuro-Psychiatric Association.

D R. D A N I E L L. G O L D S T E I N: I am Daniel L. Goldstein, M.D., a psychiatrist of Hackensack, New Jersey and President of the New Jersey Psychiatric Association, a District Branch of the American Psychiatric Association.

I would like to thank Senator Hagedorn and this Committee for affording me the opportunity to express the views of my Association as they apply to the

reorganization of mental health services in the State of New Jersey, a reorganization that is long overdue and desperately needed.

Some months ago the American Psychiatric Association under contract with the State of New Jersey completed an in-depth study of the mental health needs and resources of this State. The study considered the Division of Mental Health and Hospitals, its relationship to the Department of Institutions and Agencies, to other major State agencies, to hospital and community resources and included an extensive study of the mental hospitals and out-patient services of the State. Their complete report has been published and is public knowledge.

To quote from the report: "The deficiencies are severe. They exist in availability of service, coordination of services, the physical plants in which the service is rendered, in manpower and in funding. All these areas are interrelated. If any kind of sustained, successful attack is to be made with the goal of improving mental health care in the State progress must be made in all of them". . . . "No State can make a valid claim to a fully adequate system of mental health care; to be ahead of another state in one or two respects is small cause for rejoicing. But to find oneself behind comparable states in many respects, and with no substantial hope for catching up, is indeed ominous."

They concluded that the governmental organization as it exists at present in New Jersey does not "give the mental health program the visibility, identity, dignity and support it needs and deserves if it is to provide adequate service to the mentally ill." Being lumped together as it presently is with prisons and parole, welfare, Medicaid, youth and family services has created an increasingly deteriorating condition for all services mentioned, let alone mental health.

To achieve the necessary goals we strongly support the recommendation of the study for the immediate establishment of a separate Department of Mental Health, replacing the Division of Mental Health and Hospitals under the Department of Institutions and Agencies. We believe that this affords the most effective and efficient step and is essential in order to develop the strength, visibility and identity needed to utilize and sustain a successful effort to attain an adequate mental health program.

As a department it should have as its director a Commissioner of Mental Health answerable to the Governor. He should have the responsibility and authority to develop, reorganize and implement programs that will provide the leadership so sorely lacking and so desperately needed. We are speaking of overall leadership that can best be provided for in an independent agency with the broadest type of professional and administrative expertise with the required authority to correct significant deficiencies in coordination of services - where there are gaps at the State level mental health office and other State agencies that play a vital role in the total human service needs of mentally ill patients, gaps between the State office and State mental hospitals, between the State office and community mental health service agencies, between hospitals and among the community agencies themselves.

Deficiencies in availability of service vary greatly throughout the State. It decreases for the poor and for special groups such as alcoholics, children, old people, drug abuse, where service is not even close to matching the need.

Deficiency in quality of service is frequently impaired due to underfunding, manpower shortages and failure to achieve continuity and coordination of

service.

Deficiencies in the physical plants of some of the State and County mental hospitals, which are in poor condition, and deficiencies in manpower are both quantative and qualitative.

At this time approximately 25 states have programs for the mentally ill that are administered by an independent agency. Many of these states with independent mental health agencies have had this status since World War II. In general, these states have shown an accelerated rate of progress, attributable in part to this independence. We realize that no administrative arrangement can be expected to do well without "adequate funding, able leadership, acceptable working conditions and a substantial degree of co-operation and coordination between mental health and other agencies of government." At this particular time in the rapid evolution of mental health services - when we are moving from the isolation of State institutions and community programs without substantial gaps or overlaps in service - we feel an independent agency for mental health offers New Jersey the best chance of moving ahead and sustaining its mental health programs. In particular, it is felt that continued association of mental health and corrections in the public mind is detrimental to the mental health program and offers little positive support to the corrections program.

Senate #1134, which provides for the setting up of a Department of Human Services is certainly a welcome attempt at reorganizing the present confusion as it exists in Institutions and Agencies and although it does separate out corrections from the rest of the services and will give the former the visability it certainly needs and it does transfer the Drug Abuse Program from the Health Department to a Division

of Mental Health, we feel that it falls short of the mark since it does not get to the heart of the matter. It does not conceive of mental health as a total problem with a variety of subdivisions within its administration, but instead maintains the present fragmentation by setting up separate but equal divisions of mental health, mental retardation and individual and family services, the latter including public welfare.

In this new structure, for instance, mental retardation is separated from mental health. While recognizing that mental retardation is the concern of many disciplines, it has always been viewed as an area of special interest within mental health. Dividing mental retardation from mental health has resulted in much unnecessary fiscal and parochial fragmentation of desperately needed resources for such patients. It is our view that an administrative organization of mental health should include subdivisions that concern itself with such areas as mental retardation, community services, family and childrens' services, etc. As such, a positive articulation can and should be achieved among those areas that are rightfully considered in the realm of mental health and with the other systems such as public welfare and corrections and parole where there is an overlapping of concern and interest.

In conclusion I would like to quote a paragraph of the APA report, in which they state: Corrections of the various deficiencies that exist may be simple in theory, but difficult to execute. We recognize that all systems have entrenched interests, traditional practices, established relationships and long-time emotional commitments that tend to maintain the status quo. However, we believe that the time is ripe for a concerted effort by legislators, professionals and citizens that can and will bring about the much needed reforms. Thank you.

SENATOR HAGEDORN: Thank you, Doctor. I have just one question: Would you have available for the Committee the 25 states that have independent agencies?

DR. GOLDSTEIN: I would.

SENATOR HAGEDORN: At this time, we will recess until 1:30.

(Recess for Lunch)

Afternoon Session

SENATOR HAGEDORN: We will resume the public hearing on S 1134.

The first three speakers are members of a young group of high school and college students for which I have great admiration, particularly because of the great love and compassion that they have manifested for the people that are residents of our institutions.

The first one I would like to call upon is Suzanne Bianchetti.

S U Z A N N E B I A N C H E T T I: Mr. Chairman, I am Suzanne Bianchetti and I represent the Brightstones, a voluntary group concerned with helping in the hospitals and trying to evoke some interest in the conditions of these institutions. Mental institutions and departments, concerning such public welfare, have been assessed according to the success of their patients. Yet in the two mental hospitals I have seen, Meadow View and Greystone, the question of cure is preceded by the need for reform in the basic human needs.

I feel cure is extremely important, yet when one spends some time observing and working in these conditions, the problems become more pressing.

Man needs food to live. Yet the feeding methods within these hospitals are unbelievable. They tend to dole out the toast as though it was a deck of cards.

Greystone greatly reminded me of a prison. Previous to one of our visits, a patient had committed suicide by pushing the bars away from the window and jumping down. The solution to this problem was to lock the windows so as to prevent their opening more than a few inches. The heat works on the basis of an "on and off." There is no temperature control. Therefore, the patients have a choice of sitting in the heat, which is quite uncomfortable, as members of the Brightstones have already experienced, or

else trying to ward off the cold of winter.

As for attendants, within a ward of about 40 or so patients, there is one attendant. Even within a system concerning the mentally stable, these odds are undesirable. Control is achieved with the strapping down of the patient with a leather belt. Those who are luckier have the freedom of sitting upon a chair similar to those in cafeterias or else wandering up and down the halls with nothing to do.

I have described to a small extent the wards of these whose mental illness does not completely control them. For those who have destructive tendencies, there is the basement, consisting of small cells, containing a mat and a metal bowl. The door is solid metal with a padlock worthy of locking in a wild animal. The doors wear the signs of battle, that of a fight between the patient slamming his head against the metal door, denting it slightly.

I have tried to provide a small portion of the conditions which are present within these institutions. I just feel that the improvement of these hospitals is worth all the effort of the New Jersey government.

I just hope that if this bill is rejected, another one will be immediately presented.

Patients within these hospitals do not have the time or endurance to suffer much longer within these institutions. Thank you.

SENATOR HAGEDORN: Thank you, Suzanne, and we appreciate your great interest in this problem.

The next one to testify will be Beth Voorhees, who is a student at Trenton State College, also a member of the Brightstones volunteers.

B E T H V O O R H E E S: Mr. Chairman, my name is Beth Voorhees. I am a student at Trenton State College, majoring in the field of psychology as a result of my work in the State institutions as a Brightstone volunteer.

Whether someone has been among the pioneers of a particular thing or not cannot necessarily mean that he has done well at it.

The State of New Jersey in relation to services for the mentally ill fits very well into this category. I by no means intend to sound disrespectful and I must admit that I understand little of the proper proceedings of this situation.

I can speak only on what I have experienced and what I have seen working on a one-to-one basis in the institutions and with the patients themselves.

The citizens of the State of New Jersey should be ashamed of the atrocious conditions of these institutions and the gross injustice being committed upon people who are completely dependent and helpless and in dire need of such help.

In reference to the bill, No. 1134, I would greatly urge its support and passage. Someone once said, perfection demands simplicity. I feel that if the broad span of concern of the Department of Institutions and Agencies were to be divided and simplified, the concentration on major problems under the respective and separate authorities would prove to be much more effective and successful than has been in the past. Thank you.

SENATOR HAGEDORN: Thank you, Beth.

The next one I would like to call upon is John Henderson, who is a teacher in Ramsey High School and who has a Masters degree in Psychology, and is the faculty coordinator for the Brightstones.

J O H N H E N D E R S O N: Senator Hagedorn, I would again like to thank you for allowing us to testify.

Before I begin my testimony, Senator, I would like to take issue with the statements of two of the most important men who have testified before us today, Mr. Clifford and Mr. Magovern.

Mr. Clifford led us to believe that perhaps a new agency would not be enough of a solution of the problems. We agree. But a new agency would be a beginning of long-overdue change and point of reference for future change.

Mr. Magovern's statement, Mr. Chairman, to the effect that the treatment of New Jersey's mentally ill is even relatively satisfactory, appalls me. In fact, his statement to that effect was an utterly amazing one to hear verbalized. Yet more people die in New Jersey state and county hospitals per capita than any other state in this Union. That is moot testimony to the fallaciousness of Mr. Magovern's comments.

Our position is that State hospitals be given a separate department with a commissioner responsible only to the Governor; that is, we enthusiastically support Bill S 1134.

We feel this way because the current situation that lumps together the State hospitals with prisons and various other agencies is simply too big and unwieldy to administer. Specifically we point the following unresolved problems that are either directly or indirectly related to this unwieldiness.

Number one. Except for education programs, which almost all institutions receive, no Federal money comes into Greystone, yet literally millions are available. If it was well run and administered, Greystone would be eligible for every Federal program in the areas of staffing, nurses, attendants, training programs, new buildings, etc.

Number two. There has been no permanent Director appointed to Greystone since the sex scandals, which caused the removal of the last one, and that was almost four years ago.

Number three. In comparison to California, the average stay in a New Jersey mental institution is five years longer. The average residency and time under care in California is two years. In New Jersey, it is seven.

I ask you, Senator: Do we have sicker people in New Jersey than California?

Four. Because of this extended residency, the State spends enormous amounts of money per person, but, as the statistics indicate, for custodial care rather than cure. Specifically, New Jersey spends $14 per day per patient; whereas, previously compared California spends $25 per day. The cost to California is greater per day, but over a shorter period of time. Whereas $14 per day for seven years becomes a staggering sum.

Number five: From informal discussions with doctors at Greystone and at my college, I have learned that most doctors, especially psychiatrists, will have nothing to do with the State hospitals. I will take that back. I should have said many doctors will have nothing to do with the State hospitals for two reasons that can be summarized as: one, the lack of freedom to treat mentally sick patients as they have been trained to treat them; and, second, the outrageous pay scale that too many doctors feel is an insult to their knowledge and professional standing.

The last point, six: Not only is it obvious from previous testimony given Friday and some today that patients are treated more like prisoners than patients, but even the official language used to describe the patients betrays the prisoner attitude that seems to dominate the organization of Institutions and Agencies. For example, patients from the State mental hospitals are not released, but they are paroled. This kind of thinking and terminology, the American Psychiatric Association as well as the Brightstones violently protest.

Perhaps these factors go a long way in accounting for the difficulty in filling the job of Director of Greystone Hospital and State Director of Mental Health which also is a job that has been vacant for three years.

In summary, it is the position of the Brightstones

and also myself that Robert Clifford is an exceptional administrator and has, in fact, a statewide reputation for his ability. We feel, however, that the job of administrating both prisons and hospitals is too big for any man and we call on him to recognize that a greater good can come from his agency being split. We hope he will join us in our fight to make New Jersey not next to last in the Union in its provisions for its mental patients, but within the next few years, maybe even first.

Three years ago, Governor Cahill told the Brightstones that he wanted to bring solid change in the conditions at State hospitals, but that he needed a mandate from the people to do so and he charged the Brightstones directly with instilling and cultivating that sympathy among the citizens of New Jersey.

New Jersey appears to be about to lead the Nation in its subsidy to a professional football team. Yet it is unable to find the money and spirit, it seems, to lead the Nation in concern for its mental patients, most of whom can be cured and live some day to enjoy the performance of that football team.

Thank you, Senator.

SENATOR HAGEDORN: Thank you, John. If you said nothing else, I think that last statement certainly highlights what the problem is in the State of New Jersey.

At this time, I would like to call Anne Holzapfel of Cranford, Chairman of the State Public Affairs Committee of the New Jersey Junior Leagues.

A N N E H O L Z A P F E L: My testimony is addressed mainly to S 1134 because it was our understanding that that was to be the main topic of discussion today.

Senator Hagedorn and members of the Institutions and Welfare Committee of the New Jersey Senate:

I am Anne Holzapfel of Cranford, Chairman of the State Public Affairs Committee of the New Jersey Junior

Leagues. Our committee, with delegates from the ten Junior Leagues in the State, has the mandate to speak for approximately 5,000 Junior League members on issues pertaining to abandoned, abused, and neglected children in New Jersey.

The purpose of my testimony is to draw attention to some of the problems which our committee foresees if S 1134 is enacted. I assume that some of the problems result from semantic errors; however, the very fact that unclear language exists in the bill is sufficient evidence that more thought must be applied to the problem before any reorganization occurs in the Department of Institutions and Agencies.

I will now discuss specifics:

1. Section 8 of S 1134 provides for "all of the functions, powers and duties of the existing Department of Institutions and Agencies, the commissioner thereof" and then goes on to include several divisions and division heads "are hereby transferred to the Department of Human Services."

My understanding of the intent of the bill leads me to believe that this is not accurate, since the plan is for the Division of Correction to be excluded from the proposed Department of Human Services. However, this is certainly not clear in the wording and could cause difficulties in interpretation.

2. In section 9, line 4, reference is made to the Department of Mental Health. I am assuming that this is an error in drafting, and it should read "Division of Mental Health."

I would like to state parenthetically here that the State Public Affairs Committee went on record in January of 1972 in a letter to Senator Hagedorn as opposing the establishment of a separate Department of Mental Health. Our opposition was the result of extensive study of the problem both by reading of various management reports, and discussions with child welfare experts.

I did not include the list of readings, but I would like to read them now so that the Committee understands that we did do extensive research before we came out with conclusions.

The reports read and studied thoroughly were: the Alexander Report of 1959; the Blum Report of 1967; the Governor's Task Force on Welfare Management Report, 1969 to 1971; the Governor's Management Commission of 1970; the Governor's Welfare Study Commission of 1971; the American Psychiatric Association Report of 1970-71; and the Report by the Citizens' Committee for Children of New York, published in 1971.

In addition to the reading, the following people were interviewed: the Department of Health, Education and Welfare Regional Commissioner, the Director of the Monmouth County Welfare Board, personnel from the Hamilton Township Project in New Jersey, the Mercer County Welfare Board and a seminar which was attended by some of our members given by the New Jersey State Committee on Children and Youth.

Our conclusion from this study was that many of the people in New Jersey who are in need of supportive services of any kind are also in need of health services, including mental health services. For this reason we felt and still feel that it is a mistake to fragment social welfare and mental health services into separate departments, since, in many cases the same client group is serviced by both.

3. The most disturbing aspect of S 1134 is the lack of clarity surrounding the establishment of a Division of Individual and Family Services. This portion of the bill seemingly re-unites under one Division the functions of the Division of Welfare and the Division of Youth and Family Services.

Since the inception of the State Public Affairs Committee in 1970, one of our goals has been the establishment of a Division of Youth and Family Services, as we

felt that the Bureau of Children's Services was disadvantaged because of its position as a bureau in the Division of Welfare. We were all delighted, therefore, when Governor Cahill announced the establishment of a separate Division of Youth and Family Services in January, 1972.

Since then, much time and effort have been spent in establishing that Division, which hopes to become operational very soon. I am asking you to consider the implications if this legislation possibly nullifies all of this work. It is unfair, not only to the Division of Youth and Family Services personnel, who have many plans they wish to implement, but more importantly, it is unfair to the children of New Jersey who require social services, as this change could delay needed service and treatment for them through administrative reorganization.

Another potential problem which should be investigated is the interpretation of this re-unification by the Department of Health, Education and Welfare in the Federal government. According to Dr. Schwartzbach, formerly the Associate Commissioner of HEW for Region II, who was interviewed by members of our committee, the Department of Health, Education and Welfare has a clear policy that states must proceed to separate all income maintenance from social service. The penalty for lack of compliance with this policy, according to Dr. Schwartzbach, could be a reduction of matching funds to any state from 75 per cent to 50 per cent of costs.

I do not appear here as a management expert, but I would like to ask that this Committee consider these problems before acting. We all realize that the Department of Institutions and Agencies is difficult to manage because of its size and scope. Perhaps the best solution would be to allow for the appointment of assistant commissioners on an interim basis, so that the situation can be studied a little longer, and a long-range, well-considered plan be developed. Thank you.

SENATOR HAGEDORN: We thank the New Jersey Junior

League for their contribution and interest. We recognize there are some deficiencies in 1134 and certainly the testimony that has been given will be considered.

At this time, I would like to call Dr. Leonard Roth, the President of the New Jersey Psychological Association.

D R. L E O N A R D R O T H: Thank you, Senator Hagedorn.

My name is Leonard Roth. I have a PhD in Clinical Psychology and am the Vice President and President Elect of the New Jersey State Psychological Association.

I am simply here today to represent the State Psychological Association, which is a thousand-member group, reflecting all the areas of psychological functioning within the State of New Jersey and an affiliate of the American Psychological Association.

The only reason I came this afternoon actually is to advise you, Senator, that the New Jersey State Psychological Association is extremely concerned about the implications of this proposed legislation, S 1134, and very interested in its possible implementation.

Therefore, the State Psychological Association will submit to you in the immediate future a prepared and detailed statement relative to the State Association's considered reaction to this legislation.

The New Jersey Psychological Association will have an executive board meeting this coming Monday, December 11, and will subsequently forward a statement to you following that meeting.

I would greatly appreciate being advised as to any future public hearings relative to S 1134 and would like to offer to you and your staff whatever assistance our State Association can possibly be to you in your efforts to improve and increase mental health services within the State of New Jersey. Thank you very much, Senator.

SENATOR HAGEDORN: Thank you, Dr. Roth. We will be looking forward to your additional recommendations.

Elaine Gleason, a Director of the Communications Workers of America.

E L A I N E G L E A S O N: My name is Elaine Gleason, International Representative of the Communications Workers of America, AFL-CIO.

May I take the opportunity to thank the members of the Committee for the opportunity to present the views of the Communications Workers of America, AFL-CIO, on Senate Bill No. 1134.

Our Union believes, Mr. Chairman, that this bill should have a Preamble, specifying how the creation of this new Department of Human Services differs from the present Department of Institutions and Agencies in relation to functions, administration and assignment of personnel. Without such an explanation, the constant problem of the duly-designated employees representative with the Office of Employees Relations will continue - with their unilaterally attempting to usurp the authority of county employers in contract negotiations and unilaterally issuing edicts changing titles and working practices of the represented group without prior discussion with the recognized bargaining agents, which is, in fact, in direct violation of Chapter 303 of the Laws of 1968.

CWA believes further, Mr. Chairman, that Section 4 of the bill creates another patronage job - a Deputy Commissioner - making the new Commissioner of Human Services even more inaccessible. We believe that Section 5 of the bill will increase administrative staff and costs without any stated or demonstrated improvement in over-all services.

We believe that Section 6 - paragraph d, f, g and j, may well be a subterfuge for by-passing and making obsolete existing labor contracts that have been created as a result

of the present laws (Chapter 303 Laws of 1968), by revamping present employees organizational structure and reassigning bargaining unit people accordingly; thus, unilaterally transferring existing bargaining units created through law, and their employees into a new Department of Human Services.

Our union, CWA, AFL-CIO having been in negotiations with representatives from the Governor's Office of Employees Relations, over a period of a year, wherein contracts covering County Welfare Board employees have been agreed upon with County Welfare Boards, Directors and Freeholders, but have been negated as it relates to over-all wage increases by the aforementioned State representatives, is aghast that this bill will provide monies to create a new Department, whose functions are unclear, creates a new Commissioner title, increases supervisory staff and administrative costs, without any stated or demonstrated improvement in services, while certain working people are denied a general wage increase for services they render to the public.

We ask you, Mr. Chairman, to seriously consider the views outlined by our union and we thank you for your time.

SENATOR HAGEDORN: Thank you, and I am sure it will be taken under advisement.

MISS GLEASON: Thank you, Senator.

SENATOR HAGEDORN: The next person I would like to call is Mr. E. I. Merrill of the Board of NJNPI.

E. I. M E R R I L L: Senator Hagedorn, Mr. John Henderson made a remark a moment ago about the availability of Federal funds. I would just like to follow that up. I happen to be on the Board at the New Jersey Neuro-Psychiatric Institute and we bring in in Federal funds about three million dollars a year, which is roughly half of our budget. Yet by a curious coincidence, that money does not go

directly to the Institute; it goes to the State Treasury. Later on in my testimony, you will hear how we have tried to get $300,000 in budget money over the past five years to get JCAH accreditation. This is an anomaly in financing that perhaps you will be able to straighten out.

To get back to my testimony, I am E. I. Merrill of Plainfield, New Jersey. For the past 19 years, I have been a member of the Board of Trustees at the New Jersey Neuro-Psychiatric Institute in Montgomery Township since its inception in 1953.

The views I present today are my own, which I believe would not be in conflict with those of the other members of our Board. However, time has not permitted a discussion with them.

If I can say anything today that will impress you, I hope it will be the fact that somebody needs to speak for the patients and inmates in our institutions. My reflections over the 19 years are that not enough has been said.

I will address my remarks to three points:

1. Hospital and prison accreditation.
2. Budget flexibility.
3. Re-organization of I and A to three departments headed by cabinet-rank commissioners.

<u>Hospital and Prison Accreditation</u>.

The State of New Jersey should guarantee that all patients in its hospitals and training centers and all inmates of its correctional institutions shall be treated humanely.

Standards for hospitals have been set up by the Joint Committee for Accreditation of Hospitals for several years. Competent inspection by JCAH committees yields accreditation to the hospital meeting the standards. These standards are not based on luxury accommodations and service. They are considered by the JCAH to be the minimum acceptable standards of patient care and treatment.

If a similar set of standards is available for correctional institutions, New Jersey should adopt it or provide one.

The four large state hospitals for mental health have been accredited for some time. The New Jersey Neuro-Psychiatric Institute has not received accreditation even though funds for the specific purpose of meeting accreditation standards have been requested in the past five budgets. It would seem that somehow this matter of meeting minimum standards has not penetrated the Budget Bureau ramparts and been presented to present and past governors on a factual basis.

I recommend that the Legislature provide legislation which will make it mandatory for the Budget Bureau to furnish funds to meet minimum standards for accreditation of hospitals and correctional facilities.

Budget Flexibility.

While it may be desirable in certain instances for the executive to have discretion in allocation of funds, there should be some limitation to the discretion.

A single example is cited to illustrate this point. On January 19, 1972, our Board President, Mrs. Marie Gemeroy, wrote Governor Cahill, "as to why funds were not available to provide basic minimum care to the patients in this institute" (NJNPI). Her letter also noted that the NJNPI budget "amounted to $7.1 million and that $.3 million more were needed to obtain the personnel to meet JCAH standards." The letter further noted that in a press release of January 14, 1972, Budget Director Walter Wechsler reported allocations of $29.9 million of lottery proceeds to education, with a balance of $30 million unallocated. A copy of this letter is attached.

The lottery proceeds are allocated to educational and institutional purposes by law.

In his reply of February 24, 1972, copy attached, Governor Cahill regretted being "unable to provide any ready

answer to your query regarding availability of funds for upgrading the Neuro-Psychiatric Institute to meet the standards of the Joint Commission on Accredition of Hospitals."

Governor Cahill based this comment on the declining population of all State psychiatric hospitals with the trend towards care at the community level and the "need to review the total situation in regard to the future of all of our hospitals so as to make the most useful distribution of resources in the best interests of all patients. I have instructed Commissioner Clifford to give the highest priority to such a study of mental health programs. . ." He continued, "Meanwhile, you may be interested to know that I have earmarked more than $12,000,000 of lottery funds in the 1973 fiscal year budget for essential improvement of State institutions for the mentally ill and the mentally retarded. The precise allocation of these funds may be found on pages 24a and 25a of the budget message."

These figures actually show a total of $12,001,455 for all institutions, of which $5,675,878 is allocated to mental health and mental retardation.

Furthermore, the budget shows the following total allocation of lottery funds through the fiscal year 1972-1973: Education, $69,213,405; Higher Education, $70,214,910; Institutions and Agencies, $12,001,455 - a total of $151,429,770, of which some $12 million or slightly less than 8 per cent is allocated to institutions.

I do not know if the lottery legislation spells out the degree of splitting the lottery proceeds, but I assure you that if a 50-50 split had been considered reasonable and the Department of I and A had been allocated $75 million over the past two years, the future for Institutions and Agencies would be far brighter than it is today.

The Governor's letter did not answer the question of how to provide minimum acceptable care for the patients at

NJNPI. There were no comments from Commissioner Clifford. Accordingly, on October 18, 1972, the NJNPI Board of Trustees sent a resolution to Commissioner Clifford asking him to arrange a meeting with appropriate members of the Legislature, representatives of the Budget Bureau, Board of Institutional Trustees and Division of Mental Health and Hospitals, and designated members of the Board and Administration of the Institute, for the purpose of providing the necessary support to enable the Institute to meet acceptable minimum standards of patient care and treatment.

Commissioner Clifford attended the Board meeting at NPI on November 15th, and set a date for departmental review of NJNPI plans on December 14, 1972. While we do have long-range plans involving substantial expenditures, our urgent objective is to obtain JCAH accreditation at a minor cost. For at least five years we have been trying to obtain an approximate 4 per cent increase in our budget to permit acceptable minimum patient care. Would this $.3 million dollar increase have greatly distorted the $70 million of lottery funds allocated annually to education over the past two years?

It is recommended that the Legislature place limits on the Governor's discretionary power to allocate lottery funds, with the objective of providing a significant share of lottery funds for Institution and Agency purposes.

Reorganization of Institutions and Agencies.

Because of what has been said above and from occasional personal observation of three prior Commissioners, all able men, I have long ago considered the post of Commissioner of I and A to be far too burdensome for one man to handle. Beyond that, there is the further question of what the cost to the State and its patients is in lost treatment opportunities for lack of competent technical top administrators in their respective fields of interest, which comprise I and A. More important than all the rest is the ability of a well-trained, well-informed administrator

to tell the Governor what his department's significant needs are and why they must be obtained. Clearly, I and A appeals for lottery funds, if any, have fallen on inattentive ears.

It hardly requires amplification to say that our penal system must be updated, at major operating cost and possibly major capital cost.

We in the mental health area know that there is a drastic shortage of capable mental health administrators in the State system, primarily due to lower pay scales than our neighboring states or even New Jersey Mental Health Clinics offer.

I am not competent to speak on the matter of agencies, but will observe that the welfare problem alone has grown to substantial proportions. Accordingly, I recommend that I and A be organized into three departments, headed by cabinet-rank personnel, as shown on page 6. This is a diagram which shows a Commissioner of Agencies, a Commissioner of Mental Health and Retardation, a Commissioner for Correction, all reporting to the Governor directly. I thank you.

(Material submitted by Mr. Merrill can be found beginning on page 56 A.)

SENATOR HAGEDORN: Thank you, Mr. Merrill. We appreciate your interest and the great service that you have given to the New Jersey Neuro-Psychiatric Institute.

Is Stanley Liutkus of the New Jersey Association of Mental Health Agencies present? (Not present.)

Is a representative of the Essex and Morris Counties Mental Health Association present?

E M M E T T A L T S H U L: Mr. Chairman, I apologize for not having a copy of this for you, but with your permission I would like to give one to you later.

My name is Emmett Altshul. I am a Director of the Mental Health Association of Essex County and I speak for the Mental Health Association.

Much has been said and written through the years about the wretched, obsolete and deplorable mental health facilities in New Jersey. The young people who spoke just a little while ago talked about the dehumanizing conditions affecting mentally-ill persons in large institutions many miles from their homes, their families and their friends. Essex County patients are sent to Trenton State Hospital 50 miles away and Marlboro Hospital in Monmounth County.

We know about the unwillingness to move in the direction of modern methods for the prevention of mental illness and the care and treatment of the mentally ill, about the lack of emergency treatment facilities in most communities, about the woefully inadequate salaries paid to employees, professional and nonprofessional in mental health institutions, about the almost invisible amount of attention and effort directed toward the prevention of emotional illness and about the lag in the establishment of community mental health centers nine years after the Federal government defined and established the program and provided for initial financing.

There are seven community mental health centers operating in the State of New Jersey out of fifty originally contemplated.

We know about the children, harmed more by being hospitalized than by their underlying disorders, about the urgent need for out-patient services and after-care services that remain largely unfilled, about the inadequate facilities for training in the mental health professions, about committees that have been formed and hearings that have been held and reports that have been published and the total lack of action that has been the result.

All of this and much more prompted Governor Cahill to pledge in September of 1969 that if he were elected, there would be a new Department of Mental Health instead of a Division of Mental Health within, as he called it,

the archaic Department of Institutions and Agencies. Governor Cahill observed - and I am quoting from the Newark Star Ledger of September 15, 1969 - the Governor observed that the State's approach to treating mental illness is a hold-over from the Dark Ages. He described the method of treatment as sick in New Jersey and charged it exists despite advances in medicine and new techniques. He said that no modern society can afford to tolerate the governmental procedures that relegate a child to a lifetime of neglect when help is within reach.

I believe the people of New Jersey do not want thousands upon thousands of their sons and daughters and mothers and fathers and brothers and sisters under the care of a government service, headed by a person who doesn't exist. For three and a half years now, there has been no Director for the Division of Mental Health. Where is the long-range planning? Where is the institution of programs? Where is the concern about adequate staffing? Where is anything being done to relieve the mental health ills we see all around us?

We read about prisoners rebelling and their actions make headlines and the public becomes concerned, the Governor assigns priority to prison reform, and the State Budget Director promises favorable treatment for a greatly enlarged Division of Correction and Parole budget. I am not saying that this is unwarranted. But mental health patients, unfortunately perhaps, don't mount violent rebellions. When they do become recalcitrant, they are more likely to get sedative drugs or sleep treatment than improved services or facilities. These are the people I speak for. They deserve a better deal.

Why in the year 1972 in the United States of America in this enlightened State of New Jersey are we treating people so poorly? How can we explain our seeming disinterest? How can we continue to conduct mental health affairs in a manner condemned by every responsible person

or agency that has ever looked at the situation?

We have a unique opportunity here. Many of society's problems defy solution. Here we have a clear course of action available to us. I don't claim that the path is an easy one. I do say that it is time for us to get started. We are asking here and now for a start toward correcting the intolerable mental health conditions that exist in our supposedly enlightened State. We are asking for a commitment from this Committee, from this Senate and from this Governor.

The first step has been defined with startling clarity by the American Psychiatric Association survey team and by many others. We are asking that this first step be taken and that step is, according to most knowledgeable people in the field, the replacement of the present Division of Mental Health, which operates under the Department of Institutions and Agencies, by a separate Department of Mental Health with a Commissioner responsible to the Governor.

As the American Psychiatric Association's study states, the creation of a separate Department of Mental Health is essential in order to develop the strength, visibility, and identity needed to revitalize and sustain a successful effort to attain an adequate mental health program.

Senator, the situation is going to be corrected. The public has a right to look to the Governor and the Legislature to provide the leadership to solve these problems. However, it is well for us to bear in mind that other forces are at work. In Alabama and in other states, strong efforts are being made through the courts to insure that adequate facilities of treatment are provided. It is our hope that this Legislature and this Governor will take the steps which need to be taken and not wait to be forced by a court order.

I believe the people of New Jersey do not want procedures for handling mental patients so antiquated, so cruel, and so insensitive that every responsible person who looks

at them say, "Throw them out." Thank you.

SENATOR HAGEDORN: Thank you very much, Mr. Altshul. Your presentation was certainly a worthwhile one. I am sure it will get the consideration of the Committee.

I would like to go back to the testimony of Mr. Merrill and say that I certainly too have been concerned about the share of lottery funds for the institutions. I don't think the law indicates specifically the breakdown. But it was my impression it was going to be done on a 50-50 basis, which it certainly has not been. As I look at the budget for '72-'73, I find that the budget, itself, was increased about $11 million, where the lottery funds provided are $12 million, which means in effect the State has been robbing the lottery fund and has not increased the budget for Institutions and Agencies and I think that is one great part of our problem.

Is there anyone from the Mental Health Association from Morris County?

R O B E R T C L A R K: My name is Robert Clark, Executive Director of the Mental Health Association of Morris County, a county in which Greystone Park, one of the largest State psychiatric facilities resides, and perhaps the third wealthiest county in the State. In addition to sharing the problem of poorly funded State facilities, we also share the problem of an apparently unconcerned Board of Chosen Freeholders - unconcerned for the mental health needs of the 400,000 residents of Morris County.

To point up this fact most dramatically, last year $58,000 of the so-called 15-cent monies, funds which are allocated on a per capita basis from the State to the County, were returned to the State "Slush Fund" because the County Mental Health Board of Morris County, appointed by the Freeholders of the county did not function appropriately. As a matter of fact, this Board has in effect been defunct

for several years. It is not presently up to capacity and it is without a chairman. When queried by me, Freeholders seem not to know what really is going on and I do not seem to get much response from them concerning the dire need and necessity for the activation of this Board. Budget time is approaching and if this Board is not activated before March 1973, another $60,000 in lost funds will go down the drain. Eventually the State will perhaps remove the monies altogether if they are not used.

In addition to the problem of the Mental Health Board, the State law also provides partial funding for a County Mental Health Administrator. Nine counties in New Jersey have such an administrator, but Morris County, the third wealthiest and one of the largest, does not have one. Nor do we have a comprehensive community mental health center in either of the catchment areas of Morris County.

Some part of the legislation we are considering today, it seems to me, should grant the State more clout in coordinating authority in dealing with the counties and especially in regard to the County Mental Health Boards.

I submit to you that this is not just a failure of local authorities, the Freeholders, as they cannot bear the blame entirely for all of this. Part of the blame must be placed with the State, surely a great deal of it, which has not highlighted and given priority to the mental health needs of its citizens for many years. We are a State which finds itself paying lower salaries than the sister states of Pennsylvania and New York to mental health professionals, a point made repeatedly here today. We are a State which ideally boasts of a comprehensive Institutions and Agencies Commission, but which in practicality the intent of that Commission does not exist at the lower local level. We are a State which allocates 74 1/2 cents per day to feed the patients at Greystone Park Hospital. We are the State which sends laundry to Rahway State Prison where

there should be 135 to 160 men working but where there are only, on lucky days, 65 men working to do the laundry of our State hospitals.

An outsider, looking in from the outside, would surely suspect that mental health in the State of New Jersey has an extremely low priority in the thinking of local administrations, the Legislature and the State administration.

Mr. Clifford, the State Commissioner of Institutions and Agencies, is a man of high promise, a man whose heart seems to be in the right place, but he is a man who has inherited a bureaucracy which will not meet the future needs of the State of New Jersey or of Morris County. To think that by merely maintaining the status quo by finally appointing an administrator to Greystone Park or finally appointing a Director of Mental Health, a post which has been vacant for 3 years - and the post of administrator at Greystone has been vacant for almost 4 1/2 years - will really solve our problem is absurd. It will only maintain an antiquated system which has not produced the kind of results that we could produce if we were patterned after the states of California and Colorado, for example.

At the present time, as I understand it, the staff at Greystone Park is under a mandate from the Governor and Mr. Clifford to lower the patient polulation to the figure 2,000. So we have an expression of concern that these patients be taken care of in the community once they are released. Well, the fact of the matter is, gentlemen, because of the abrogation of the responsibility of local and state government, there is not one facility in the whole of Morris County to give care to those being released from Greystone Park Hospital into Morris County. Mr. Magovern sounds like a Pollyanna; if he thinks he spoke concerning the realities of Morris County, I invite him over. Unfortunately he has left the room. There are no satellite clinics. There is but one general hospital in

the whole of Morris County with any kind of adequate psychiatric facilities, and that is Morristown Memorial Hospital and that has a 30-bed inpatient situation for the 400,000 of Morris County.

I have been appalled - and just let me take time here for a moment - on the nine visits I have made to Greystone Park Hospital by what goes on there. I don't want to point an accusing finger at the personnel because I think they are the ploys of a much larger problem. But what happens is, for example, when you enter the Admissions Ward of Greystone Park Hospital, you are put on "sleep therapy" for five days - to think that one should call that "therapeutic" rather than "control." It is five days of not knowing where you are or what you are doing - five days of sleep because there is no one there to be with you in your distress - there is no one there to be with you to help you in any way except to put you out of your misery by putting you to sleep.

But now to the matter immediately at hand. As I understand it, the question raised by this commission is whether or not a separate department of Mental Health or Human Resources ought to be adopted by the State Legislature, removing it from the omnibus organization of Institutions and Agencies. Speaking generally, the present situation is probably ideally one of the best situations. If the reality in the local situation were what the State agency indicates it ought to be, it would be ideally the best. Because it would combine all of the various social agencies together, sharing staff and sharing records. Mr. Clifford has a staff of approximately 18,400 people. He spends something in the vicinity of $214 million a year, but he is finding himself having to spend 50 per cent of his time, upon his own admission, on the correctional institutions alone. This means that at best, he is only able to have a holding action to maintain the status quo among

the State institutions and agencies responsible for mental health. I would suggest to you that for the sake of viability, for the sake of breaking out of the bonds of such an antiquated system of mental health delivery care, and for the sake of at least temporarily perhaps establishing in the minds of the citizens in the State of New Jersey and in the minds of the legislators of the State, that mental health is one of the most significant areas of concern, that a separate Department of Mental Health of Human Resources be established. But I say to you gentlemen that it cannot be established with a budget allocation of only $100,000. Legislators are going to have to face up to the fact that the only way we are going to really get the kind of movement we need in the State and the money we need is to consider a broad-based tax structure. It is in the interest of the mental health of the legislators of this State to turn that key for a "yea" vote on that issue. There has to be more funding to represent our commitment. We must really mean it when we say we are giving this agency some priority. This new agency must have priority.

Let me quote a few reasons. The National Association of Mental Health estimates that within the next year there will be a 35 per cent increase in depressive adolescents. There will be an increase in the number of children with neurological and perceptual impairment with emotional overlays. These problems do not just affect those who are hospitalized in our large State hospitals; they affect housewives and businessmen and families.. But most of all they affect our youth and children. This must have priority in the State above all other things.

Somehow we find it easy to build stadiums and attract great football teams to our State. I am pleased to hear my colleague feels the same way. But we find it most difficult to put priority on human affairs, human difficulties in the form of those with serious emotional

or mental problems. So while just changing a bureaucratic scheme may not go far enough in the process which we must commit ourselves to, it may offer a small crack in the wall of our unconcern. It may give us the occasion for making the case in the public press, for making it with our constituencies, for making it with all those human beings in this State who have "fellow feelings" for their brothers and sisters who are confined and enslaved by the bonds of emotional distress.

I sincerely hope that these hearings do not end in another era of scapegoating, in another era of condemnation of personnel. That is really not the issue at hand. The issue at hand for me is: Do we the people of New Jersey have the will, the compassion and the understanding to do what has to be done and to do more than has to be done in the whole area of human suffering brought on by mental illness and emotional disorders?

Thirty-one years ago today, the United States government was attacked from without. At the present moment we are under attack from within and we seem to be surrendering before we have fought the battle. I hope we take another note from history and go forward with the slogan that we have just begun to fight. Thank you.

SENATOR HAGEDORN: Thank you, and I liked that last statement very much - we have only begun to fight.

It is a real delight to introduce the next person who is going to testify because this is the lovely lady that I met in my first involvement in the problems of mental health. And since that time, I think we have moved forward at least to the extent of focussing attention on the problems in this State. I want to call upon Mrs. Benjamin Ashin, the Past President of the New Jersey Association of Mental Health, who has done a great deal in this area and has worked very diligently for the people that are confined to our institutions.

M R S. B E N J A M I N A S H I N: Thank you, Senator.

Although I represent the New Jersey Association for Mental Health at this hearing, I want to thank you personally for the honor of appearing before you again to present my own views and experiences as a concerned citizen of New Jersey. As you said before, we have talked and met many times in this area and I know your concern is as great as mine.

I am Rose Ashin, a former President of the New Jersey Association for Mental Health from 1967 to 1971. Prior to that, I was President of the Monmouth County Association for Mental Health. I am currently a member of the National Board of the National Association for Mental Health. In those capacities, I served as a volunteer. My training, however, is in the field of social work where I was employed for many years in the Bureau of Children's Services.

My concerns are people, specifically the mentally ill, the rights and privileges of our unwanted, uncared for and unloved emotionally disturbed.

The New Jersey Association for Mental Health has since its inception stressed the need and importance of a separation of the Department of Mental Health from the gross, over-sized, impersonal Department of Institutions and Agencies.

In 1968, we appeared before the Governor's Commission to evaluate the capital needs of New Jersey. At that time, we took the position that until a basic overhaul of the Department of Mental Health was instituted with the establishment of a separate Department of Mental Health, no amount of money spent on remodelling, refurbishing or reconstructing old buildings would bring in and of itself kind, humane and modern concepts of the care and treatment of the mentally ill.

We also stressed that only an impartial, professional study of our mental health system in New Jersey would make

possible the change in direction so vitally needed here.

Responding to the obvious interest of the Senate Institutions, Health and Welfare Committee, we met several times with the Committee. They recommended and made possible the study undertaken by the American Psychiatric Association. This took place in 1970 and in February, 1971, the report was issued to the Senate Committee of Institutions and Welfare, entitled, "Mental Health Needs and Resources of New Jersey, 1970." The American Psychiatric Association suggested among its major recommendations a separate Department of Mental Health, and I don't need to quote - it has been quoted many times this afternoon - what in essence the American Psychiatric Association said.

The official national newspaper of the American Psychiatric Association headlined in its March 17, 1971 issue, as follows: "American Psychiatric Study of State urges wide reforms in New Jersey," and then they went on to stress a need for a separate department in New Jersey with exclusive supervision and control of the department and all facilities created by the department. And it continued to say that only then with the establishment of a separate department would there be adequate mental health in New Jersey.

The New Jersey Association for Mental Health in collaboration with the New Jersey Neuro-Psychiatric Association organized an action committee in June 1971 and proceeded to organize the active support of many interested groups. Many of these groups have testified here today and will probably continue to testify.

On May 27, 1971, representing the Mental Health Association, I appeared before this Committee on Bill Number 2260. This bill abolished the Board of Control and put direct responsibility in the hands of the Governor for the appointment of the Commissioner of Institutions and

Agencies. We felt then, and we firmly believe today, that the abolition of the Board of Control meant that steps could then be taken to make possible a further breakthrough in the strange conglomeration known as Institutions and Agencies.

As an aside I would like to make a comment. I forget which one of the gentlemen spoke of running a business conglomeration. I would like to merely comment that you cannot run a business for profit as you run a service for human needs.

We said then and we repeat that under the present structure of the responsibility of the Commissioner to the Governor and to the Board of Control, there is confusion of responsibility, authority and accountability. The same lack of clarity exists with respect to relationships between Governor, Commissioner, hospital medical directors and Board of Control.

Thus it was that in Greystone in 1969, when there were problems, accountability was so obscure that the most expedient action was dismissal of the Division Director for nonfeasance, the person with the least clear-cut authority, and to this time no new Director of Mental Health has been appointed. In fact, there is no one responsible person representing the New Jersey mental health system and the mentally ill. And that is what I said in 1969 and it is just as valid in December 1972. It is our understanding that no new Director has been named because the lack of authority, plan and concern for the mentally ill in New Jersey makes it impossible for anybody to want this position.

The years roll by and we quote ourselves ad infinitum. But surely now at the threshold of 1973, Bill Number 1134 is an idea whose time has come. Time, progress, and medical science have marched on. New concepts of treatment for the mentally ill are taking root in states and communities across the country. New structures, new systems of

organization, new systems of administration have been developed everywhere for treating the mentally ill. All of these have passed New Jersey by. New Jersey is dealing with the '70's as if we were living in 1930.

Please, never let it be said again that in 1972 New Jersey had the opportunity to do more for its mentally ill and chose to do less. We urge with all our years of invested emotion and efforts the passage of Bill 1134, finally a step up in the right direction, the separation from Institutions and Agencies for the Mental Health Department to become independent. And I thank you, Senator.

SENATOR HAGEDORN: Thank you. It is good to listen to you again and keep up your good interest in mental health.

MRS. ASHIN: Thank you, Senator.

SENATOR HAGEDORN: John L. Hammer, Vice President of the New Jersey Association for Mental Health.

J O H N L. H A M M E R: I am John Hammer, a Vice President and Chairman of the Public Policy Committee of the New Jersey Association for Mental Health.

My prepared statement goes into some detail on the need for community mental health centers. This has already been emphasized here today by many people. So I will just file this statement and add a few remarks of my own.

Mr. Hardenberg, the President of our Association, has outlined the outrageous conditions existing in the New Jersey mental health program. He has told you of our commitment to improve these conditions and of our strong feeling that a new organizational structure is necessary to achieve these improvements. Let me just add my own personal conviction that a new department will provide a more concerned and enlightened administration - treatment rather than custody, hospitals instead of prisons. And I cannot help but observe that if Institutions and Agencies were as efficiently operated as duPont, General Motors, General Electric and Bethlehem, we wouldn't have to hold

this hearing.

(Mr. Hammer's written statement can be found beginning on page 65 A.)

SENATOR HAGEDORN: Thank you very much. I think that is an excellent observation. While there were some comments made in that area, I certainly feel too that the testimony earlier today confirms the very problem we have, and I think comparisons are odious. I don't think you can compare profits with compassion and love. That's the thing that we are trying to generate through a new department under new leadership.

Is Mrs. Francis Phillips, President of the Monmouth County Mental Health Association, present?

M R S. F R A N C I S F. P H I L L I P S: Thank you, Senator Hagedorn, for giving me this chance to speak for the removal of the Division of Mental Health and Hospitals from the Department of Institutions and Agencies, and the setting up of a separate department.

I speak as an active Mental Health Association volunteer for 18 years. During that time, I have worked in one of our State Hospitals and have often visited others. I have attended many Board of Managers meetings and budget hearings. I have worked for community services and with those who seek help. I have been acquainted with the structure and the deficiencies of the Department of Institutions and Agencies.

There was hope when hundreds of people all over the State testified as to these deficiencies in New Jersey's provision of services for the mentally ill at the time of the American Psychiatric Association's study in 1970. There was hope when the Senate first contracted for that study and when its Institutions and Welfare Committee received a well-documented professional report in 1971. There is hope now that the Legislature will take the next important step, which must precede all other action

for improvement, that of the establishment of a separate Department for Mental Health.

New Jersey at the end of 1970 had more patients in its mental hospitals than the national average, but was 31st among the states in the amount it spent on them. It practices false economy in providing long-term and cheap custodial care rather than treatment, which although costlier is of much shorter duration. The leadership power and authority needed to provide community services and change our hospitals from warehouses cannot come from a neglected subdivision of the huge Department of Institutions and Agencies. It can only come from a separate department responsive to the needs of the mentally ill.

Many kinds of service are unavailable. Some areas suffer more than others from lack of service. Services are not coordinated. Some of our hospitals have dehumanizing physical settings. Manpower is inadequate in quantity and in quality.

The dedication to adequate services for the mentally ill, the visibility needed to make problems and solutions known, the expertise needed for coordination and administration have never come, and never will come, from the Department of Institutions and Agencies with its many other pressing problems.

You have read the APA report which tells you all these things and outlines corrective measures, so I will not elaborate.

I would like to tell you a few things I see and have seen countless times. We say in the Mental Health Association that we speak for those who cannot speak for themselves, the mentally ill. I have seen some of them in our mental hospitals, retrogressing toward back wards, from which they will never go home. Many could have returned to their communities had there been help for them when they first became ill. Many could have left the hospital fairly quickly had there been enough professional

staff and manpower and money to provide intensive treatment. Some of them have perhaps been your friends and neighbors, our acquaintances or perhaps even our relatives. You will probably not see them again, so they are easy to forget. I speak for them. The Legislature can act for them.

I see people seeking help who need it now who must wait because the encouragement of quickly-available service has been lacking. I see children who must leave their families and homes for other states because children's services are lacking. And I see those who cannot afford to leave without adequate service in some areas. I see husbands and wives living in dispair because one or the other is ill and the other can no longer cope. When they call for help, where can we send them? To a hospital that perhaps will feed and clothe them but not treat them? Or to join a long waiting list of a community facility unable to serve all who needed help?

I see people return to the community after hospitalization, able to leave but not completely able to join society's daily activity and probably needing medication. I see them get lost in the shuffle and often have to return to the hospital because the coordination needed to follow them to the community and needed services is lacking or the services are too far away to reach or they are inadequate.

New Jersey is a wealthy state beset by fiscal problems which deny its citizens many things besides mental health services. This problem must be solved. But additional funds are not the only thing needed in the area of mental health. Should they become available and be allocated to the present structure, they would be ill used. The structure must be changed so that planning and improvement can start before complete fundings, so that when funds are available, they can be used for the best possible administration of complete, modern, effective

services for the mentally ill.

I urge this first step for the mentally ill by giving them a separate department. Thank you, Mr. Chairman.

SENATOR HAGEDORN: Thank you very much, Mrs. Phillips, for your testimony and for your interest.

Is Mrs. Goldie Solot of the Camden County Mental Health Association present? (Not present.)

Would anyone else wish to testify? (No response.)

I would like to express my appreciation to all who have testified and made their contributions today, but particularly for their interest in this perplexing problem, the challenge of which I certainly feel the State has not met.

There was an observation made here that the era of scapegoating is past and I have to agree with that, and I think it should be manifested by positive action that we have tried to take in introducing legislation that would develop a separate department.

As long as I have my health and strength or am a member of this Legislature, there will be no surrender, but we will fight to achieve the goal of providing the best mental health care program in the Nation.

I want to say thank you. I have been impressed by the great amount of interest that has taken place not only today, but in our prior hearing on the suicides.

I would like to announce that there will most likely be another hearing on the state of our hospitals and the mental health care since I have had many inquiries from people that would publicly like to express their deep concern and their interest in this particular problem.

I will now conclude this hearing on S 1134. Thank you very much.

(Hearing Concluded)

- - - -

EXHIBITS SUBMITTED BY DR. IRVING FELDMAN,

Administrative Director, Mental Health Clinic of Ocean County
and
Chairman, Legislative Committee, New Jersey Association of Mental Health Agencies

MENTAL HEALTH CLINIC OF OCEAN COUNTY
122 LIEN STREET
TOMS RIVER, NEW JERSEY 08753

TELEPHONE 201 - 349-5550

IRVING S. FELDMAN, PH.D.
ADMINISTRATIVE & PSYCHOLOGICAL
DIRECTOR, C. E. O.

JOHN P. MOHAIR, M. D.
PSYCHIATRIC DIRECTOR

December 1, 1972

To: Senator Hagedorn
c/o Mr. Carl E. Moore
Research Associate
Law Rev. & Legis. Services
State House, Room 221
Trenton, N.J. 08600

Re: S-1134
Hearings 12/7/72

Dear Senator Hagedorn:

I am enclosing two items in advance of appearance before your Committee on December 7, 1972:

(1) A statement of my reaction to The American Psychiatric Association Report to the legislature;
(2) As a follow-up some suggested amendments to the Community Mental Health Act;
(3) A copy of my credentials to speak to the subject at issue.

The suggested amendments probably should have further explanation and, hopefully, I can have these available in writing also. I do serve as Chairman of the legislative committee of the New Jersey Association of Mental Health Agencies at this time.

Let me add, here, that I and those I am representing do appreciate your efforts. We entertain the hope that a reasonable congensus can be reached about some significant steps which can be taken to reach a common objective.

I and members of my committee look forward to the opportunity to meet with you.

Very sincerely,

IRVING S. FELDMAN, Ph.D.
Administrative Director

ISF/ekr

REACTION TO A.P.A. STUDY OF MENTAL HEALTH NEEDS AND RESOURCES OF NEW JERSEY AND ALTERNATIVE RECOMMENDATIONS TO MEET THOSE NEEDS

BY Irving S. Feldman, Ph.D.

"Mental Health Needs and Resources of New Jersey 1970" is the study by the American Psychiatric Association submitted February 1971 as a report to the Institutions and Welfare Committee of the New Jersey Senate by Dr. Walter E. Barton, Medical Director of Contract Survey Board, 1700 Eighteenth St. NW, Washington, D.C. 20009. The report itself is 56 pages long and divided as follows: (1) General Findings, (pages 1-5); (2) Major Recommendations, (pages 6-27); (3) Ten Statistical Comparisons between New Jersey and other States, (pages 28-35); and (4) Commentary, (pages 36-56), which contain the author's reflections and comments upon the issues presented by the contributors to the public hearings listed in the Appendix (pages 57-82). The first half of the Report contains the General Findings and the Major Recommendations; and the second half of the Report contains the Documentation of the contributors, mainly citizens of New Jersey, and Statistics which reflect the performance of New Jersey in comparison with the other States.

It is the contention of this reaction that the data and information are of considerable value to the Legislature, but that the General Findings and Major Recommendations do not necessarily follow from the data and information.

The data and information contained within the second half of the Report establish (1) the enormous need for expansion of community-based services; for after-care (page 42); follow up programs for children including day-care; residential placement (page 45); for drug abuse including education and family therapy techniques (page 47); for adolescents (page 48); geriatric placements in group or foster homes and out-patient therapy (page 50) and consultation to Nursing Homes (page 51); development of general hospital facilities (page 54); and (2) the effectiveness and economy of re-allocating

mental health resources from State to community operated programs and community-based facilities (See Tables 6-15, pages 28-35).

New Jersey Spends a Greater Share of its Expenditures on State Hospitals

The comparison between New Jersey and other States, particularly California, reveal the costly consequences of New Jersey's continuing effort to maintain State Hospitals and Institutions at the expense of fostering expansion of community-based services; New Jersey and California rank 7th and 8th respectively in per capita income, but 50th and 8th in general State expenditures. Combining local and State expenditures New Jersey ranks 29th and California 6th. Yet, New Jersey spends a greater proportion of its State funds in operating State Hospitals, ranking 12th compared to California's 40th and, as we shall indicate below, with less gratifying results.

Average New Jersey Citizen Pays More To Maintain State Hospitals

The per capita cost to each New Jersey citizen of maintaining hospital patients exceeds that of a California citizen $10.85 to $6.33, and exceeds the average U.S. taxpayer cost of $7.30; in this respect, New Jersey ranks 9th and California 35th.

New Jersey Over-Utilizes State Hospital Care

The expensiveness of hospitals to the New Jersey citizen derives not from the quality of service to patients but from over-utilization of State Hospitals; the New Jersey State Hospital rate per 100,000 population is 214.9 as compared with the California rate of 65.4, and the median U.S. rate of 151.2; thus New Jersey ranks 14th and California 44th in this respect.

New Jersey Spends Less on State Hospital Services Per Patient

What about the quality of service to New Jersey State Hospital patients? The daily expenditures per patient in 1970 was $13.69 as compared with $25.62 in California and the median expense in the United States of $15.13; New Jersey

ranks 31st and California 5th in money spent on patients. The cost per patient is reflected by the staff providing treatment; in New Jersey the number of staff per 100 patients is 63.3, in California 97.5 and the median U.S. number is 69.9, so that New Jersey ranks 33rd and California 10th.

New Jersey Rehabilitates A Lesser Proportion Of State Hospital Patients

The quality of service to hospital patients is reflected in the number of rehabilitated mentally ill as a percent of the total rehabilitated in the State. In this regard New Jersey ranks 33rd and California 5th, based on the New Jersey rate of 18.2% compared with California 41% and the median rate in the U.S. of 22.1%.

Decline in State Hospital Expenditures Correlates with Expanded Community Mental Health Services

Both New Jersey and California, as Table 10 shows, have had a dramatic decline in the rate of State Hospital expenditures over a ten year span 1960-69; 45% in California and 47% in New Jersey. The decline in California is attributed to the drastic reallocation of State resources to community-based and community-delivered mental health services supported by State funds in a matching ratio of 90% to 10% by the communities. Coincident to the dramatic decline in the proportion of New Jersey hospital costs to the total State costs is the implementation of the 1957 Community Mental Health Services Act and subsequent growth and development of community mental health services. The real difference then between the California and New Jersey situation is in the degree of commitment to the community mental health services and the degree of dependence upon State-based and State-delivered services.

Community Mental Health Centers Development Depends on Increased State Support

The A.P.A. report presents the case for community services and (on page 51) focuses the issue to which the recommendations are directed: the

development of community mental health centers in the service areas not yet programmed. Recognizing that federal support has not been assured on a continuing basis, and that federal support, in any event, phases out in diminishing amounts over several years even when available, the Report pointedly observes, "The only safe conclusion is that the success of this Center program is now -- and for the foreseeable future will be -- dependent on continuing and increasing State and local support." The Report further adds that not every service area necessarily requires a federally supported Center, but that every service area "... should have a coordinated service system that embodies the same fundamental concepts as exist for mental health centers." The meaning, it would appear, is that each local service area will require continuing local and State support if the ~~central~~ Centers program is to be developed, and must exercise initiative and creativity in accordance with local conditions if comprehensive community services are to be achieved with little or minimal federal participation. The key in New Jersey, it would seem, does lie in the extent to which the State's participation will continue to increase, proportionately as well as absolutely. The communities have demonstrated their commitment; they now provide greater than 50% of the cost of community-delivered services on an inferior, restricted tax base.

A.P.A. Report Confuses Conditions Within Institutions With Community Facilities

Among the general findings of the Report, however, was the inaccurate observation that "much of the will for action generated during the earlier period (1963-65 planning) has been lost." The misleading interpretation implies that the failure to achieve goals is due to the "ineffectiveness of local citizen groups in helping plan mental health services, lack of support from the citizen sector, the system's inability to attract high-level professional personnel, salaries that are not competitive with those of other States, and a general decrease in morale." The Report confuses the situation

within institutions with that of the community facilities. Citizen groups as indicated above do support community facilities, not the institutions. Morale in local Clinics is relatively high, but not in the hospitals. New Jersey does rank 9th in expenditures for State hospitalization. It is not citizen support that is lacking; it is in great part a misallocation of resources.

State hospitals have high rates of unfilled positions, but local facilities mainly lack the funds to pay for personnel and do not have nearly the same difficulty in attracting staff. The failure to clarly distinguish conditions within the institutions from the situation in communities contributes to the simplistic conclusion that "Government organization in New Jersey does not give the mental health programs its stability, identity, dignity, and support it needs and deserves if it is to provide adequate services to the mentally ill." The conclusion attributes deficiencies to lack of influence for the Director of the Division of Mental Health and Hospitals in the Board of Control and his lack of power over Boards of Managers in State Hospitals, pointedly ignoring the influence of the Commissioner of Institutions and Agencies and avoids examination of the roles and functioning of both the State Board of Control and State Community Mental Health Board as well as of the County Mental Health Boards and Community Agency Boards. As a consequence, what is positive in New Jersey is ignored: the Community Mental Health Services Act itself and its promisingly effective potential for citizen, lay and professional, participation in policy formulation and surveillance of policy implementation; this potential is to be discarded. Instead, citizen participation at all levels is to be relegated to an advisory role, a role not likely either to sustain citizen interest or to obtain continuing citizen commitment.

A.P.A. Report Recommends More Investment in State Hospitals

A major fallacy in the Report is failure to take heed of the data the Report itself presents. The Department of Institutions and Agencies now allocates to institutions a relatively greater proportion of available funds than most of the States in the U.S., and to a great extent at the expense of further development of community-based facilities. Herein lies a major source of diappointment in the Report's recommendations for "change".

The consistent failure to make the necessary distinction between conditions within State hospitals and the community mental health facilities has misled the A.P.A. Committee in formulating suggested reforms relevant to the needs in New Jersey. As a result, the Report makes 17 recommendations (pp. 13-23) to improve and strengthen State hospitals, reducing Boards of Managers to an advisory role, and strengthening the powers of the new Commissioner, an apparently sound procedure to promote administrative efficiency by a Commissioner, but most certainly at the expense of encouraging citizen participation and of ensuring hospital responsiveness to the desires of the communities they serve. The resources to be committed to the up-grading and refurbishing of the hospitals are precisely the deeds which can only retard a policy of reducing the hospital population and give only lip-service to the aim of ultimately phasing out State hospitals.

Is it reasonable to expect that any long range policy to phase out State hospitals and to develop service at the community level can begin at any point in New Jersey with the proposal offered in this Report? The Report itself says, "The goal of reducing the patient population can only be accomplished if there is concurrent development of community resources within the hospital's catchment area ..." What the Report proposes is another matter, but certainly proposes a substantial additional commitment of mental health resources to improve State hospitals, to which can be added

the establishment of another Departmental structure whose costs, though not even estimated in the Report, can be conservatively estimated to be substantially in excess of the State's entire current allocation to community mental health services today. Is this a reasonable, feasible proposal for developing community mental health services in New Jersey?

What the facts do show is that the Department of I. & A. has not been neglecting the hospitals, but on the contrary has been allocating a disproportionate share of available mental health funds which themselves are insufficient to implement the laws which the Department is mandated to implement. The Report itself provides the information that federal funding is both unreliable and even inadequate when available. But the Report equivocates about the extent of State funding which may be necessary instead of indicating the least that the State must do if community mental health center programs are to be established. Instead, the Report proposes a new departmental structure itself more costly than the current allocation for community services and adds additional expenditures to improve the State hospital programs which can only exacerbate New Jersey's position relative to other States such as California.

The Administrative Structure of The New Proposed Department

The administrative structure of the new proposed Department is itself more complex than the current Department of Institutions and Agencies; horizontally consisting of seven Assistant Commissioners as compared to the five Divisions within the whole of I. & A. The new structure is sure to provide, vertically, if nothing else, a thicker layer of insulation between the State Board of Control or Commissioner and community facilities than exists today.

The A.P.A. Report has provided what is evidentally a pre-packaged blue print for the organization of an independent mental health department in any State. But, is it relevant to the needs or conditions of New Jersey?

The Report is strongest in its presentation of some facts and precisely when it reflects the views and information provided by New Jersey citizens. The Report becomes weak and even irrelevant when it fails to reflect the views and information provided by New Jersey citizens, viz. in some of the several findings and recommendations. The recommendations reflect a limited, biased view of mental health (1) in the readiness to withdraw from close association with welfare, corrections and mental retardation, and (2) in the assertion of a monopoly on leadership by setting arbitrary standards of professional background which are not necessarily related to the requirements of leadership. The leadership standards suggested have credence only to the extent that the mental health field itself be limited to and most intimately associated with hospitals. As the jurisdiction widens and other professional disciplines are included, the proposed standards become less supportable, (e.g. page 39) the relinquishment of mental retardation leadership where physiological and anatomical considerations are more readily apparent.

The Report, as a prescription for meeting the mental health needs of New Jersey, is analogous to the kind of report one might anticipate were the Congress to enlist the aid of the Teamsters' Union to meet the transportation needs of the country. We would be sure to get suggestions for miles of highway for bigger and better trucks, but would this meet the transportation needs of the country?

The Report Calls for Radical Surgery Not Reform

Agreed, "We believe that the time is ripe for a concerted effort by legislators, professionals, and citizens that can and will bring about the much-needed reforms." Instead of reforms, however, we are advised to discard what we now have: (1) a legal structure which provides a significant role for citizen participation, and (2) an "umbrella" structure which contains the very populations mental health facilities are meant to serve, but are

frequently criticized for ignoring. The Department now includes the welfare clients, the mental retardate, the offender, as well as the mentally ill and probably should include the addict and drug abuser as well as the alcoholic; many individuals belong to two or all of the categories at one time. Yet the Report recommends the detachment of the Division of Mental Health and Hospitals from I. & A., a move which, however well-intentioned, will only further fragment planning services and progressively complicate the already difficult problem of coordination. As the Report itself states (page 3), "Regarding coordination of services, we found gaps of coordination between the State level mental health office and other State agencies that play a vital role in the total human service needs of mentally ill patients, including general health, rehabilitation, education, corrections, and welfare ... as well as among various agencies in the community, and between the hospitals and the community agencies." The Report (page 12) further states "... it is obvious that liaison committees between mental health and other sister departments of government should be developed and function actively." Are we to believe that what is now difficult to coordinate, divisions within one department under one Commissioner, will become less difficult to achieve between the departments of two Commissioners? The Report evades the principal issue: what stands in the way of the necessary coordination between the Divisions; what reforms are needed here? This, the Report does not say.

Beginning Steps Toward Reform

If the Community Mental Health Services Act is at fault, the Report says nothing about it. It is not the Act, but failure to implement the Act which is at fault. If Institutions get a disproportionate share of New Jersey funds, at an excessive cost to the New Jersey taxpayer without commensurate returns in effectiveness, then neither can the citizen be faulted for unwillingness to support programs, nor can the Department itself be faulted for neglecting the

Division of Mental Health and Hospitals. The exception here is that the IYA Department structure, including the State Board of Control, remains insufficiently sensitive to the community point of view and is overly preoccupied in a continuing, futile effort to avoid the inevitable: a planned dephasing of State hospital facilities. As a consequence, huge sums of money are diverted to the seeming necessity of the moment, to maintain housing and equipment at some minimal level, reinvesting in obsolescence. Instead, alternatives should be examined, beginning with a systematic evaluation of current State hospital land, buildings and equipment and their possible alternative uses as a base line of information to make possible, economically as well as philosophically, a redirection of effort and reallocation of resources in accordance with the intention of existing law and, purportedly, according to the intentions as opposed to the recommendations of the A.P.A. Report itself.

We must conclude, therefore, that the major recommendations of the A.P.A. Report to the Legislature are (1) essentially irrelevant to the situation and needs of New Jersey, (2) without any indication of what kind of steps a "wise" Commissioner chosen by a "prestigious committee" would take to facilitate the development of community mental health service programs in the fifty service areas of New Jersey.

Instead of radical surgery we should consider reform in order to build on what is good and to avoid the pitfalls of an existing policy of predictable futility and costliness.

New Jersey Compared to Other States (especially California)

(Pages 28-35)

Tables 6-15

Table	Content	Rank in U.S. N.J.	Rank in U.S. Calif.	U.S. Med.	N.J. Avg.	Calif. Avg.	N.J. % US Avg.	Calif. % Avg.
6	Per Cap. Income	7	8	$3,474	$4,278	$4,272	116	116
7	Per Cap. Gen. State Expends.	50	8	$342.41	$237	$440	70	130
8	Per Cap. Gen. Local & State Expends.	29	6	$576	$529	$777	92	134
9	State Hosp. Operating Expends. % of Gen. State Expend.	12	40	1.94%	2.57%	1.34%	112	59
10	Declining Trend in St. Hosp. Expends % of Gen. State Expends.	('60-69 NJ decline 47% from $4.83 to $2.57) NJCMHS Act '5 Calif. Short-Doyle Act. Calif. decline 45% from $2.42 to $1.34 (Greater responsibility at local level in Calif.)						
11	Per Cap. Mainten. Exp./ per patient cost per State citizen	9	35	$7.30	$10.85	$6.33	117	68
12	State Hosp. Patients per 100,000 pop. '70	14	44	151.2	214.9	65.4	128	39
13	Daily Mainten. Expend. per patient '70	31	7	$13.13	$13.69	$25.62	172	92
14	Employees per 100 Patients Hosp. '70	33	10	69.9	63.3	97.5	146	95
15	Ment. Ill Rehab. as % Total Rehabs. '69	33	5	22.1%	18.2%	41.0%	78	177

PROPOSED AMENDMENTS TO A 600 - (1967)COMMUNITY MENTAL HEALTH SERVICES ACT
(P.L. 1957 Chapter 146)

FELDMAN

PAGE 3

line

Community mental health board shall mean a board of 15 members, 10 to be appointed by the [State Board of Control] with the approval of the Governor. Of those 10, 7 members shall be chosen from among citizens of the State with demonstrated interest in, including 2 representative providers and 2 representative utilizers of, mental health services, 2 from among persons recommended by the State Association of Freeholders, and one from among persons recommended by the State League of Municipalities. The term of each of the 10 members shall be for 3 years and shall commence on July 1 and shall terminate on June 30, provided, however, that of the members first appointed 3 shall be appointed for a term expiring 1 year, 3 for a term expiring 2 years, and 4 for a term expiring 3 years from July 1 following the date of appointment.

In addition, [the Board of Control] will designate one member from [among persons currently serving as members of the Board of Managers of each of the 4 State mental hospitals and Neuro-Psychiatric Institute to be appointed in July of each year.] from each of 3 county mental health boards from the northern, central, and southern sectors of the State. Succeeding appointments shall be made such that each county, in turn, shall be directly represented.

In addition, the commissioner will designate 2 members from among persons currently serving on the board of trustees of institutions within the jurisdiction of the department. Succeeding appointments shall be made such that Welfare, Corrections, State mental hospital, or Mental retardation is represented every second term.

PAGE 4

line

(P.3 line 43) The community mental health board, acting on behalf of the

1 [State Board of Control] and subject to the authority and direction
2 thereof, [may] shall establish within itself committees directly concerned
3 with State-operated facilities, State grant-in-aid programs, Federal
4 grant-in-aid programs, planning for comprehensive mental health
5 services and mental health manpower resources, utilization and
6 training, and may establish such other committees as it may determine.
8 It [may, subject to the approval of the State Board of Control,] shall
9 establish any subsidiary unsalaried advisory or consultant com-
10 mittees or study groups as it may deem necessary and proper and
11 appoint the members thereof.

PAGE 5

22 b. Annually appoint a professional mental health advisory com-
23 mittee of not less than 5, including professional representatives of
24 mental health agencies receiving support under this act, and including
no less than 2 representatives from among state hospital and other
state agencies serving communities within the service areas of the
county mental health board; to provide
25 all necessary technical advice required by the board;

7. Each project application shall contain such information and be submitted in such form and at such time as may be required by regulations of the department. The county mental health board shall transmit to the department and to each project its recommendations with respect to each project which has been submitted to it, and including any additional recommendations of the professional advisory committee.

9. a. Reimbursement grants shall be paid to an eligible sponsoring agency from State funds for elements of service in an amount [not exceeding 60% of the allowable expenditures for each project approved by the commissioner.] not less than 60% nor exceeding 90% for each element of a project approved by the commissioner, except that outpatient elements of service shall be reimbursed at a rate no less than 75% of allowable expenditures, and that approved capital expenditures shall be reimbursed at a rate no less than 60%. Allowable expenditures shall include [expenditures other than] capital expenditures for such purposes as the commissioner shall, by regulation, determine to be necessary or required to carry out the mental health project, [except that expenditures for rental or improvements to premises used for the project shall not be included.] exclusive of the cost of site acquisition and within the limits of the total allocation to the approved elements of service contained therein.

line

6 line 42 The total of the annual reimbursement grants

43 from State funds for all community mental health projects,

7 line 1 [exclusive] inclusive of capital expenditures, in any one county shall not

2 exceed an amount equal to [$0.50] $2.00 multiplied by the population of that

3 county; except that the commissioner shall allocate no less than $0.50 per capita for approved out-patient elements of service nor less than $0.05 per capita for additional elements of service until the 10 elements of a comprehensive mental health center program will have been achieved in the designated service areas.

4 To permit initiation or expansion of services, the commissioner

5 may make payments in advance to any sponsoring agency of amounts not

6,7 to exceed 25% of the amount of an approved annual grant to the agency.

Payments to a sponsoring agency established beyond 3 years shall be made in 3 equal installments not later than the 15th of the month following each of the first 3 quarters of the fiscal year, except that the total reimbursed for the 3 quarters shall not exceed the amount reimbursed by the commissioner for the previous fiscal year, and that the 4th quarter expenditures be reimbursed in accordance with the formula for allowable expenditures up to the total amount approved and allocated for the current fiscal year.

line

10. The commissioner, with due regard for the recommendations made by the community mental health board, shall make, promulgate, modify, repeal and enforce such rules and regulations as may be necessary adequately to effectuate the provisions of this act and the powers conferred upon him and upon the department hereunder.

In addition, the commissioner shall promulgate such rules and regulations as may be necessary to permit full utilization of per capita funds, either uncommitted or unexpended during the current fiscal year, except that such rules and regulations shall retain the matching formula for reimbursement according to section 9a. of this act.

line

13 *For the purposes of this Act "providers" shall mean mental health professionals who are engaged in providing mental health services within a non-profit, multi-discipline organization. Succeeding appointments shall be made such that each professional discipline, in turn, shall be directly represented. For the purposes of this Act "utilizers" shall mean representatives of community-based organizations who make referrals to institutions and agencies within the jurisdiction of this Act; or former users or relatives of users of services provided for under this Act. Succeeding appointments shall be made such that each category of "utilizers" shall be directly represented no less than every second term.

RESUME OF PROFESSIONAL AND ADMINISTRATIVE BACKGROUND

Irving S. Feldman, Ph.D.
25 Mitchell Drive
Toms River, New Jersey 08753

BIRTH: August 25, 1918 - McKeesport, Pennsylvania

PROFESSIONAL EDUCATION:
Harvard University A.B. 1947
University of Pittsburgh M.S. 1949
University of Pittsburgh Ph.D., Clinical Psychology 1952
Post-Doctoral; William Alanson White Institute 1 year
Rorschach Seminar & The Abnormal Child - Alfred Adler Institute New York 1 year

PROFESSIONAL CERTIFICATION:
Certified School Psychologist
Licensed Practicing Psychologist, New Jersey

PROFESSIONAL MEMBERSHIPS:
Member, American Psychological Association.
Member, New Jersey Psychological Association.
Fellow, American Association on Mental Deficiency.
Member, Monmouth-Ocean County Psychological Assoc.
Fellow, American Orthopsychiatric Association.
Member, American Civil Liberties Union of New Jersey Public Welfare Assoc.

EMPLOYMENT (PREVIOUS):
Psychometric Examiner, Polk State School, Polk, Pa. 1950
Senior Psychologist, Polk State School, Polk, Pa. 1951-52
Senior Clinical Psychologist, Central New Jersey Mental Hygiene Clinic, Red Bank, 1952-57
Principal Psychologist, Director of Psychology, New Jersey State Diagnostic Center, 1957-59

EMPLOYMENT (CURRENT)
Administrative and Psychological Director, Mental Health Clinic of Ocean County, 1959 -
Part-time Private Practice, including Consultant to Public Schools.

COMMUNITY MENTAL HYGIENE: (PREVIOUS)
Member Professional Advisory Committees;
Monmouth County Mental Health Board
Middlesex County Mental Health Board,
Monmouth County Mental Health Association,
Monmouth County Chapter of Association for Retarded Children,
Board of Directors, Monmouth County Workshop, Inc.
Ocean County Mental Health Planning Committee 1965-66,
N.J. Community Mental Health Advisory Council, Dept. I & A, 1966-67,

N.J. Advisory Council for Construction of Community Mental Health Centers, 1966-67.
Advisory Council on Mental Health, New Jersey Rehabilitation Commission, 1967-69.

COMMUNITY MENTAL HYGIENE: (CURRENT)

Professional Advisory Committee, Ocean County Mental Health Board; Ocean County Council on Drug Abuse Chairman, Borad of Trustees, O.C.E.A.N., Inc., President Ocean County Council of Agencies. (OCCA).

PROFESSIONAL OFFICES: (PREVIOUS)

Past President, N.J. Association Mental Hygiene Clinics, 1964-65,
Past President, Monmouth-Ocean County Psychological Association,
Executive Secretary, New Jersey Psychological Association, 1965-66,
Executive Committee, New Jersey Psychological Association, 1966-69.

PROFESSIONAL OFFICES: (CURRENT)

Mental Health Committee, New Jersey Psychological Association,
Executive Committee, New Jersey Association Mental Hygiene Clinics.

TEACHING: (PREVIOUS)

Graduate Teaching Assistant, Department of Psychology, University of Pittsburgh, 1948-50,
Training Supervisor, Psychological Interns, New Jersey State Diagnostic Center.

SCIENTIFIC PAPERS:

Psychological Differences Among High Grade and Borderline Mental Defectives as a Function of Etiology; publisher, American Journal of Mental Deficiency, January 1953.

Complementary Personality Patterns in Marital Discord as Revealed Through Test Responses; unpublished paper, delivered at State Psychologist Meeting, 1955.

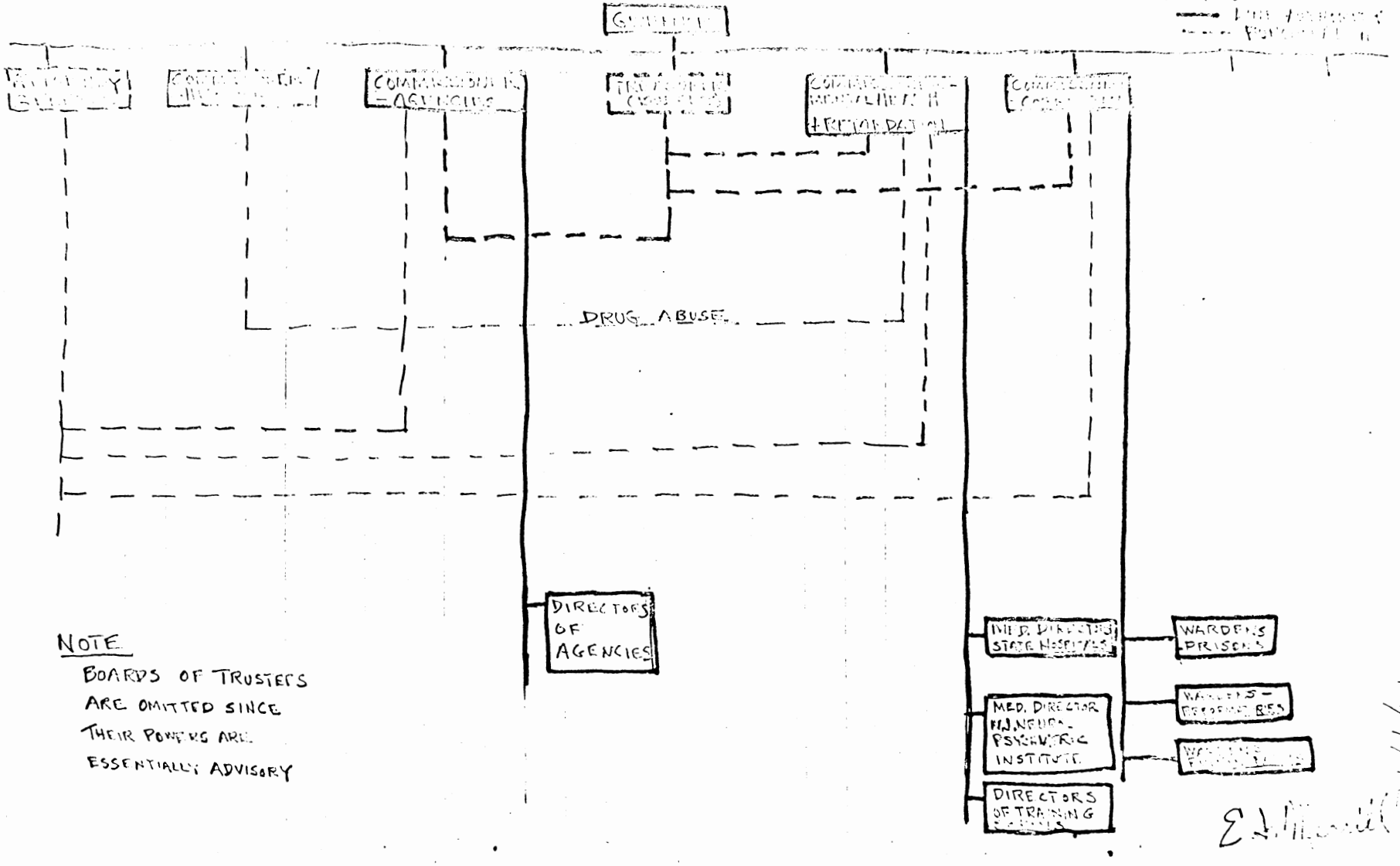
Utilization of Academic Achievement and Vocational Aptitude Findings with Adolescent Delinquents, 1957

Current Research Projects: The Role of Fees in Evaluation of Service by Clients vs. Objective Criteria as Predicted by the Theory of Cognitive Dissonance.

EXHIBITS SUBMITTED BY

E. I. MERRILL
Member, Board of Trustees
New Jersey Neuro-Psychiatric Institute

STATE OF NEW JERSEY — DEPT OF INSTITUTIONS & AGENCIES



NOTE

BOARDS OF TRUSTEES ARE OMITTED SINCE THEIR POWERS ARE ESSENTIALLY ADVISORY

NEW JERSEY NEUROPSYCHIATRIC INSTITUTE

RESOLUTION OF BOARD OF TRUSTEES

WHEREAS, the Legislature, by formal Statute adopted in 1953, established the N. J. Neuropsychiatric Institute; and

WHEREAS, the Legislature identified the specific mission and functions of the Institute so created; and

WHEREAS, the means and support, budgetary or otherwise, necessary to enable the Institute to carry out the mandated mission and functions were not forthcoming; and

WHEREAS, the Board and Administration of the Institute have repeatedly expressed their concern over the inadequacies and deficiencies relative to the care of patients at the Institute because of the lack of the necessary support; and

WHEREAS, the Board and Administration of the Institute have repeatedly directed attention to the inability of the Institute to meet minimally acceptable standards of patient care and treatment resulting from the lack of adequate support; and

WHEREAS, the Institute, because of its inability to meet minimally acceptable standards of patient care and treatment, has never been able to achieve the status of an accredited hospital and institution; and

WHEREAS, the Board and Administration of the Institute have identified, as the primary and immediate goal of the Institute, the upgrading of patient care and treatment at the Institute to the level identifiable as meeting acceptable minimal standards of patient care and treatment;

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees of the Neuropsychiatric Institute petition the Commissioner of the Department of Institutions and Agencies to arrange for a conference to include the Commissioner; appropriate members of the Legislature; representatives of the Budget Bureau, Board of Institutional Trustees, and Division of Mental Health and Hospitals; and designated members of the Board and Administration of the Institute for the purpose of providing the necessary support to enable the Institute to meet acceptable minimum standards of patient care and treatment.

Board of Trustees:

Miss Veronique M. Henriksen, Chairman
Mr. E. I. Merrill
Mrs. J. Douglas Brown
Dr. Norman Frederiksen
Mrs. Marie G. Gemeroy
Mr. George W. Radcliffe, Vice-Chairman
Mr. Herbert Vauchee

18 October 1972

STATE OF NEW JERSEY
OFFICE OF THE GOVERNOR
TRENTON

WILLIAM T. CAHILL
GOVERNOR

Dear Mrs. Gemeroy:

I regret that I am unable to provide any ready answer to your query regarding availability of funds for upgrading the Neuro-Psychiatric Institute to meet the standards of the Joint Commission on Accreditation of Hospitals. As you know, the resident population of all State psychiatric hospitals has been steadily declining with the trend towards care at the community level wherever possible.

This means that the Department of Institutions and Agencies will need to review the total situation in regard to the future of all of our hospitals so as to make the most useful distribution of available resources in the best interests of all patients. I have instructed Commissioner Clifford to give highest priority to such a study of mental health programs, with a view to coordinating services and improving further the availability and quality of mental health care by reallocation of resources. It is difficult at this point to know what the reassessment will bring in the way of changes.

In any case, the situation will remain unclarified until Departmental review produces some constructive solutions.

Meanwhile, you may be interested to know that I have earmarked more than $12,000,000 of lottery funds in the 1973 fiscal year budget for essential improvement of State institutions for the mentally ill and mentally retarded. The precise allocation of these funds may be found on pages 24a and 25a of the Budget Message.

Sincerely yours,

William T. Cahill

GOVERNOR

Mrs. Marie Gemeroy, Chairman
Board of Trustees
Neuro-Psychiatric Institute
Box 1000
Princeton, New Jersey 08540

February 24, 1972

19 January 1972

The Honorable William Cahill
Governor of New Jersey
State House
Trenton, New Jersey 08625

Re: Humane Treatment of Patients
at N. J. Neuropsychiatric
Institute

Dear Sir:

We ask that you kindly review the attached simple fact sheet and advise us as to why funds are not available to provide basic minimum care to the patients in this Institute. We refer to our inability to obtain Joint Committee Accreditation for the Hospital (JCAH).

After five years of fiscal neglect the resulting strain on personnel, patients, and facilities have approached the breaking point. We cannot predict when this point will be reached but can assure you that it will occur unless a more intelligent consideration of patient care requirements is adopted.

Kindly note that we do not insist that the desired funds come from the Lottery source - we merely use Mr. Wechsler's summary which indicates unallocated funds are on the shelf and - in absentia - no allocations have been released to Institutions.

For your information our annual budget amounts to $7.1 million and we need approximately $ .8 million [redacted] to obtain the personnel to meet JCAH accreditation requirements.

Sincerely yours,

Dr. Norman Frederiksen, Vice-Chairman
Mrs. J. Douglas Brown
Miss Veronique Henriksen
Mr. E. I. Merrill

Mrs. Marie Gomersy, Chairman
Board of Trustees

fmr

[illegible] allocated to institutional and educational purposes [illegible]

[illegible] Director Walter Wechsler was reported in the press the following breakdown of allocations of proceeds as of 14 January 1972:

		In Millions of Dollars Education	Institutions
a.	8 State Colleges	8.5	
b.	Rutgers University	7.7	
c.	N. J. College of Medicine & Dentistry	4.2	
d.	Clinical Programs at State College of Medicine & Dentistry	2.0	
e.	Educational opportunity Fund Grants	3.0	
f.	County Community Colleges	4.5	
		29.9	
*	Estimated Unallocated to Mid Fiscal Year 1972	30.0	

4. The New Jersey Neuropsychiatric Institute has for the past five years requested approximately $ .3 million to provide sufficient personnel to meet JCAH requirements for hospital accreditation. These requirements are not idealistic - they are basic minimum standards for the proper care of hospital patients. These specific requests for accreditation have not been approved.

5. At Commissioner McCorkle's retirement dinner in August 1971, Governor Cahill stated that he would shortly make a public announcement allocating Lottery funds to the Institutions. We have seen no announcement of such an allocation - other than the above summary by Mr. Wechsler.

* Based on Director Wechsler's estimate of total proceeds of $93. million thru Fiscal Year 1972.

1/19/72

SUMMARY OF REVENUES FROM STATE LOTTERY

Item	Fiscal Year 1970-71	Fiscal Year 1971-72	Fiscal Year 1972-73	Total
Sale of Lottery Tickets	$72,719,448	$123,800,000	$122,600,000	$319,119,448
Less: Commissions to Agents & banks	4,022,207	6,809,000	6,743,000	17,574,207
Accounts receivable (Sales creditable to 1971-72)	2,791,336			2,791,336
Receipts from Lottery	$65,905,905	$116,991,000	$115,857,000	$298,753,905
Interest earned	[1]	2,484,362	1,139,383	3,623,745
General Treasury Appropriation	[2]1,484,407			1,484,407
Total	$67,390,312	$119,475,362	$116,996,383	$303,862,057
Less: Allocation for prizes	30,137,556	55,710,000	55,170,000	141,017,556
Administration Expenses	2,390,690	3,022,466	3,070,707	8,483,863
Reserved for other Expenses		742,896	755,676	1,498,572
Repayment of General Treasury Loan	1,500,000			1,500,000
Total	$33,362,066	$60,000,000	$58,000,000	$151,362,066

APPLICATION OF REVENUES FROM STATE LOTTERY

Department	Fiscal Year 1970-71	Fiscal Year 1971-72	Fiscal Year 1972-73	Total
Education			$69,213,405	$69,213,405
Higher Education	$5,000,000	$35,000,000	30,214,910	70,214,910
Institutions & Agencies			12,001,455	12,001,455
Total	$5,000,000	$35,000,000	$111,429,770	$151,429,770

[1] Interest of $310,205 credited in 1971-72 fiscal year.
[2] $15,593 of loan from General Treasury was expended in 1969-70. The balance of $1,484,407 was reappropriated in 1970-71

DETAILS OF NEW AND ADDITIONAL EDUCATION AND INSTITUTION COSTS TO WHICH LOTTERY REVENUES ARE APPLIED

Page	Item	Amount
	GENERAL STATE OPERATIONS	
	Department of Education—	
169	Drug Control Programs relating to Education	$100,000
170	Regional Educational Improvement Center	250,000
172	Establish Regional Day School Centers	500,000
181	Additional Services and Costs at Marie H. Katzenbach School for the Deaf	116,714
187	Technology for Children Program	109,504
369	Establishing a $5,500 minimum salary	3,172
	Sub-Total	$1,079,390
	Department of Higher Education—	
195	Council for Higher Education in Newark	$145,500
195	New Program Objectives:	750,000
	Cooperative Education	
	External degree (Edison College)	
	Master Plan III (Realignment of Curricula Offerings)	
	Prisoner Education	
195	Planning a new State college	150,000
195	Educational Opportunity Grants	1,302,000
195	Supplementary Education Program Grants	300,000
	Scholarships and Student Loans:	
195	Incentive Grants	40,632
195	Tuition Aid Grants	180,000
195	County College Graduate Scholarships	25,000
195	Edwin Aldrin Scholarship Fund	1,000

			Amount
[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	[illegible]
	[illegible]	1,16[illegible]	[illegible]
	[illegible]	48[illegible]	[illegible]
	[illegible]	1,281	[illegible]
	[illegible]	[illegible]	[illegible]
	[illegible]	2,[illegible]	[illegible]
	[illegible] and Dentistry	28[illegible]	[illegible]
	[illegible] College of Medicine and Dentistry		
	[illegible] Valley Hospital		281,74[illegible]
	Marlboro Hospital		1,49[illegible]
	Establishing a $5,500 minimum salary		20[illegible]
	Sub-Total		$25,080,91[illegible]

Department of Institutions and Agencies—

[illegible]	Administration of Department	$116,521
[illegible]	Nursing Scholarship Program	40,000
[illegible]	Disabled Soldiers' Homes including new facilities at Vineland	216,035
296	Three Residential Units for hard-to-place children	504,125
296	Emergency Reception and Child Care Facilities	25,000
298	Expand Parole Board Services	75,000
300	Establishing a $5,500 minimum salary	1,050,065
	Division of Correction and Parole—	
298	Administration of Parole Activities	244,334
299	Community Programs	127,058
301–321	Administration of Correction Institutions	2,101,153
301	Expansion of staff development programs (Training Correction Officers)	49,847
301	Planning a new prison	31,250
301	Vocational Training programs for inmates	211,634
302	Narcotic Treatment Program	75,593
301	Director of Prison Education Programs	11,603
301–321	Additional Correction Officers	412,095
301–321	Work Release Coordinators	54,264
	Division of Mental Retardation—	
324–336	Administration of Institutions for the Retarded	461,992
324	Family Care Services	20,400
324	Purchase of Residential Care	825,000
324	Day Care Services	850,313
	New facilities	
326	Vineland State School	604,789
329	Woodbine State School	596,423
	Division of Mental Health and Hospitals—	
336–346	Administration of Mental Health Institutions	303,867
337	Community Mental Health Center at College of Medicine and Dentistry (Rutgers)	1,054,750
346	Sex Offender Unit at Diagnostic Center	37,106
347	Hospital for Chest Diseases including opening new facilities	125,238
	Sub-Total	$10,225,455

STATE AID

Department of Education—

388	Career Development including a K-12 vocational education program	$747,000
388	Innovative educational grants	300,000
	State School Aid	
388	Formula, Equalization and Incentive Aid	33,529,100
388	School Building Aid	622,400
388	School Building Aid Debt Service	5,442,400
389	Pupil Transportation Aid	4,220,800

STATE LOTTERY FUND SCHEDULES—Continued

Page	Item	Amount
[illegible]	Public School Safety Act	$353,000
[illegible]	Special Education Programs	9,276,100
[illegible]	Work-Study Program	25,000
[illegible]	High School Equivalency	99,600
[illegible]	Adult Literacy	113,400
[illegible]	Evening School for foreign-born	19,200
[illegible]	School Lunch Aid	1,754,000
[illegible]	District and Regional Vocational Schools	494,400
[illegible]	Non-Public School Aid	10,000,000
[illegible]	Local Library Aid	1,037,615
	Sub-Total	$68,034,015
	Department of Higher Education—	
391	County Colleges Operation including provision for 6,277 additional students	$4,323,000
391	County College Capital Projects	800,000
391	Schools of Professional Nursing	11,000
	Sub-Total	$5,134,000
	CAPITAL CONSTRUCTION	
	Department of Education—	
421	Renovations to Buildings at the Marie H. Katzenbach School for the Deaf	$100,000
	Department of Institutions and Agencies—	
439	Repairs to Institutions for disabled veterans	$88,000
440	Equipment for Vocational Shop—Trenton Prison	173,000
441	Vocational Building—Bordentown Reformatory	649,000
442	Repairs and Renovations to Correction Institutions	70,000
445	Repairs and Renovations to Institutions for the Retarded	359,000
448	Repairs and Renovations to State Hospitals	437,000
	Sub-Total	$1,776,000
	Total Fiscal Year 1972-73	$111,429,770

STATE LOTTERY FUND SCHEDULES—Continued

APPLICATION OF REVENUES FROM STATE LOTTERY IN PRIOR YEARS

Item		Amount
FISCAL YEAR 1970-71		
Department of Higher Education—		
Additional College Students		
County Colleges	6,246	$3,300,000
Rutgers	2,425	700,000
State Colleges	2,850	1,000,000
Total Fiscal Year 1970-71		$5,000,000
FISCAL YEAR 1971-72		
Department of Higher Education—		
Continuation costs of students added in 1970-71		$5,000,000
Additional college students		
Glassboro	700	980,700
Jersey City	208	307,362
Newark	250	343,000
Paterson	493	636,956
Montclair	530	712,850
Trenton	900	1,372,500
Ramapo	800	2,117,937
Stockton	1,000	2,028,695
Rutgers	4,530	7,674,490
College of Medicine and Dentistry	168	4,218,000
County Colleges	7,456	4,475,400
Educational Opportunity Grants		3,132,110
Clinical Programs—College of Medicine and Dentistry		2,000,000
Total Fiscal Year 1971-72		$35,000,000
Grand Total		$151,429,770

SUBMITTED BY JOHN L. HAMMER, JR.
NEW JERSEY ASSOCIATION FOR MENTAL HEALTH

STATEMENT BEFORE SENATE INSTITUTIONS AND WELFARE COMMITTEE

DECEMBER 7, 1972

Mr. Chairman and Members of the Committee:

I am John L. Hammer, Jr., a vice president and Chairman of the Committee on Public Policy of the New Jersey Association for Mental Health. The Association sincerely welcomes this opportunity to appear before this committee and share with it the views of the many citizens of New Jersey who have joined together in a voluntary mental health movement dedicated to improved care and treatment of the mentally ill in our State.

Historically, the mentally ill were considered untreatable. Society considered its sole obligation to be the placement of the mentally ill in "asylums" to keep them from harming themselves and others. There were, until the middle of the 19th century no places where the mentally ill -- the "lunatics" of that day -- could be kept except poor-houses. It was not until Dorothea Dix untertook to crusade in behalf of these miserable creatures, that the states began to assume the responsibility for the care and custody of the mentally ill. This was the beginning of the state asylum -- the state mental hospital - now known in New Jersey by the appellation "psychiatric hospital."

The State Hospital system, at least structurally speaking, is still in large part back in the middle of the 19th century. A substantial portion of it has moved into the 20th century but not very far. Even those hospitals which have been built in this century -- and even the one built quite recently, (Ancora), are modeled on the ideas of 1939 and 1940. None are structurally suited to provide for their patients the most modern, scientific treatment according to the latest medical psychiatric concepts.

A building program for New Jersey's state mental hospital systems should be based on these long range objectives:

1. The ancient buildings in Greystone Park and Trenton State should be torn down.
2. They should be replaced, not by huge custodial institutions, but by small bed units, built in the modern concept of psychiatric medicine.
3. They should be built in centers of population and active community life . . associated when possible with other psychiatric medical treatment and research centers and having available community facilities for welfare and rehabilitation.
4. The hospitals at Ancora and at Marlboro should be "phased" out over a practical length of time, and replaced, by community-based psychiatric hospitals.

5. The buildings at Ancora and at Marlboro which are structurally sound can be retained and given over to other institutional programs, suited for that locale.

6. These new psychiatric treatment centers would be integrated into community mental health center complexes providing the intermediate and long term care elements within the total network of services provided by the community mental health center.

7. Separate treatment units for psychotic children with between 50 and 100 beds should be constructed to replace the present children's treatment units now existing in the State Hospital system. Preferably these should built in the community, and they should also be integrated in the chain of services constituting the community mental health center.

The foregoing statements have been paraphrased from this Association's testimony before the Governor's Commission Evaluating the Capital Needs of New Jersey in March 1968. Since then, few changes have taken place in the system which would alter our statement, with one exception. At the time of the construction proposals we recommended additional funds above the Department's proposal for construction of community mental health centers components. The Department agreed to an increase of

$1 million but believed even this was not necessary. Today, with mental health center construction projects on the drawing board, New Jersey has almost run out of money to fund the state's share of these projects.

The merits of the community mental health center were aptly described by the staff of the Mount Carmel Guild Community Mental Health Center in this very room on December 1st. This community based program in contrast to our isolated warehouses of human degradation, should be the cornerstone of mental health care in this state today. Yet we continue to focus our attention on the management of institutions, providing custodial care in physical settings which cannot lend themselves to active treatment programs.

We believe nothing short of a complete shake-up of the entire system will provide the ingredients for change --- particularly in dynamic leadership to the mental health program.

I can assure you the New Jersey Association and affiliates will not relent in their efforts to put to sleep a very sick system and bring mental health care in New Jersey into the 20th century.

We believe a new department will provide more concerned administration - treatment rather than custody - hospitals instead of prisons.

Thank you.

American Psychiatric Association

PERRY C. TALKINGTON, M.D., *President,* Timberlawn Psychiatric Center, 4645 Samuell Boulevard, Dallas, Texas 75228
ALFRED M. FREEDMAN, M.D., *President-Elect,* New York Medical College, 5th Avenue & 106th Street, New York, New York 10029
MILTON GREENBLATT, M.D., *Vice-President,* 190 Portland Street, Boston, Massachusetts 02114
JUDD MARMOR, M.D., *Vice-President,* University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles, California 90033
ROBERT W. GIBSON, M.D., *Secretary,* The Sheppard & Enoch Pratt Hospital, Towson, Maryland 21204
HAYDEN H. DONAHUE, M.D., *Treasurer,* Central State Griffin Memorial Hospital, Norman, Oklahoma 73069
FRANCIS J. BRACELAND, M.D., *Editor, American Journal of Psychiatry,* 1700 18th Street, N.W., Washington, D.C. 20009
HON. WARREN E. MAGEE, *Legal Counsel,* Riddell Building, Suite 308, 1730 K Street, N.W., Washington, D.C. 20006

Walter E. Barton, M.D.
Medical Director

Donald W. Hammersley, M.D.
Deputy Medical Director

1700 EIGHTEENTH STREET NW WASHINGTON DC 20009 PHONE: AREA CODE 202—232-7878

December 4, 1972

Carl E. Moore, Research Associate
Division of Legislative Information and Research
State House
Trenton, New Jersey 08625

Dear Mr. Moore:

As director of the American Psychiatric Association's 1970-71 study conducted for the State of New Jersey of its mental health needs and resources, I have been asked to comment on pending legislation, S-817 and S-1134. I understand a hearing is being held December 7.

As you may know, the APA study recommended an independent division of mental health be established as part of an approach to overcoming the serious shortcomings in mental health care in New Jersey. I believe the consultants who worked on this study would find both S-817 and S-1134 a superior organizational approach to what presently exists. S-817 is in keeping with what was recommended. Both S-817 and S-1134 have the advantage of separating out the criminal system from the mentally disabled--a distinction which needs to be made in New Jersey just as was done in Ohio in the last year.

A more workable top level management arrangement is needed as regards mental health and the sooner definitive action is taken to achieve this, the sooner problems of attracting top level staff and funding the system can be more meaningfully attacked.

Sincerely,

Donald W. Hammersley, M.D.
Deputy Medical Director

cc: Dr. Garber; Senator Hagedorn; Ann Tulameo