STATE OF NEW JERSEY

DEPARTMENT OF INSTITUTIONS AND AGENCIES

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STATE OF NEW JERSEY

DEPARTMENT OF INSTITUTIONS AND AGENCIES

A REPORT
1934-1943
AND
HANDBOOK

TRAINING FUTURE CITIZENS
Boy Scouts of Jamesburg pass in review

STATE BOARD OF CONTROL

OF

INSTITUTIONS AND AGENCIES

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NEW JERSEY INSTITUTIONS AND AGENCIES

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State Hospital	Greystone Park	Dr. Marcus A. Curry, *Superintendent* Henry B. Smith, *Business Manager*
State Hospital	Trenton	Dr. J. B. Spradley, *Medical Director* Donald B. Rice, *Business Manager*
State Hospital	Marlboro	Dr. J. Berkeley Gordon, *Medical Director* Herbert L. O'Connor, *Business Manager*

SCHOOLS FOR THE MENTALLY DEFICIENT

Vineland State School	Vineland	George B. Thorn, *Superintendent*
New Lisbon Colony	New Lisbon	Dr. Carroll T. Jones, *Superintendent*
Woodbine Colony	Woodbine	Edward L. Johnstone, *Superintendent*
North Jersey Training School	Totowa	Albert H. Meese, *Superintendent*

EPILEPTIC VILLAGE

State Village for Epileptics	Skillman	Dr. Albert W. Pigott, *Superintendent*

TUBERCULOSIS SANATORIUM

State Sanatorium	Glen Gardner	Dr. Samuel B. English, *Superintendent*

PRISONS AND REFORMATORIES

State Prison	Trenton	John L. O'Hara, *Principal Keeper*
Prison Farm	Bordentown	R. William Lacay, *Superintendent*
Prison Farm	Leesburg	Peter F. Sisco, *Superintendent*
Reformatory	Rahway	Lt. William E. Kulp, *Superintendent*
Reformatory	Annandale	Sydney H. Souter, Jr., *Superintendent*
Reformatory for Women	Clinton	Edna Mahan, *Superintendent*

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State Home for Boys	Jamesburg	Frederic A. Fitch, *Superintendent*
State Home for Girls	Trenton	Mrs. Kate Burr Johnson, *Superintendent*

HOMES FOR DISABLED VETERANS

Home for Disabled Veterans	Menlo Park	Major George J. Giger, *Superintendent*
Home for Disabled Veterans	Vineland	W. Rex McCrosson, *Superintendent*

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STATE COMMISSION FOR THE BLIND

	Newark	George F. Meyer, *Executive Director*

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Farm Supervisor	William A. Houston
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REPORT OF THE COMMISSIONER

THE State Board of Control of Institutions and Agencies, established in 1918, has formulated and developed policies to assure efficient and humane operation of institutions and progressive planning of allied welfare services.

TREATMENT, TRAINING, REHABILITATION, AND PREVENTION . . . these are the objectives which have been stressed and which have guided every phase of planning for institutions and for services rendered through non-institutional agencies in the communities of New Jersey.

The past ten years have witnessed momentous changes in welfare responsibilities and techniques. These changes have influenced every section of the nation and every citizen. New Jersey has naturally been affected. The experience of these years has proved the wisdom of the lay board type of organization. Fortunately, the administrative framework developed by the State Board of Control in accordance with the basic law has been flexible, and readily suited to changing needs and enlarged activities. Aided by the civil service system of personnel selection, the policy of promoting trained personnel, the functional organization of the Department, and the assignment of responsible administrative duties to local boards, the Department has undertaken major activities as directed by the Legislature in conformity with the newer social security legislation.

No less important have been the far-reaching advances in scientific and professional fields. New and modern methods have been applied in all types of institutions. The professional staffs of institutions have been prompt to adopt and apply new techniques as their worth has been proven. As a result new services have been developed and the quality of treatment improved.

An important development of this period has been the entry of the federal government into partnership with the states in welfare work. Welfare services sponsored by the federal government had already been instituted in New Jersey and with minimum change federal and State programs were dovetailed and existing county welfare boards utilized to secure decentralized administration. In the institutional field, federal work and service projects, too, were utilized extensively for construction and repair as well as for clerical, research, nursing and teaching services.

The State Board's policy of prevention has been stressed in all fields of service. Local cooperation has been developed and the professional staffs and services of institutions made available to communities so that in many instances the need for actual admission to institutions has been avoided. It is in this field of prevention that efforts are most likely to be rewarded and the greatest benefits achieved.

The last ten years have presented unusual difficulties. Continuing pressure for curtailing State expenditures of all types has restricted greatly the normal construction of institutions. Overcrowding has been the natural result. Today some institutions are operating far beyond capacities with a resultant strain upon physical plant and personnel. Appropriations for food, clothing, and general maintenance have necessarily been kept at the minimum point consistent with good management. Only by the greatest application to duty have standards been maintained.

But the times ahead will also be difficult. The advent of war has already resulted in loss of many staff members and employees to the armed forces. Despite shortage of trained and experienced personnel, institutions are faced with responsibilities far greater than those which communities must undertake for the safety of normal persons. As time goes on, problems will probably become even more acute. Yet they must be faced and solved with reduced personnel and restricted appropriations.

To carry on effective administration of the State's welfare services in the face of such handicaps is the immediate goal of the Department. With the support of board members who give voluntarily and willingly of their time and effort, with continued public interest and understanding, and with continued devotion on the part of the employees, this objective will surely be attained.

William J. Ellis.

Commissioner

Trenton
July, 1944

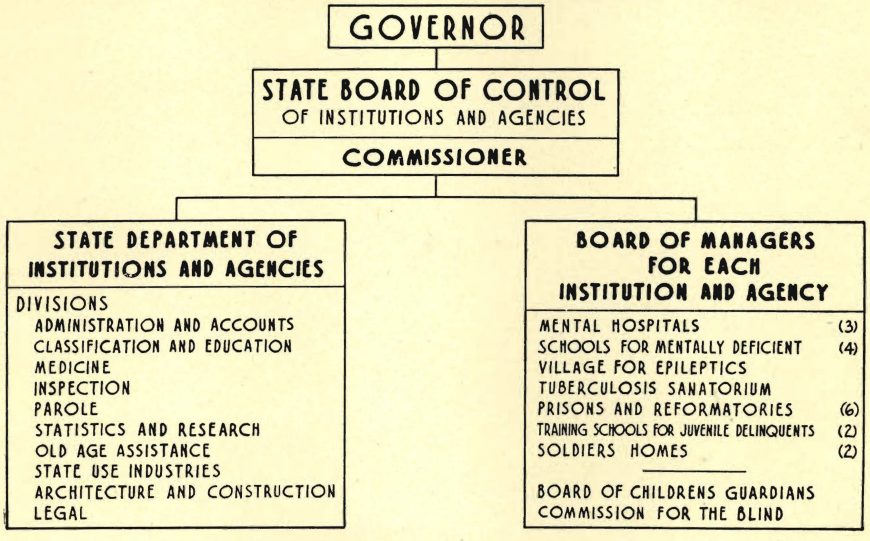
STATE WELFARE ORGANIZATION

To INSURE orderly development of New Jersey's welfare services and the correlation of the work of each institution and agency under a unified plan, the State Board of Control of Institutions and Agencies was established in 1918. In this Board was vested the supervision of charitable and penal institutions and of non-institutional agencies extending welfare services in the community.

The intent of the Legislature to insure non-political control is evident from the provisions of the law. The nine members of the State Board are appointed by the Governor without regard to political belief or affiliation. These appointments are subject to confirmation by the Senate. Members serve without salary and appointments are so arranged that the term of one member expires each year. In this way continuity of policy is assured and the relatively long terms give board members the opportunity to gain intimate knowledge of the State's welfare problems.

The State Board of Control has complete authority and control as a policy-making body. It considers basic problems and develops plans by which they are to be met. It reviews progress made by the central department and by the institutions and agencies, and provides by rules and general regulations the procedures to be followed in attaining basic objectives.

WELFARE ORGANIZATION IN NEW JERSEY



Widespread citizen interest and participation in welfare activities has been developed through appointment, by the State Board of Control, of a citizen board of seven members for each institution and agency. The law prescribes that local board members shall also be appointed without regard to political affiliation or belief. These boards, composed of outstanding citizens who serve without salary, are responsible for the proper management of local institutions and, subject to State Board approval, select their chief executive officers. All other employees of each institution and agency are selected in accordance with civil service regulations.

Among the board members have been medical, legal and technical experts, managers of successful businesses, and other persons whose special abilities and interests have been made available to the State without cost. The willingness of board members to devote time and energy to their duties has strengthened management, provided expert advice and has served to insure high standards both in institutional administration and in the care provided New Jersey's wards. Their work has, in turn, stimulated widespread interest in problems of community control, treatment and prevention.

THE DEPARTMENT OF INSTITUTIONS AND AGENCIES

To PROVIDE effective administration, the State Board of Control has developed the central Department of Institutions and Agencies. Its chief executive officer, the Commissioner, is appointed without term by the State Board and to him is delegated responsibility for administration of the central Department and for general supervision of all institutions and agencies under jurisdiction of the State Board. Assisting him is a staff of qualified experts appointed from lists of candidates certified by civil service examination.

The Department is organized along functional lines. Through various divisions, expert direction of major administrative functions is available to all institutions and agencies. Budgetary control is exercised through the Division of Administration and Accounts which also develops and supervises accounting procedures in all institutions and agencies. Medical service in institutions, classification and educational programs, research, food service, industries, farm operation, and other activities are similarly developed and supervised through divisions of the central department.

In this way the Department renders assistance to institutions and exercises control to insure orderly development. Division heads maintain constant contact with the Commissioner for review and approval of procedures and with the superintendents and members of institutional staffs to advise on specific problems and to review progress.

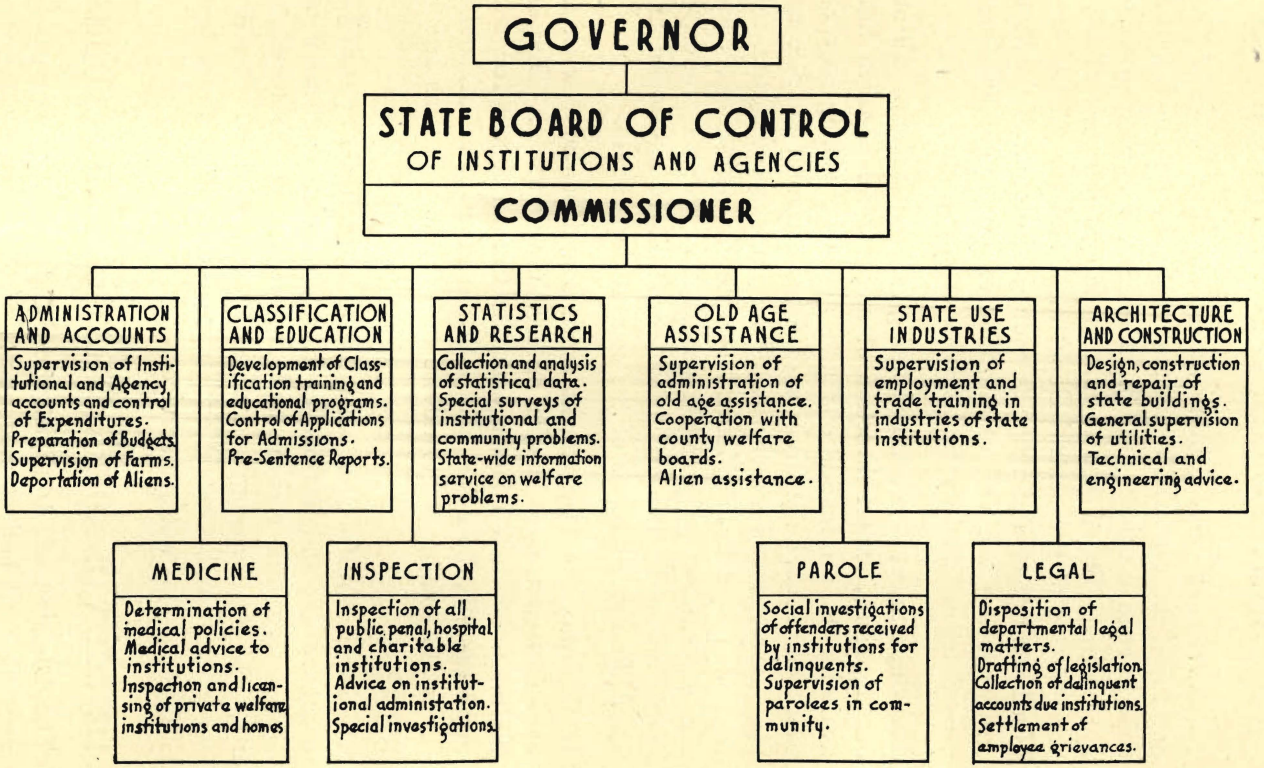
The administrative plan is similar to that utilized by many industrial organizations and has proved highly effective both as a method of supervision and control and for rendering the technical advice required for economic and efficient administration. It also provides for prompt and constant exchange of experience throughout the institutional and welfare services.

DIVISION OF ADMINISTRATION AND ACCOUNTS

The Division of Administration and Accounts is responsible for analyzing all budgetary requests of the Department to recommend equitable allocation of funds between institutions and agencies and to preclude the possibility of over-emphasis in any particular activity. By this method, funds are recommended in order of need. The

FUNCTIONAL ORGANIZATION

OF THE DEPARTMENT OF INSTITUTIONS AND AGENCIES



Division supervises the accounting and business offices of State institutions and agencies to insure standardized procedure, approves monthly expenditures of appropriated funds, and advises institutions of market conditions which permit advantageous purchases of needed supplies and equipment. Constant check is maintained on all accounts, both on an expenditure and consumption basis, to secure economical and effective administration.

Opportunities for economies both in the central Department and in the institutions have been carefully explored. The use of mechanical accounting and stenographic devices, together with simplification of filing and bookkeeping systems, has been instrumental in keeping office expense to a minimum. The Division has also made specific allotment of toll telephone calls and postage economies have been secured by thorough check upon such expenses. Through modification of printing requirements, limits upon travel, checks upon supplies and similar devices, constant supervision is maintained to effect efficiency of institutional administration.

The Division is also responsible for checking upon the billing and collection of charges covering treatment and maintenance of patients due State institutions, both from the counties and private sources. Counties of patients' legal residence are billed one-half the maintenance costs of patients in State hospitals, schools for the mentally deficient and the epileptic village. Families of private patients are also billed at established rates. Collections from these sources exceed $3,000,000 each year and these receipts are credited to the General State Fund.

Deportation of indigent persons committed to State institutions who have not gained a legal residence in the State is another function of the Division of Administration and Accounts. The transfer of such persons to their proper localities relieves New Jersey of responsibility for their care and aggregate savings through such action are large.

By law, the Department is required to supervise subsidies to counties for the maintenance of tuberculous patients treated in county or private sanatoria and to those counties operating their own mental hospitals. Such payments, based upon the number of patients for whom the counties assume responsibility, average about $2,000,000 annually. These accounts, together with an appropriation for training of State-aided patients at the Vineland Training School are supervised by the Division of Administration and Accounts.

The Division is responsible for checking upon funds allocated by the federal Social Security Board for partial reimbursement of funds expended for old age assistance and the programs giving aid to dependent children and the needy blind. Much detailed work is involved in maintenance of these accounts which are subject to both State and federal audit.

The Director of Administration and Accounts acts as liaison officer of the Department in coordinating its activities with those of the fiscal departments of State government. Close contact is maintained with the State Budget Commissioner, Comptroller, Commissioner of Finance, Purchase Commissioner, Auditor and Civil Service Commission. Cooperation is promoted between the Department and its institutions with other State agencies in projects of mutual interest and aid. For example, the State Highway Department which assumes responsibility for construction and maintenance of roads on institutional property, utilizes road signs manufactured in State institutions. Automobile license plates and inserts are manufactured and distributed to agencies of the Motor Vehicle Department. Much valuable metal and similar material confiscated by the Alcoholic Beverage Commission has been secured for institutional repair and craft shops. Architectural advice is provided other departments of State government as are printing, photographic and blueprint services. Among other instances of inter-departmental cooperation is the relationship maintained with the Department of Agriculture which gives valuable technical advice for operation of institutional farms. The policy of utilizing some institutional lands for experimental purposes, in cooperation with the State Experiment Station, has also been established.

Contact with federal agencies has been developed and maintained. Various work agencies, notably the Works Progress Administration and Public Works Administration, have given valuable assistance to the State institutions and the central Department. Aside from manual work projects from which all institutions benefited, such services as nursing, housekeeping, teaching, occupational therapy and research were furnished through the Works Progress Administration. Major construction and renovation projects completed under the contract system by Public Works Administration also benefited the institutions, notably the Trenton and Greystone Park State Hospitals where extensive units were modernized. The new Bordentown Prison Farm was built with Public Works Administration financial aid.

Efficient Administration Developed

The Supervising Steward exercises control over all institutions' applications for food, clothing and household supplies. While proper operation of these departments is the responsibility of each superintendent, the Steward guides and checks all such expenditures, inspects food and clothing and household departments, and is responsible to the Commissioner for proper functioning of such services in all institutions. It is the Steward's duty to propose methods by which desirable standards may be maintained, to insure maximum benefits from expenditures of funds, to inspect kitchens, dining rooms and housing quarters, and to arrange for exchange of surplus supplies and equipment between institutions.

The necessity for careful control of such expenditures is evident when it is realized that the food appropriation of the nineteen institutions totals approximately $1,850,000 annually. However, when translated in terms of total patients and employees to be fed, this sum equals only 19 cents per person per day. Institutional farms supplement this cost allowance by production of food valued at 7½ cents per person per day and so the total per capita allowance is about 26½ cents. With such a low allotment every precaution must be taken to eliminate waste and to secure the maximum value from all purchases.

In recent years rising food costs have been largely offset through introduction of cafeteria service in practically all institutions. This innovation has cut service expenses and minimized waste. Other benefits accrue for food is hot and palatable when served and there is therapeutic benefit to patients who enjoy moving about and eating in the comparative freedom of the cafeteria.

Examination of expenditures of prior years indicates that the constant stress for economy produces substantial results. For example, in 1930 the Greystone Park State Hospital, which then had a population of 3750 patients, expended $385,000 for food. In the fiscal year ending June 1941, only $375,000 was expended, although in the latter year the average daily population was 5416. Other institutions have shown similar savings. These are definitely attributable to consolidation of kitchens, introduction of cafeterias, and improved management resulting from constant effort to increase efficiency of employees. Because present food allowances do not permit as high a standard as the Department strives to maintain, in-

creased appropriations have been requested from year to year. The advisability of increasing food appropriations has been recognized by State fiscal authorities and some increases have been allowed. However, most allotments have been limited because of lack of available funds. Fortunately, through the last few years, the State has obtained from the federal government surplus foods which have been used to supplement the regular patient menus and have been helpful in maintaining food standards.

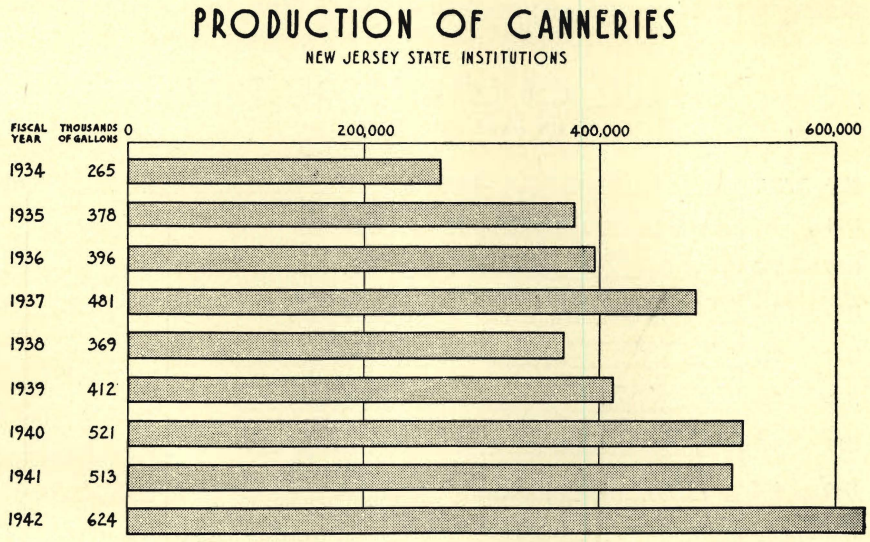
There has been constant effort to improve institution kitchens, dining rooms, and housing quarters for both patients and employees. Furniture has been refinished, inexpensive draperies and decorations utilized, and similar methods followed to promote a homelike and congenial atmosphere for both patients and personnel. This move has been particularly emphasized in the last few years.

During recent years the Department has reduced clothing costs appreciably. Institution superintendents have been advised to contact relatives of patients requesting that they provide as much clothing as possible. This move has not only improved patient morale by eliminating, to a large extent, uniformity of dress but has saved substantial amounts of money for the State. This plan has permitted institutions to operate on an average yearly clothing allowance of only $14 per patient.

Other methods by which institutional costs have been reduced include more efficient use of equipment. Through combination of laundries and similar facilities, some equipment has been released for use in other institutions and much other used equipment has been secured free from governmental agencies or purchased at low cost for use in institutions.

During recent years appropriations have been highly restricted, but institutional populations have grown appreciably. For that reason the Department has stressed the need for expansion of institutional farms so that a high proportion of the food requirements may be met directly from the institutions' own productive work. The need for conservation of all excess farm products has also been stressed. Canneries have been expanded to provide supplies of vegetables for winter consumption, thus reducing the cash outlays necessary for food purchases. In recent years, the output of canneries has greatly increased and the 1942 production of 624,000 gallons is more than double the 1933 output. The planting programs of institutional

farms have been arranged to provide fresh produce in season and large excesses which may be packed for use through the remainder of the year.



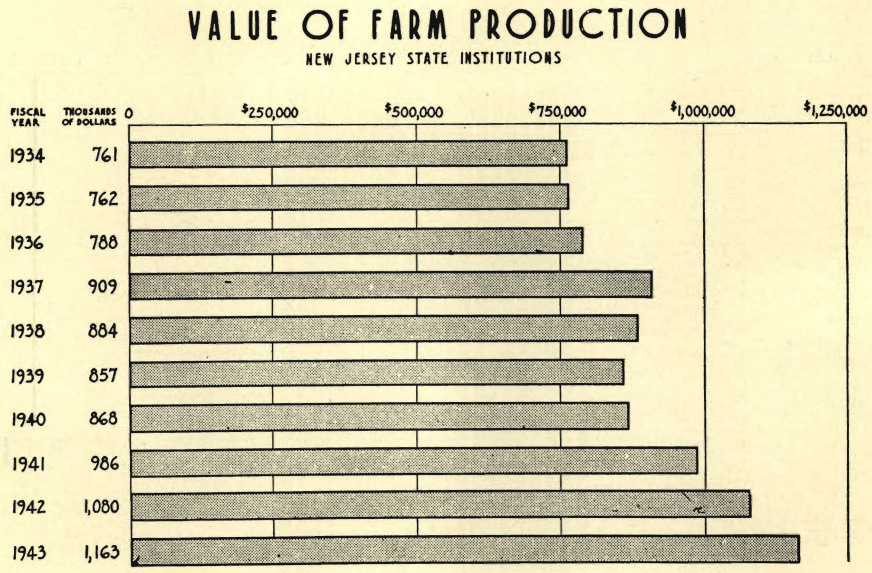
THE INSTITUTIONAL FARMS

Working closely with the Supervising Steward in providing food products essential to institutional needs is the Farm Supervisor.

The plan sponsored by the Department and the institutions enlists the assistance of various divisions of the State College of Agriculture in developing and guiding the program of all institutional farms to insure utilization of the most modern agricultural practices. Soil testing, rotation of crops, securing of high quality seed, application of fertilizers and soil-building crops, and allocation of crops to acreage best suited for their production are all functions carried out after conference with such authorities. The State Department of Agriculture, through its Bureau of Animal Industry, advises and supervises the activities of institutions regarding livestock and is particularly helpful in efforts to eradicate and control diseases among dairy cattle, swine and poultry.

The last ten years have witnessed an extensive growth in farm production to parallel increases in institutional populations and growing institutional needs. The value of farm products increased from $695,000 in 1933 to $1,163,000 in 1943. Based upon wholesale market prices, food for human consumption in the latter year was

valued at $940,000. Included in 1943 production was more than 4,500,000 quarts of milk from the institutional dairies, the total products of which were valued at $389,000. Field crops in the same year were worth approximately $165,000.



Increased production of institutional farms has been due, not primarily to increased acreage but to more intensive cultivation and the application of best known agricultural techniques. During the last eight years, acreage has been increased less than one percent while in the same period the value of farm products increased 48 percent. The excellent results being obtained in farm production are due, in great degree, to the allocation of crops to areas where highest production is possible. Soil testing has indicated, for example, that Bordentown, Leesburg, and Jamesburg acreage is best suited to potatoes and so these institutions concentrate particularly upon that product. Typical of the results obtained by specialized production is the experience at Leesburg where potato production has been stepped up from 235 bushels per acre in 1934 to 264 bushels in 1942. The Jamesburg yield is 267 bushels per acre; at Trenton Hospital it has reached 352 per acre.

Production increases have resulted, too, from the realization that adequate substitutes may be secured for types of food normally purchased in the open market. For example, most types of meat prod-

ucts are necessarily purchased from outside vendors. However, in recent years effort has been made to increase productivity of piggeries so that beef and similar meat purchases might be reduced as the value of pork products increased. During the last ten years pork production has been increased from 394,000 pounds to almost 745,000 pounds per year. Not all of this production is utilized in the institutions which operate piggeries, for many surpluses are transferred to other institutions which, because of the type of population or the limitations of space, cannot produce for themselves. The policy of transferring surpluses from one institution to another is followed in many instances. An excellent example is that of the State Prison which is located in a restricted area within Trenton and is therefore unable to operate a farm of its own. The institution is supplied with fresh produce in season, pork, milk and other farm products by the prison farms at Bordentown and Leesburg which produce surpluses for other institutions as well.

It is the goal of the Department to increase production eventually to a point where institutions with sufficient land and with populations capable of productive farm work will produce at least fifty percent of their food requirements. Annandale, Bordentown, and Leesburg grow well in excess of the fifty percent goal, producing large surpluses for distribution to other institutions. This goal has also been reached by Clinton and Jamesburg and is being approached by the New Lisbon Colony. It is likely that in the next few years, additional institutions will increase production to the Department's objective.

A number of factors contribute to increased efficiency of the farms and greater productivity. Farm managers periodically meet for discussion of common problems and for advice from experts of the State Department of Agriculture, representatives of the State College of Agriculture, and the Farm Supervisor. Annual displays of farm products of institutions at the New Jersey State Fair with awards of prizes by the Fair management lead to a healthy, competitive spirit while comparative monthly records of productions, particularly of milk and eggs, stimulate farm workers to secure higher ratings.

Constant improvement in the quality of the dairy herds has been an outstanding accomplishment. With careful control of diseases, herds have been made tuberculosis-free and careful supervision is controlling and eradicating contagious abortion. Milk production has steadily increased and the average cow produces 9842 pounds a year com-

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pared with 7624 pounds twenty years ago. High quality milk is vital to the institution dietary and its value cannot be over-emphasized.

The employment of large numbers of institutional charges in farm work has permitted them to defray an appreciable portion of the cost of their maintenance and has produced economies for the State. But the value of farm work goes far beyond the immediate financial savings for the therapeutic and stabilizing effects of regular, constructive employment have been important to patients and prisoners able to engage in such activity. In mental hospitals and in training schools for the mentally deficient especially, farm work has become a valuable adjunct to occupational activity departments. Employment of patients in wholesome activities under careful supervision has been of material help to these institutions in efforts to train and rehabilitate their charges.

The farm at the Jamesburg Home for Boys is one of the State's most productive, providing both for the needs of the Home and furnishing excess products for other institutions



DIVISION OF CLASSIFICATION AND EDUCATION

Individual needs of persons committed to institutions vary in the extreme. For example, the mentally deficient as a group require training, but the most beneficial type of training must be adjusted to age, sex, degree of mental deficiency, and the ability of the child to learn. Similarly with wards of correctional institutions, there are factors such as mental condition, stability, intelligence, and the individual response to a program of rehabilitation which indicate both the degree of custody essential and the individual's training and vocational possibilities.

To insure provision of sufficient data to recognize the particular needs of persons in institutions the State Board of Control has established definite policies to classify and use pertinent personal information to provide, for each patient or inmate, the type of training best suited to his needs. Responsibility for development and review of classification procedures in institutions and for supervision of educational and training programs is placed with the Division of Classification and Education.

Particular emphasis is placed upon classification of offenders received in prisons, reformatories and juvenile homes. Each such institution maintains a classification committee* of key staff members which develops for each individual a training and treatment program designed to benefit him as an individual. Such a program is developed immediately following his admission to the institution and periodic checks are made upon his progress to determine whether adjustments in the program may be advisable. The work of such committees is supervised by the Division. Another division function is to review the committees' recommendations for transfer of offenders to other State correctional institutions providing varying types of custody and training.

The New Jersey plan for classifying delinquents was the first comprehensive program of its type introduced in the United States and its operation has been accompanied by such marked success that similar procedures have since been developed by the federal government and by many other states.† Today classification is recognized

*For further description of the classification procedure in penal and correctional institutions, see page 79.

†John R. Ellingston of the American Law Institute, writing in the Duke University Quarterly (Vol. IX, 1942) states that "in diagnosis and classification, New Jersey has led the way in time and quality."

throughout the field of penal administration as basic to any program which looks toward rehabilitation of offenders and as a vital need if correctional institutions or systems are to achieve progressive management.

But the value of the classification procedure is not limited to institutions. In some New Jersey counties, especially those in rural sections, professional services such as psychology and psychiatry are not always provided locally. Acting on authority granted by a legislative act of 1935, judges have committed many offenders to institutions temporarily so that classification clinics might study their cases prior to final disposition by the court. This procedure has been utilized to an increasing degree. In the four-year period 1936-1940, 165 examinations were made but the increasing frequency of such requests is evidenced by figures for 1943 which show that in that year alone, 362 examinations were made for the courts. In each such examination, the Division of Classification and Education receives the findings of institutional committees, analyzes recommendations, and prepares a report for guidance of the court.

Schools for the mentally deficient also utilize classification material to facilitate recognition of the needs of particular patients. Since the functions of the four State schools are specialized to train children of different sexes and varying mental levels and abilities, the Division of Classification secures for each child proposed for admission, data regarding his mental capabilities, trainability and social adequacy. On the basis of such information, classification is made for the institution best suited to his needs.

Since requests for admission to State schools far exceed their bed capacity, the Division has established for each institution a waiting list and a plan whereby urgency ratings are established and most urgent cases given first consideration for admission. At present the waiting list for the four schools for the mentally deficient totals 1127 while 300 are awaiting admission to Skillman State Village for Epileptics.

To relieve the pressure of the many cases eligible for admission to State institutions, the Division has encouraged development of community care for those mentally deficient capable of being trained in special classes of public schools, and has conducted institutes attended by representatives of social agencies, schools and other organizations frequently confronted with the problem of community care of mentally retarded and delinquent children.

At times it is advisable to transfer patients or inmates to institutions dissimilar to those of original admission. For example, children committed to homes for juvenile delinquents are at times found to be more in need of the type of training provided the mentally deficient, and prisoners often benefit by transfer to mental hospitals where psychiatric treatment is available. Power to approve such transfer is vested with the Commissioner but it is the Division of Classification which receives the transfer request, passes upon its merit, and advises the Commissioner whether it should be effected.

Education and training techniques and programs differ widely among the several institutions and schools. These activities are operated by qualified educational directors employed by each institution and by teachers who must meet requirements of the State Department of Public Instruction. This phase of institutional training is directed by the Division which also advises on the educational program of blind persons cared for by the State Commission.

The Division cooperates in recruiting and developing personnel particularly qualified to teach problem groups and in introduction and use of advanced educational methods and techniques. Other problems of the Department falling in the sphere of classification and education are also made the responsibility of this Division and during the last ten years a major achievement has been organization of the Prison Officers' Training School and other in-service training programs.

The Division cooperates with other departments of State government interested in educational, rehabilitative, and allied services, as well as community agencies in offering specialized services. School surveys and clinics have been held in various localities which have aided in the establishment of special services or special classes for the mentally subnormal. Assistance has been given numerous communities in establishing Youth Councils or Adjustment Services to handle the predelinquent and to meet other adjustment problems of children. In many instances, preventive work of this type has the effect of eliminating the need of institutional care.

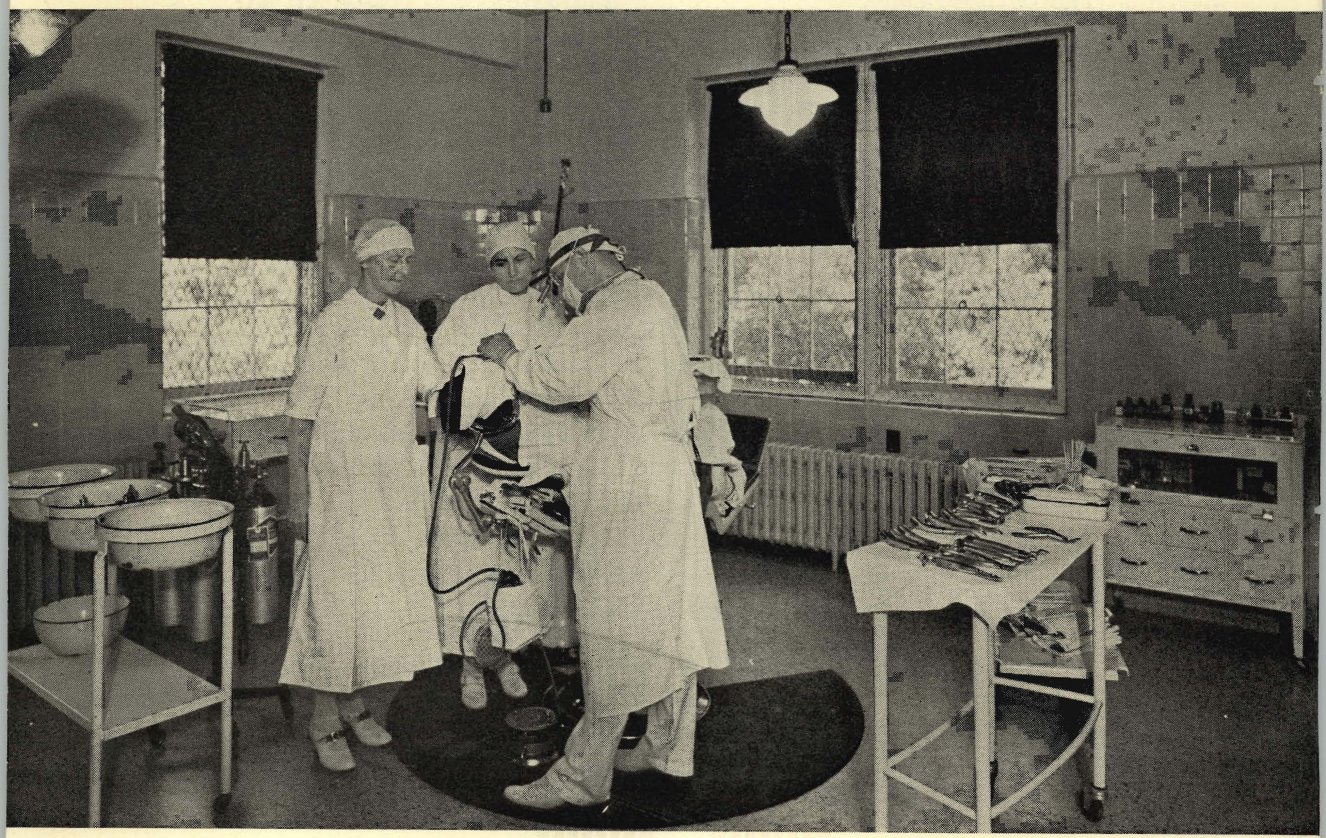
Active cooperation is given the Rehabilitation Commission of which the Commissioner is a member. The Division also advises with members of the Crippled Children's Commission in its many problems of community and institutional care.

DIVISION OF MEDICINE

The basic medical policy of the State Board of Control calls for the employment of the best qualified professional staffs obtainable, for provision of all supplies and materials required in modern treatment methods, and for research into the prevention and cure of special disease problems. The Division of Medicine cooperates with all institutions and agencies to achieve these goals and so insure high standard medical care for all wards of the State. The Division is also responsible for inspection, supervision, and licensing of philanthropic and proprietary institutions, most of which are established primarily to care for persons in need of medical and nursing care.

Assistance is provided the State institutions both in developing medical policies and in meeting problems of prevention and treatment.

Expert dental treatment is a vital part of all hospital programs



Each year the nineteen State institutions receive 5000 new admissions and the daily population averages approximately 22,000. Annual admissions to institution infirmaries total 21,500 and each year some 3000 minor and 475 major operations are performed. An illustration of the intensive corrective medical service performed is afforded by a recent annual summary of the dental departments which reported 27,000 dental X-rays, 20,000 fillings and 20,500 extractions. Over 900 dentures were provided and oral surgery accounted for treatment of 500 impactions and 2700 other minor dental operations.

Communicable disease is controlled by active immunization and prompt diagnosis. Last year, examination of new admissions revealed 557 cases of tuberculosis, 539 of syphilis and 140 of gonorrhea. For report and treatment of such persons, close cooperation is maintained with the State Department of Health.

Per capita annual costs of medical and surgical supplies average $1.55 in reformatories for men, $7.05 at the reformatory for women, $4.25 in schools for the mentally deficient, $9.50 in mental hospitals and $29.18 in the sanatorium for tuberculosis. Costs have been held at a low point and the quality of drugs assured through a cooperative arrangement with the State Purchase Commissioner. Standards for purchase of State medical supplies and equipment have been established and bids are carefully reviewed and compared. The Division also checks requisitions and vouchers of all medical purchases by institutions in relation to budget limitations.

Since high quality medical and nursing personnel is essential to insure good standards of care, the experience, training and other qualifications of applicants are considered by the Director of Medicine. Efforts are constantly made to recruit specialists in various phases of medical and nursing care and, in cooperation with the Civil Service Commission, high qualifications have been established for all applicants for positions in these departments.

The Division, in performing its function of inspection and licensing of nursing homes, strives to insure good standards of care in all private institutions subject to supervision by the Department of Institutions and Agencies. The philanthropic institutions inspected include 77 children's homes and agencies, 33 day nurseries and 58 homes for the aged while those subject to license by the department include 99 nursing homes, 11 private mental hospitals, 20 proprietary hospitals, 13 proprietary homes for the mentally deficient and

13 other miscellaneous institutions. Licensed institutions each year serve some 13,400 patients, while proprietary institutions for aged or children provide for more than 21,700, a total of 35,000.

In carrying out its responsibility of license, inspection and supervision of private institutions, the Division constantly observes the need and desirability of meeting standards established by the Department and the necessity for professional competence of nursing personnel. The integrity of the proprietor must be established prior to issue of license, and through subsequent inspection visits efforts are made to educate and promote the social consciousness of staff members. As a further educational measure, the Division has organized and encouraged membership in the Association of Homes for the Aged and the Child Caring Group. Both associations have periodic meetings for discussion of problems of mutual interest and for promoting good standards of care.

Responsibilities of the Division are closely related to those of other divisions of the central Department and to its agencies. Cooperation is constantly extended the Division of Old Age Assistance, whose aged clients frequently require care of the type provided by nursing homes, and with the State Board of Children's Guardians in discussion and settlement of problems relating to transfer of dependent children to New Jersey. Many mentally deficient children too young for admission to State institutions are cared for in licensed homes and, in dealing with such institutions, the Division works closely with the Division of Classification and Education.

A number of other special responsibilities have been assigned the Division of Medicine. One is the examination of applications for charters for charitable organizations such as community chests and memorial foundations. Each year there are about forty such applications subject to departmental approval and records of the most recent year indicate 35 approved as legitimate and five disapproved, either because of lack of need or doubt as to the purposes and legitimacy of the enterprise.

Another major responsibility administered under the Director of the Division in the last decade has been the enrollment of boys in the Civilian Conservation Corps. This project, undertaken at the request of the federal government, continued for six years and was completed through contact and cooperation with the twenty-one county welfare directors and sixty-eight directors of municipal welfare departments.

In this six-year period 43,598 New Jersey men were enlisted and more than $8,000,000 allotted to their families, many of whom were on relief or in a marginal relief status.

Recently the Division of Medicine has been engaged in the similarly important project of insuring proper care for children of mothers now at work. The federal Children's Bureau requested the Department to assume that responsibility. Other emergency services and surveys are frequently assigned the Division, which also serves as an information and interpretive center within the general field of social service.

DIVISION OF INSPECTION

In addition to the supervision of State institutions and agencies, the State Board of Control is empowered by law to visit and inspect all city and county jails, workhouses, places of detention, penitentiaries, county mental and tuberculosis hospitals, poor farms, almshouses, and privately maintained institutions for the care of the physically or mentally sick. This power permits inspection for the purpose of ascertaining the type and care of treatment afforded inmates or patients, the caliber of management, and the physical condition of such institutions. Inspection duties of the Department are assigned jointly to the Division of Inspection which is responsible for inspecting public institutions and the staff of the Division of Medicine which inspects private institutions of many types.

Particular attention is focused upon the work of the county penal institutions which by their very nature are an integral part of the State's system for dealing with delinquency problems.

County jails generally have long been targets of criticism, for the difficulties involved in developing progressive programs for proper classification and care of many types of offenders committed to such institutions in large numbers are problems difficult to solve. There are, however, certain procedures basic to efficient jail administration which have been stressed by the Department. Inspections have emphasized particularly the need for physical safeguards, adequate medical examinations, maintenance of sanitary standards, proper segregation and classification of prisoners, development of work programs, establishment of adequate food standards, and the strengthening of administrative procedures. The problem of employing county prisoners constructively is admittedly difficult

for most of them serve terms which may be as short as 30, or even 10 days. Then, too, crowded quarters in jails and their usual location in the centers of cities, hamper the development of programs such as are carried on in State institutions. However, progress has been made in several institutions. The five county workhouses* all have excellent farming and work programs, and many jails employ men in projects such as road sign manufacture, care of county buildings and grounds, toy manufacture and repair, sewing, and laundry work.

As compared with those of many other states, New Jersey jails are generally modern in design and well administered. Practically all have employees who are selected under civil service by competitive examination, and many have chosen institutional work as a career. New Jersey can well take pride in those institutions that have fine records of administration. As a whole the local jails have built up a good record and in a recent appraisal of jails in all forty-eight states, the federal Bureau of Prisons ranked New Jersey's jails second in the nation.

Much of the success of the jail inspection service has been due to the spirit of cooperation demonstrated by county officials who have pressed both for physical improvement and the strengthening of institutional programs. The practice of having county jail and workhouse personnel visit other similar institutions has been promoted by the Department to "pass experience around" and to permit observation of techniques utilized in progressive jails and penitentiaries. The interest of local jail officials has been demonstrated in a practical way by the formation of a State association and in regular attendance at meetings of national groups interested in the problems of the local jails.

Inspection of the county welfare houses and almshouses has also led to development of good standards. In recent years, the "almshouse" of a generation ago has undergone important change. Formerly such institutions received aged, dependent persons almost exclusively and the care provided was purely custodial in nature. This is no longer the case.

With the introduction of the old age assistance program, many older persons who previously would have been committed to such institu-

*County workhouses or penitentiaries are operated by Camden, Essex, Hudson, Mercer and Middlesex Counties.

tions were enabled to remain in the community. Those still entering almshouses are largely persons whose problems are complicated by actual infirmities such as paralysis, blindness, crippling, or those with chronic, lingering illnesses. As a result, there has been increasing need for programs of medical and nursing care with emphasis upon treatment. Several counties have established welfare houses, and in others the philosophy and program are stressing more and more the need of treatment programs from which real benefits will accrue.

The Department has actively cooperated with county officials in meeting the problems of chronically ill for whom facilities are greatly needed. As the conversion of institutions to the welfare house type of program continues, community efforts to meet the needs of these patients will be greatly assisted.

Inspections are also made of county mental hospitals, tuberculosis sanatoria, and county and other municipal institutions. Contact between local institutions and those operated by the State is maintained largely through the Division of Inspection. Local administrators, especially those who are newly-appointed, are encouraged to visit outstanding institutions to secure first-hand information on methods by which common problems are met and to benefit by the experience of other administrators.

Requests for information on such special services as medical or nursing care, farm operation or food service, are frequently referred to staff members of the central office whose specialized training is helpful to local institutions in the solution of such administrative problems.

At times county or municipal officials request the Department to make complete surveys of particular institutions to determine whether their services are essential or whether economies might be effected. On such occasions the Division, under direction of the Commissioner and assisted by other departmental staff members, evaluates their programs and services, and prepares recommendations for submission to local governing bodies.

DIVISION OF PAROLE

State control of delinquents in New Jersey is divided into two phases—first a period of institutional training, and then one of supervision and control in the community while the released offender

is being readjusted to normal community life. Such a plan offsets many of the dangers involved in release that is unsupervised and which makes no attempt to bridge the gap between life within the institution and complete freedom in the community.

Parole as developed in New Jersey is a continuation of the institution's plan for training of the individual. As offenders are released from reformatory and correctional institutions, their supervision in the community becomes the responsibility of the Division of Parole. Prior to the establishment of the State Board of Control in 1918, each institution had its own parole officers who traveled throughout the State in the performance of their duties, crossing one another's paths many times. Supervision was expensive for it involved much duplication of travel and the time available for visits was so restricted that efficiency could not readily be secured. Then, too, standards of supervision varied markedly between institutions, as did the capabilities of the officers. Under such a system, lost motion, lack of uniform standards, and an absence of individual work with parolees were inevitable. In fact, parole supervision was of a superficial character and contacts with the parolee were infrequent.

Under the present New Jersey parole system which is rated by national authorities* as outstanding, parolees of all correctional institutions except the State Prison are supervised by the central division. There are both male and female parole officers, and in densely-populated areas Negro officers supervise parolees of their race. Districts have been established so that supervisors work in restricted areas, usually the county of their residence. Travel is minimized, duplication of effort avoided, and more time made available for actual contact with parolees. Intensive local coverage permits each officer to familiarize himself with local employment opportunities, community conditions, and the work of character-building agencies which render valuable assistance in the readjustment of delinquents.

The granting of parole in New Jersey imposes obligations upon its recipients. The general policy is to insist upon the few fixed rules and regulations considered necessary and consistent with the protection of the public, and to assist parolees in making the best possible adjustment to life in the community. There are general rules with

*Professor Fred E. Haynes in his recent book, *The American Prison System*, states that "New Jersey has probably the best organized system of parole administration in the United States."

which each parolee must comply. He must report to his field parole officer within three days after leaving the institution, preferably during the first twenty-four hours. He must reside in a place approved by his parole officer, consult his officer when he wishes to change his place of residence or employment, or when he is in difficulty of any kind. He must obtain permission before marrying or obtaining a divorce, before purchasing an automobile, obtaining a driver's license, applying for a motor vehicle registration, or entering into any form of conditional sales agreement. The use of narcotics is strictly prohibited and frequenting bars and taverns is contrary to regulation.

But parole implies more than mere restriction. State parole officers are trained and experienced social workers who give advice, guidance, and supervision to the best of their ability. Under such a system, men learn to regard their officers as friends. Supervisors assist parolees to secure work and suitable living quarters, and they promote wholesome community contacts. At times the officer must necessarily work with the parolee's entire family, assisting them to resolve problems which may affect the adjustment of his charge. To perform these functions successfully the officers must have complete information on the parolee, his family, his associations, and the community in which he lives.

When an offender is originally committed to an institution, the parole officer in the district of the offender's residence makes an investigation of his home and his history or background. He analyzes the factors contributing to delinquency. Again, prior to the offender's release, the home and community situation is reviewed and important factors listed for the institution so that its parole plan for the individual may be adjusted as the need is indicated. In addition, the officer in his regular visits to the institution meets his prospective parolee soon after commitment. The contact made with the family at the time of the delinquent's commitment and again prior to his release is maintained throughout the entire period of institutional treatment so that the officer will have available current information as to the home situation. Thus, when the time for release comes, the parolee and his officer are already acquainted and the officer has a good knowledge and understanding of the situation in which his charge will live.

After release, the parolee is usually visited monthly, but sometimes even more frequently. If it appears that the parolee is adjusting

satisfactorily the frequency of visits may later be reduced, and after a period of successful adjustment the visits may be made on an annual basis. In especially meritorious cases a discharge from parole may be granted prior to the expiration of the maximum sentence.

In instances where the offender appears to be making a poor adjustment he may either decide voluntarily to return to the institution or may do so at the suggestion of his officer. In any case parolees may be returned without the formality of court procedure, if the paroling authorities deem such a step advisable either for the welfare of the parolee or the community. No rigid formula is laid down as to specific acts that constitute violations of parole. Serious misconduct is always looked upon as justification for return but even minor evasion of responsibilities may also be deemed a violation. In such cases the decision is based on the trend of the behavior of the paroled individual and the attitude he evinces toward his responsibilities as a member of society.

Parole officers in New Jersey utilize the techniques of modern social case work. Officers are chosen through competitive civil service examination and requirements for admission to examinations are comparable with other social welfare standards. Officers must have graduated from approved universities, or must have completed standard courses in social service and have had at least two years' experience in such work. The encouraging results obtained in New Jersey reflect the high caliber of officers who have been recruited and selected with the assistance of the Civil Service Commission. At present there are approximately 3000 parolees supervised by the Central Parole Bureau. Although the average case load is at present somewhat in excess of the standards considered desirable, there are special factors in New Jersey which must be considered in evaluating this situation. The relative density of population of the State permits more frequent visits than would be possible in sparsely-settled areas. Travel facilities are excellent and time involved in travel is reduced to a minimum. Then, too, a large number of parolees have been placed either on a quarterly, semi-annual or annual reporting basis because of their apparent ability to adjust. The reduced frequency of visits for such parolees frees the officer's time for more intense work with men newly released from institutions and those who appear in need of closer supervision.

While parole's primary purpose is to assist the offender in re-establishing himself as a citizen during a testing period, and to provide

supervision during the period of his readjustment, its benefits are not limited to the individuals with whom it deals. Economies are effected through its operation. It is apparent that if no system for community supervision were in effect, large numbers of offenders would be required to remain in the institutions for longer periods of training or would be released under highly unfavorable conditions. Since the per capita cost of parole supervision is only about one-tenth that required for the maintenance of persons in institutions, this program is effective in producing real savings for the State.

DIVISION OF STATISTICS AND RESEARCH

In the Department's program of integrating public welfare services in New Jersey, the function of the Division of Statistics and Research is to assemble and interpret data by which needs for welfare service can be identified and classified, the effectiveness of existing programs appraised, and plans laid for future advances.

The assumption of newer and broader governmental welfare functions, occasioned by the changing social and economic situation, has stressed the importance of factual material which serves as a guide for the State's activities in dealing with problems of dependency, mental and physical handicaps, delinquency and crime.

The emphasis which is being given to the preventive aspects of social welfare work and early rehabilitation of those under care and treatment has made it necessary to provide, among other things, the statistical tools upon which such efforts may be predicated. Moreover, the welfare activities carried on along numerous and widely different lines make it desirable to unify the available data and to show the relation which they have to one another.

The range of the Department's activities requires the Division to examine many divergent aspects of public welfare administration. The Division collaborates with all institutions and agencies, the central office divisions, other governmental agencies, and with non-governmental health and welfare organizations in the analysis of welfare problems and in the preparation of plans to resolve or alleviate them.

Since observation and evaluation of experimental efforts is a phase of research, the Division carries important responsibilities under the

Department's policy of stressing preventive activities and in aiding communities to develop and maintain new types of services which may check welfare problems at their roots. In the following paragraphs, some of the recent research activities of the Division are briefly described.

The urgency of mental hygiene problems has stimulated extensive research. Studies have been made of the frequency of various types of mental disease and deficiency to forecast institutional population trends so as to suggest the types of needed facilities and to indicate efficient preventive measures. The Division has studied, in cooperation with the medical staffs of the State hospitals, the results of treatment of patients through various forms of shock therapy. The experience of mental hygiene clinics has been reviewed statistically to evaluate their effectiveness in lessening the need for institutional care, and in stimulating local mental hygiene programs. In cooperation with the National Committee on Mental Hygiene, standardized statistical and research procedures have been instituted so that valid state-to-state comparisons can be made.

The Division aids communities in studies of delinquency and crime problems. One service frequently afforded has been the preparation of maps indicating the sections of cities and towns where delinquency is most prevalent and where preventive efforts are most needed. Police, school authorities, and representatives of civic organizations have been guided in developing remedial and preventive programs, and studies have measured the progress made through such experiments. In this field, the Division works closely with the New Jersey Juvenile Delinquency Commission.

In the correctional field studies of the success with which former wards of institutions have adjusted to life in the community have aided institutions in evaluating the prospects of offenders whose release on parole is contemplated. Another project analyzed sentencing practices in county courts, and a third dealt with the functions performed by local jails and workhouses.

With the New Jersey Hospital Association, the Division has surveyed general hospital facilities of the State to determine their adequacy in the light of public needs. Voluntary charitable and governmental hospitals now submit monthly reports covering vital phases of hospital operation and reports showing trends in all hospitals are then prepared and distributed among the participating institu-

tions for comparative purposes. Studies of specific hospital problems are also undertaken from time to time.

Trends in tuberculosis sanatorium care have been studied by the Division. In cooperation with the New Jersey Tuberculosis League, the Division has analyzed the work of tuberculosis clinics to determine the extent to which these facilities are performing preventive as well as treatment service. Another problem given intensive study is that of chronic illness, increasing in prevalence because of the aging of the general population and because of progress made in overcoming other diseases. Special attention has been given to the adequacy of facilities now available for the chronically ill in general hospitals, welfare houses, almshouses, and private institutions.

The Division has also participated in extensive studies of public assistance problems. It has cooperated with the agencies, State and federal, created to administer emergency relief. Similar cooperation has been extended to temporary investigating commissions and to private research inquiries. The Division has been especially concerned with studies to classify the needs and the extent of assistance furnished to individuals and families under the various assistance programs.

Special emphasis has been given those public assistance programs for which the Department of Institutions and Agencies is responsible. Information has been secured on the social characteristics of recipients of old age assistance and of the children cared for by the State Board of Children's Guardians. The causes of blindness reported among persons served by the New Jersey Commission for the Blind have also been analyzed.

Studies of defense welfare problems have been numerous. Under the Emergency Medical Service program, the Division classified hospital facilities to determine their use as places for the care of civilian casualties and to analyze the problems involved in the removal of patients to safe areas. Another project has been a census to indicate the number of working mothers' children in need of proper care and supervision, and cooperation has been given Selective Service Administration in supplying personal information on inductees.

Monthly statistical reports from each State institution and agency and others receiving State subsidies are utilized to prepare summary

state-wide reports. These supply the data essential to the analysis and correlation of welfare operations and indicate trends of importance in social planning.

The Division prepares a number of publications describing activities of the Department and furnishes other material significant to the advancement of public welfare in New Jersey.

DIVISION OF STATE USE INDUSTRIES

State Use is the Division under which vocational industries and productive employment in New Jersey institutions are organized. As the name implies, products are not sold in the open market in competition with private enterprise, but are made only for use by public institutions and agencies supported by tax funds. Every institution,

Clinton Reformatory's sewing room normally manufactures clothing for the State's dependent children. During the war it has produced 2000 shirts weekly for the Navy



in a limited way, conducts such a system of its own, for when patients or inmates work in the fields, prepare food, or do maintenance work, they are actually rendering a service to the State. But in its true sense, a State Use system contemplates manufacture of articles in excess of the needs of the immediate institution so that products will be available through the central organization for distribution and sale to other institutions and governmental agencies.

New Jersey institutions manufacture each year a large variety of products for use by the State and subdivisions of government. Automobile license plates, highway directional signs, chairs, tables, desks, metal beds and springs, mattresses, blankets, soap, ink, disinfectants, shoes, clothing, metal products, and a variety of other items are manufactured in the institutional industries. Other types of work include baking, printing, shoe repair, mixing of dairy and stock feeds, and the manufacture of washing compounds, floor wax, and insecticides. Extensive farm activities, such as dairy, general farming, pork production, and canneries, are also included. All such institutional activities are supervised by the Division of State Use Industries.

In developing work opportunities, the primary objective of the Department and of the Division of State Use has been to provide training opportunities for patients and inmates. Especially in the prisons and reformatories, few skilled workmen are found on admission. There are numbers of individuals whose work aptitudes have never been developed, and in many cases their inability to hold jobs has been a contributory cause of delinquency. If the institutions are to provide a constructive influence upon such persons while they are in custody, it is essential that work programs should emphasize training, insist upon high standards of workmanship, and, so far as possible, approximate outside employment conditions. For that reason, industries in New Jersey institutions are widely varied. Suitable work and training are provided for persons of varying capabilities, aptitudes, and interests, and in many institutions work assignments are directly correlated with the educational program.

The New Jersey plan stresses development and concentration of industries at institutions where patients and inmates seem best equipped for their operation, and for that reason there is constant interchange of products. For example, the State Prison and Rahway Reformatory manufacture furniture utilized in all other institutions. The Prison

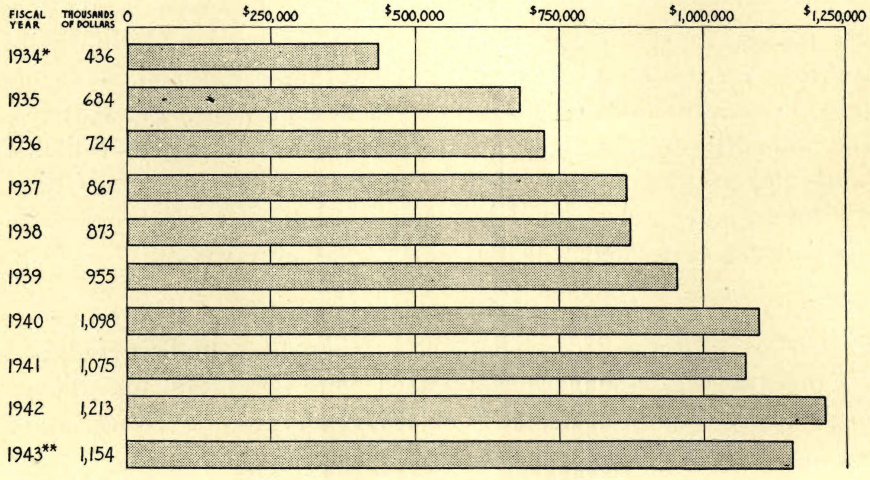
bakery supplies Skillman Village and the Bordentown Prison Farm while the latter institution sends farm and dairy products back to the Prison and supplies other institutions with soap and metal products. Women at Clinton Reformatory manufacture clothing for children under the State Board of Children's Guardians and operate a modern, commercial-type laundry which performs work for the nearby Annandale Reformatory. Annandale in turn furnishes Clinton with bakery products and maintains a large herd which supplies milk to the Glen Gardner Sanatorium. Rahway manufactures all blankets, towels, and shirt materials needed by the State as well as beds and springs, chains, and other metal products, while Vineland State School manufactures socks, stockings, and mattresses. Concentration of industries which provide training particularly suited to specific types of patients and inmates accomplishes the two major objectives of the State Use system, insuring its efficient operation and providing effective training for wards of the State.

A second great benefit of industrial work arises from the value of products supplied to the State. The provision of housing, food, clothing, and other essentials for persons in institutions involves a considerable expense which is offset to an appreciable degree by such productive employment.

The value of State Use products has been growing in recent years, a trend which has reflected the increase in institutional populations

VALUE OF STATE USE PRODUCTS

AS REFLECTED BY SALES TO GOVERNMENTAL AGENCIES



*NOT INCLUDING VALUE OF ROAD WORK WHICH WAS ELIMINATED AFTER 1934.
**REDUCTION IN 1943 DUE TO DISCONTINUANCE OF AUTO TAG MANUFACTURE.

and the increased need for products and services. But increasing values have also resulted from the efficiency of the system itself, for all industrial expansion in institutions, like the entire cost of operation, must be financed from State Use revenues. New training and work opportunities have been provided in textile, soap and chain manufacturing, and in operation of a feed-mixing mill which supplies all feeds required by institutional farms and dairies.

The effect of war on State Use industries is difficult to appraise. Several State Use shops are producing war goods. Efforts are being made to ascertain what other items essential to war can be produced. Real production projects have been instituted in these industrial units without entering the normal sphere of free labor. Through such plans, institutions are making a further direct contribution to the war effort, and the training programs essential to progressive institutions are being maintained.

Shortages of needed materials have occurred at a time when institutions are contributing to the national effort through greater production of essential supplies. It is obvious, of course, that whenever people in institutions produce any article needed by the State they are freeing outside workers and in that way contributing to war work. But if shortages of raw material actually curtail normal institutional manufacturing, production will be slowed up and waste of manpower may result.

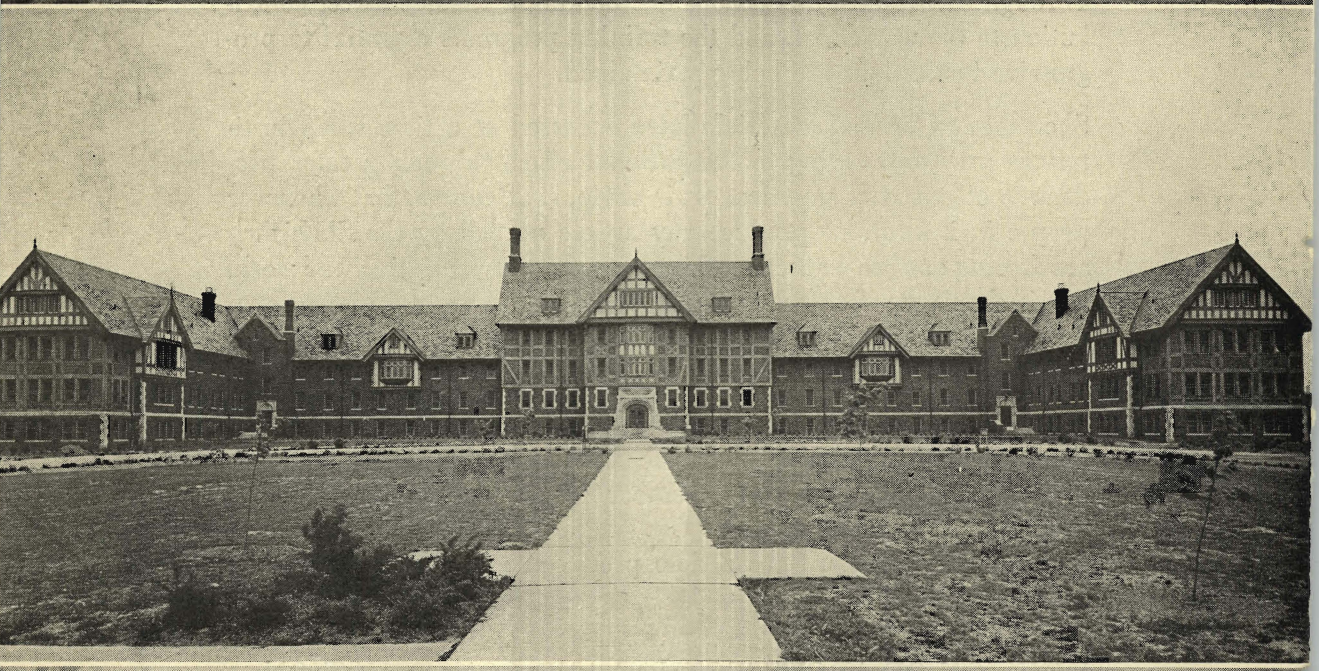
The most important goal of State Use industries is the training of the state ward to equip him with the skills and work habits necessary to become a self-supporting member of the community. It is a basic consideration of the State Use program that "the major product is the trained worker—the article produced is really a by-product of this training."

DIVISION OF ARCHITECTURE AND CONSTRUCTION

The Department of Institutions and Agencies, through its Division of Architecture and Construction, is responsible for the design, construction, repair, and maintenance of State institutions. It may also be called upon for planning buildings for other branches of State government.

New construction has emphasized the efficiency of low cost, serviceable buildings in which utility is the guiding factor. For example,







housing for the mentally deficient provides in most cases dormitory facilities which are inexpensive to construct and economical to operate. Buildings of this type have been erected at all institutions where such housing is practicable and where it meets the needs of patients and inmates.

In institution design, special problems are confronted. Housing quarters must be safe and secure. Patients must be protected from radiators, windows, and other fixtures not normally considered hazards. To guard against fire hazards, sufficient exits must be provided and yet there must be protection against unauthorized movement of patients or inmates. All fittings such as hardware, electrical fixtures and plumbing must necessarily be adapted to a building's particular function. Efficient design is vital to economical administration, for good basic planning of sleeping quarters, dining facilities, and other needs will permit economical management of a building throughout the entire period of its operation, and wise choice of materials will reduce maintenance costs to a minimum. For that reason the experience gained by members of the Division's staff over a period of years has increased efficiency in planning, has reduced necessity for later reconstructions and repair, and has led to economies in daily operation.

Construction projects are discussed in conference with superintendents and business managers of institutions, boards of managers, and with the Commissioner. The final plan represents the best combined experience of persons responsible for construction and those who operate and maintain buildings.

During the last ten years the Division of Architecture has modernized many old buildings which presented hazardous housing conditions. Several institutions had buildings dating back over fifty years, which were so large that they could have been replaced only at great cost. Through federal grants and projects of the Public Works Administration and the Works Progress Administration frame construction was replaced, fire hazards removed, and large housing units completely modernized to provide up-to-date facilities. Trenton and Greystone Park State Hospitals especially benefited from this modernization but the program had advantages for practically every institution. The real value of this modernization program lies not only in the provision of safe quarters for patients, but in the greatly prolonged life and usefulness of buildings. The cost of moderniza-

Recent construction projects are shown at left. Top is the Administration Building of Annandale Reformatory. The middle photo is the Treatment Building at Marlboro State Hospital, while the lower shows the new medium security prison farm at Bordentown

tion through this renovation program has been low compared with the expense which would have been necessary had replacement of these buildings been undertaken.

Another achievement of the Division of Architecture has been the planning of new buildings required by the normal expansion of institutions to accommodate increased populations and to provide facilities for special treatment groups. Marlboro State Hospital, opened in 1931, has been expanded to serve the needs of 2668 patients. New buildings at the North Jersey Training School have increased capacity to the point contemplated by the State Board of Control. Skillman Village and other institutions have been provided with additional housing units to meet at least part of the demand for additional accommodation.

Bordentown Prison Farm, a recent medium security institution, has been completed to replace the temporary wooden barracks originally in use. Occupancy of this institution permitted transfer of some 550 men from the main prison and greatly reduced the overcrowding existing in that institution for years. Bordentown has also provided housing units of the medium security type which have proved so suitable for a large proportion of the prison population.

Great benefit is derived from the policy of having the Division of Architecture responsible for both original construction of institutions and their regular maintenance. Efficient designs are utilized for new buildings and long-range planning permits the installation of utilities adequate for future expansion of housing quarters. The Division is a complete unit having among its personnel qualified specialists in water supply and treatment, power plant operation, sewage disposal, and other essential utilities. Personal contact is maintained with superintendents and business managers to study problems of daily operation and through this relationship staff members are thoroughly familiarized with maintenance needs of all institutions.

Effort is directed toward keeping maintenance costs at a minimum. Maintenance of utility lines as well as fuel, light and power accounts are regularly checked to determine possibilities of economies in consumption and in operation. Coal, fuel oil, and lubricating oil are tested regularly by the Division in cooperation with the Agricultural Experiment Station, and every 15 days the potable water supplies are analyzed. The Department also cooperates with the State

Purchase Commissioner in reviewing specifications for needed equipment to insure provision of high grade supplies at low cost. For many years the Division has had a cooperative plan with the State Experiment Station under which the services of its able specialists on water and sewage have been available.

As in the other divisions of the Department, employees of the Division of Architecture are under civil service. Many have long records of employment with the State and since the outlook is for a career type of service, the experience gained by the personnel leads to increasing efficiency and a closer acquaintanceship with special problems arising in design, maintenance, and repair of State property.

NEW JERSEY STATE LIBRARY



THE STATE MENTAL HOSPITALS

NEW JERSEY'S mental hospitals, strategically located at Trenton, Greystone Park and Marlboro, receive patients from different sections of the State. Supplementing their services are hospitals operated by Atlantic, Burlington, Camden, Cumberland, Essex and Hudson Counties. In New Jersey there are 17,000 mental patients in public institutions, 5800 in county hospitals and 11,200 in the State hospitals.

Trenton State Hospital now has a population of 2975 patients whose residence is chiefly in the central and southern sections of New Jersey. This institution also receives, in a special unit, criminally insane patients transferred from State and county institutions. Greystone Park's 5560 patients come from the concentrated population areas in the north, while Marlboro's 2668 patients have been received from Union and Middlesex, and counties along the seaboard.

Each of the three State hospitals is a completely equipped medical, surgical, psychiatric and psychological unit prepared to give all recognized types of therapy. Resident staffs include specialists in medicine, psychiatry, surgery, dentistry, pathology, X-ray, electrotherapy, physiotherapy, occupational therapy and in ear, eye, nose and throat disorders.

The growth of mental hospital population in excess of increasing general population becomes strikingly evident when figures for a 50-year period are reviewed. During this time, the proportion of mental patients to general population has doubled, the rate per 100,000 general population increasing from 187 in 1890 to 393 in 1940.

	New Jersey's Population	Population of State and County Hospitals	Rate of Hospitalization per 100,000 State Population
1890	1,444,933	2,700	187
1900	1,883,669	4,254	226
1910	2,537,167	6,042	238
1920	3,155,900	7,960	252
1930	4,041,334	11,078	274
1940	4,163,136	16,356	393

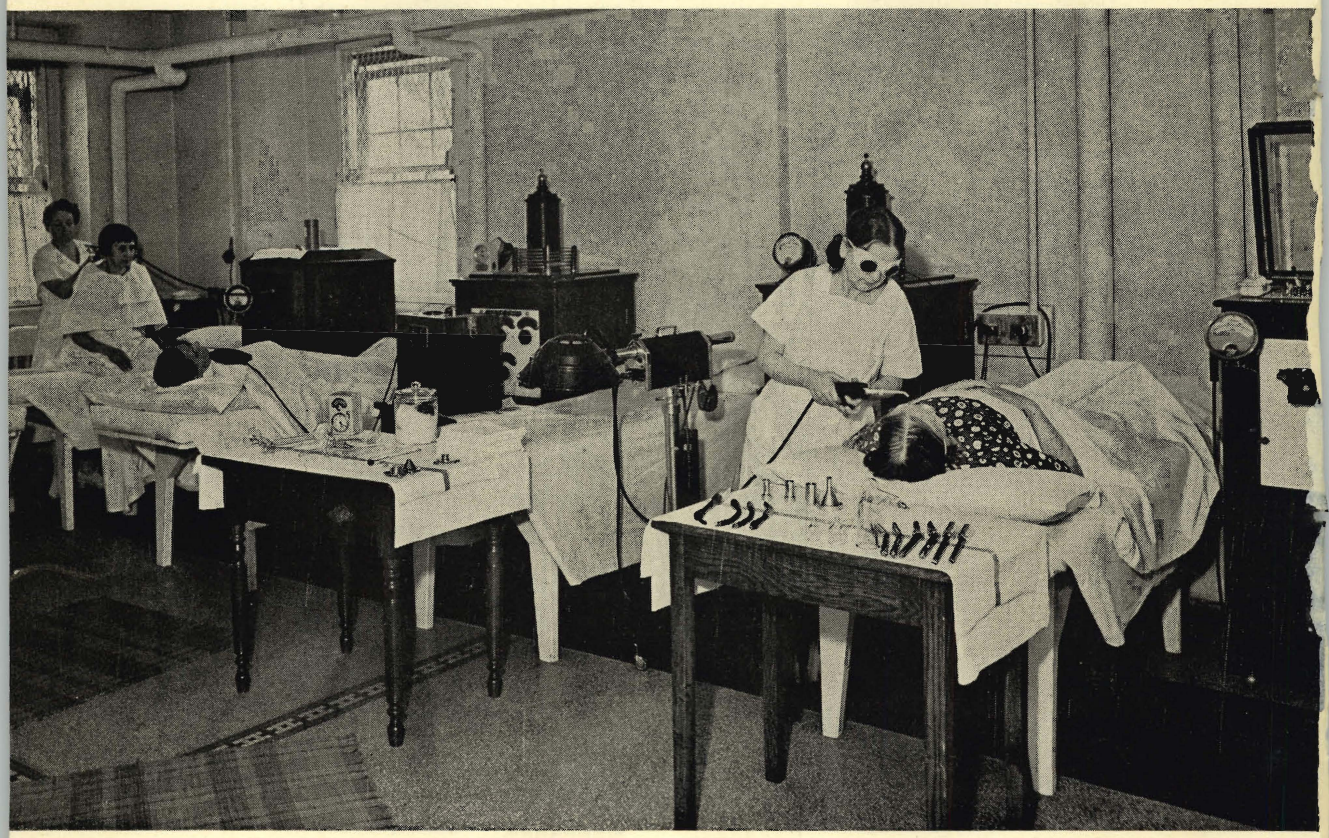
There are important reasons for this rising rate of hospitalization. First, more persons are recognized as in need of such care and instead of being held in jails, almshouses and similar community institutions, they are classified promptly for mental hospitals. The

←*Trenton State Hospital was founded in 1848, largely through the efforts of Dorothea Lynde Dix, advocate of humane care for the mentally ill*

wider development of community services through county welfare boards, local welfare organizations, mental hygiene clinics and (especially during depression years) through relief organizations, has led to earlier recognition of persons with mental afflictions. These services have been growing over the last fifty years, but in the last ten years, when development of community services has been most accelerated, mental hospital populations have shown correspondingly high increases. The rate of hospitalization per 100,000 general population grew from 274 in 1930 to 393 in 1940.

Lengthening expectancy of life of our general population also affects admission and population rates of mental hospitals, for as the proportion of older persons in the general population has increased, so has the number of patients affected with senility and other psychoses

Trenton Hospital's electrotherapy division typifies the special equipment available in all State hospitals



associated with advanced age. During the last ten years the proportion of such cases among total admissions has grown appreciably. Patients of this type show little response to treatment programs and, as a result, they must often remain in the hospitals. The outlook for them is primarily one of continuing custody and care.

Another factor tending to increase both admissions and population is the growing recognition of the benefits of care in progressive hospitals. Mental disease no longer carries the stigma of a generation ago and few attempts are made to maintain mentally ill persons in secluded sections of homes. Appreciation of the treatment and curative work of institutions has convinced the public that treatment provided in such hospitals is more desirable than home care, and certainly more productive of results.

The growth of mental hospital population has been reflected most directly in increased burdens upon State hospitals. Twenty years ago 58 percent of all mental cases were in State hospitals, 42 percent in county institutions. However, State hospitals have been assigned increased responsibility for the care of mental patients and today the relative proportions are 65 percent in State and only 35 percent in county hospitals.

However, the increasing population of State hospitals has not been paralleled by similar provision of facilities for patient care. During depression years especially, construction has been held to a minimum and the problem of crowding in these institutions today is acute. State mental hospitals now have more than 11,000 patients in space designed for just over 9,000. Dormitories and rooms are crowded with beds. Recreation space and quarters designed for other use have been converted for sleeping purposes to meet the increased demand of higher admission rates and higher population. Under such circumstances, efficient management of institutions is difficult. Medical and nursing staffs are overtaxed and only by the greatest application to duty can the personnel maintain the treatment programs essential to the welfare of the patient.

The most striking development of recent years in the mental hospital field has been the increasing emphasis upon treatment. A generation ago there was little that we today would recognize as treatment. Medical knowledge of mental disease was limited. The institutions, referred to as "asylums," were considered only as havens where the mentally ill could spend their last days. Little more than custodial care was provided, and since attempts to stimulate normal mental

behavior among patients were limited, few patients ever recovered sufficiently to return home. In those days prejudice and ignorance stigmatized the patient, his family and the hospital.

However, advances were being made in the field of laboratory examination and medical research. Some thirty years ago certain of these began to indicate and clarify the relation between physical and mental disorders. Treatment of underlying physical illnesses produced an encouraging number of mental recoveries and new direction was given the work of the mental hospitals.

Progress in treatment has been particularly marked during the past ten years. State hospitals have established specialized departments in each field of medicine. All three State hospitals have been approved by the American College of Surgeons and by the American Medical Association for the training of young physicians in psychiatry. Special psychiatric training for student nurses of community hospitals is provided at Greystone Park, and fifteen general hospitals now send nurses there for three-month periods. During this interval they are acquainted with the problems of mental patients and the latest techniques employed in their treatment.

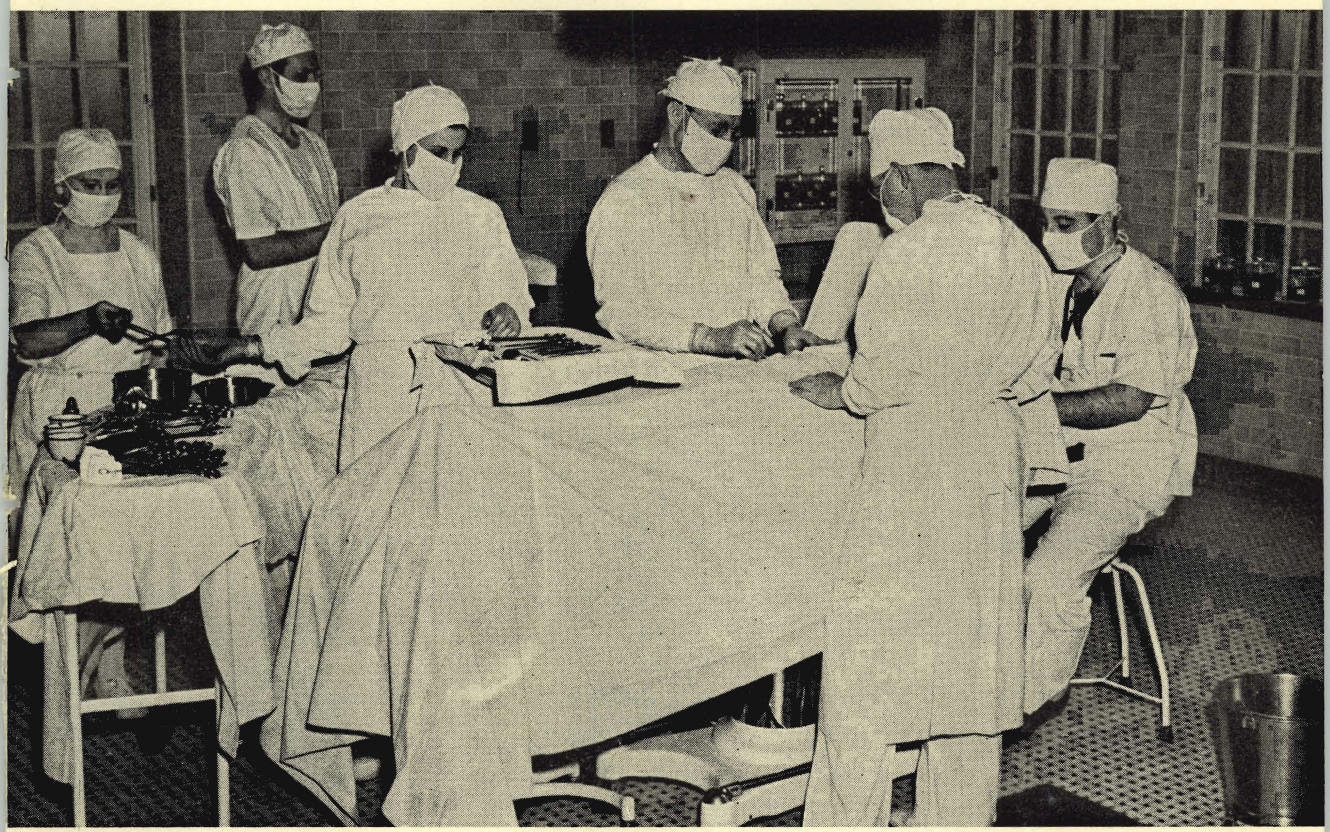
All patients admitted to State hospitals are given the benefit of intensive examinations and the correction of physical defects whereever possible, regardless of any apparent relationship to mental symptoms. Typical of these tests is the dental program of the hospitals. As a part of the careful examinations to ascertain the physical condition of newly-admitted patients, individual dental tests (including complete X-ray examinations) are made. Infected and devitalized teeth are removed, cavities filled, and gum infections treated. In many instances, marked improvement both in general physical condition and in mental health has resulted from this phase of the examining and treatment program. Routines for correction of physical disorders and defocalization are followed by special treatments such as physiotherapy, electrotherapy, and occupational therapy.

New Jersey hospitals have long been recognized as leaders in developing or applying new treatment techniques. In 1937, shock therapy was introduced at Trenton and the initial results with insulin, metrazol, and allied drugs gave such encouraging results, even among patients with long-standing illnesses, that the department was rapidly enlarged. The treatment was also introduced in the hospitals at Greystone Park and Marlboro. Later electric shock therapy was

developed and by January 1st, 1943 complete courses of treatment had been given 3570 patients, of whom almost 60 percent recovered sufficiently to return home.

Fortunately, this treatment has been effective with a large group of patients of the functional type whose mental disorders have not been definitely linked with physical causes and who have not responded appreciably to other forms of treatment. In former years only a small percentage of dementia praecox cases improved sufficiently to warrant release, and the fact that they remained in the hospitals for relatively long periods explains, in part, the increased populations. Patients of this type have relatively long terms of life and in the past their numbers have grown so that they constituted more than 60 percent of those present in hospitals. Shock treatment, therefore, is

The operating room of Marlboro Hospital is one of the most modern in the State



proving beneficial not only to individual patients but to the State as well, for the residual number of patients remaining in institutions is being reduced as this treatment is carried on.

Treatment for mental patients produces maximum benefits when it is accompanied by assignment to work or occupational therapy, stimulating physical conditioning and interesting diversion. These activities develop a sense of usefulness, promote contentment, and condition the patient for treatment. For the mentally ill, an atmosphere of congeniality is especially important.

New Jersey hospitals stress occupational therapy. Patients able to benefit from supervised work are assigned by the medical staff to such activity. At first the period may be short, to avoid tiring the patient, but as his mental condition improves the assignment may be lengthened or diversified to further stimulate activity and interest. Various activities such as weaving, rug-making, ornamental metal work, toy manufacture and basketry are undertaken, either on the wards or in craft shops.

Hundreds of able-bodied patients participate in regular production and maintenance activities, assisting with farm and dairy work, food preparation and service, care of lawns and equipment as well as cleaning and housekeeping activities.

Many patients, especially deteriorated types unable to engage in occupations, are stimulated through physical education programs to exercise regularly, to participate in group activities, and to engage in interesting recreation. At Greystone Park Hospital alone, physical education benefits an average of 600 patients each day.

Recreation is extensive. Field days, entertainments, minstrels, plays, motion pictures, radio, dancing and sports, are all utilized to make life within the hospital interesting and congenial. Activities of these types are constantly promoted, for their value both in building patient morale and in supplementing active treatment is recognized as essential to the progressive treatment of mental disorders.

The focusing of curative efforts, typified by development of new treatment techniques, by stress upon occupational activity and by efforts to promote patient welfare, has resulted both in shortening the length of stay of patients and in a definite increase in the number of persons who are able to return home and to adjust to normal community life. During the last ten years, the average period that patients spend in the mental hospitals has been reduced appreciably

in spite of the increased proportion of older admissions. In that period, admissions have increased by 38 percent. But the increase in the number of patients discharged as recovered or improved has been 70 percent; the actual number of such cases has increased from 883 in 1932 to 1544 in 1943. Such an increased discharge rate results in a high "turnover" of patients and it is apparent that while the total number under care may continue to grow, the treatment program is holding to a minimum the net increase in institutional populations. The value of this program, both in terms of persons restored to usefulness and in saving construction and maintenance costs, is plainly evident.

Social service supervision has enabled State hospitals to increase use of parole and trial visit of patients in the community. In practically all instances where mental patients are released, a period of home supervision by persons especially trained in handling psychiatric problems is helpful. Such a plan bridges the gap from the controlled environment of the institution to community life, permits education of the family as to the particular needs of the patient, and eliminates factors which would lessen the chances of successful readjustment.

Community supervision of mental patients believed capable of adjusting at home benefits the hospital as well as the patient. The expense of supervision is much less than that of actual maintenance in the institution and increased numbers of beds are made available for new admissions or to relieve overcrowding.

The number of patients on parole has doubled in the last ten years and at present 1304 patients are under supervision at home. The 1300 beds freed by this method have greatly assisted the institutions to meet the constant demands for additional accommodation.

Like physical illnesses, many mental disorders may be prevented or quickly cured if they are recognized and treated in their incipient stages. Early treatment produces speedier and more lasting results. Conversely, hospitalization of mental patients of advanced stages produces fewer benefits and, because of the longer periods of institutional care required, is far more expensive to the State. Realizing the value of a preventive or early treatment program over an exclusively curative or custodial policy, the State Board has developed and consistently supports the mental hygiene clinic program.

The State mental hospitals provide special psychiatric and psychological services to other State institutions, especially the prisons and

reformatories. Staff members examine patients referred to local clinics by family physicians, welfare and health agencies, general hospital staffs, schools, court officials, and relatives. State hospitals also maintain a cooperative relationship with clinics operated under local governmental auspices.

During the last year, the three State mental hospitals held a total of 809 clinic sessions at some 60 locations widely scattered over the State. The volume of clinic work is large, and in the year 1942 more than 3000 persons were examined and interviewed. Repeat visits brought the number of contacts through clinics to a total of 4774. In a considerable number of cases, clinic staffs confer with the family physician and advise types of treatment which may be carried on in the community without the necessity of institutional care. In other instances, hospital care is recommended.

Student nurses of fifteen New Jersey general hospitals receive psychiatric training at Greystone Park



The clinic is vital to an effective mental hygiene program. Through prevention and through early recognition of disorders, prompt treatment can be instituted and in many instances the necessity for long-time care is avoided. Another major value of the clinic arises from the fact that it is an educational force. Mental clinics are held principally in general hospitals and other public buildings and patients show little reluctance in attending them. General hospital authorities are realizing more and more that the problem of mental illness is one of direct concern to them, for an appreciable number of patients admitted to general hospitals are suffering primarily from neuropsychiatric conditions. There are no insurmountable problems confronted by treatment of selected mental patients in general hospitals. By providing proper facilities general hospitals could successfully treat many such patients and it is likely that in the future mental clinics will be the means of further integrating the functions of State and community hospitals in a common effort to relieve problems of the mentally ill. The value of the clinic was described and emphasized in a survey* made by Princeton University which pointed out:

> "The continuation and expansion of the work of the mental hygiene clinics should be guaranteed. This is one form of preventive work which leads to genuine economy. Drastic curtailment of activities in this field would weaken the barriers interposed between accumulating stresses and strains and the breaking point in many cases of potential mental disablement. It would also retard the processes of recovery in many who have broken down but are still susceptible to treatment. Many curable cases would become incurable and the burden of domiciliary and custodial care would be further increased. The communities should be encouraged to provide psychiatric social service workers so that in time every part of the state will be provided with mental hygiene clinics. Some communities are already cooperating in this way and it will likely result in time that the state will be called upon to provide merely supervision of local funds."

Officials in counties which maintain smaller mental hospitals have become interested in the benefits of intensive treatment, especially shock therapy, and have studied their local situations to ascertain whether such treatment could be introduced in their institutions. In small hospitals where the number of patients selected for such treatment is relatively small, the per capita expense of a properly equipped and staffed unit would be excessive. For that reason, the

*Report on a Survey of Administration and Expenditures of the State Government of New Jersey, December 1932.

Department, through the Medical Director of the Trenton State Hospital, has cooperated with Atlantic, Burlington and Cumberland Counties in reviewing admissions to those institutions so that patients believed capable of benefiting by shock therapy and similar treatment may be temporarily transferred to State hospitals. This arrangement has proved highly satisfactory and it is likely that further development and progress along these lines may be made.

Obviously, improved results in treatment of mental patients have reflected not only advances in the medical and psychiatric fields, but in the recruiting of staff members and nurses especially trained for psychiatric work. Medical staffs have been gradually expanded, and an increasing number of physicians interested in the problems of the mentally ill are equipping themselves for the specialized field of psychiatry.

The quality and quantity of nursing care has constantly been improved so that at present there is a relatively high proportion of trained nurses, enabling most wards to have supervision by psychiatrically-trained persons. Hospitals have been accepted for the training of undergraduate nurses and these schools have provided additional sources of trained personnel.

It appears that as personnel becomes more highly trained and skilled, and as knowledge in the field continues to grow, the time may come when the total discharges, together with the deaths, will equal the total admission rate. Efforts of the hospital staffs in this direction must, of course, be integrated with a social service program adequate to place patients back in the social and economic life of the community and to provide such supervision and aid as is necessary to reduce to a minimum recurrences of illness which may require readmission to the hospitals.

SCHOOLS FOR THE MENTALLY DEFICIENT

SURVEYS indicate that not less than one percent of the general population is mentally deficient. Applied to New Jersey, that means there are an estimated 45,000 to 50,000 in the State. Many of these people can adjust in the community. Many have regular employment and appear adequate in their particular home and community situations. Some are being educated in special classes of public schools. Others have families who recognize their deficiencies and are willing and able to provide a sheltered atmosphere in their own homes. For the mentally deficient who can be adequately cared for in the community, institutional care is neither necessary nor desirable.

However, unrecognized mental deficiency often leads to serious social consequences, for it is a common denominator of unemployment, dependency, and delinquency. Because the mentally deficient person is at times under severe economic and social handicaps, he may experience difficulty in earning a living and in developing stabilizing social contacts. He may find school adjustment impossible. His family may be unable to provide the care and supervision he needs. In such a situation it is hardly surprising if the neglected mental deficient drifts toward anti-social conduct. Then, too, the presence of such a child in the home may seriously affect the relationships of normal brothers and sisters and prevent them from establishing and maintaining the friendships which are the right of all children. In other instances the mentally deficient child may require such constant supervision that other children in the home are neglected. For these and similar causes, many mental deficients are admitted to special institutions.

Mental deficiency is not the particular problem of any group or segment of our population. Many such cases are found in normal families in all walks of life and even brilliant parents may have children who are defective. With such children, the condition may be due to a variety of causative factors.

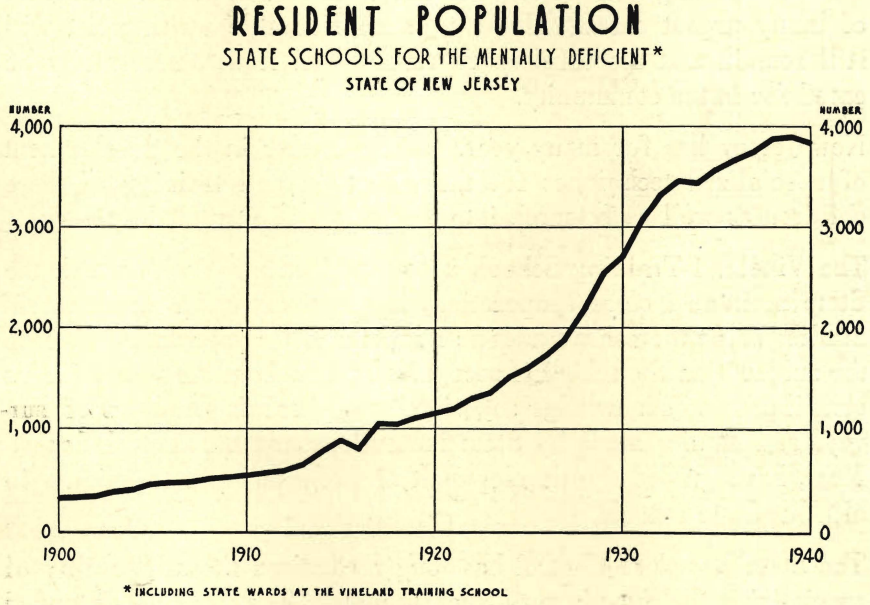
Many of the same developments which have led to identification of the mentally ill have also facilitated prompt recognition of these persons. These factors are the increasing services provided by health, welfare and relief agencies and mental hygiene clinics. Another factor leading to identification of the mentally deficient has been the development of accurate testing methods and their widespread intro-



duction in public school systems. Deficient children of public school age are identified and many cities and towns, recognizing a responsibility for their adequate training, have made special provision for the education of groups of retarded children. But in sparsely-settled communities the expense of individual training seems prohibitive. In such situations, the inability of local school authorities to provide teachers with special training in handling of mental deficients often results in the responsibility for their care and training being placed with State institutions.

Widespread identification of the mentally deficient and lack of adequate community facilities for their training has greatly increased pressure for admission of children to special State schools. This pressure has naturally led to growing populations in these institutions.

Another factor increasing the number of patients is the very nature of mental deficiency. For the low-grade, the outlook is one of long-time custodial care which results in slow turn-over of population. Higher grade children may often be trained to a point where community placement can be achieved, but even with this group, the training period may be relatively long and time-consuming.



In 1900, there were 311 children in the State schools. By 1920, the number had reached 1146 and the total now in institutions is

The confidence that results from creative work is vital to the mental deficient →

3916. The present total would be even greater if accommodations were available, for the increasing and continuing demand has necessitated overcrowding of institutions and the establishment of waiting lists.

At present, the four State schools are caring for 3650 mentally deficient children although the rated capacity of these institutions is 550 below that number. At the Woodbine Colony and Vineland State School dormitories are crowded much beyond normal capacity. Every branch of institutional service is hampered to some degree, for overcrowding makes itself felt in work, training, and recreational programs. However, the institutions have made determined efforts to offset the effects of overcrowding with renewed emphasis on training programs. The cooperation of staff members in this respect has insured a high standard of care despite the handicaps to which overcrowding naturally leads.

Children for whom application for admission is made are examined and classified both as to urgency and the type of care or training required. The present waiting lists total 1127 and are made up of 163 high grade and 488 low grade boys, 183 high grade and 293 low grade girls. The waiting list is still growing slowly but three additional cottages under construction in 1944 will permit admission of many urgent cases. However, a considerable waiting list will still remain and the children represented on it will necessarily be cared for in the community.

New Jersey has for many years been a leader in the development of specialized techniques for the education and training of these children as well as research into the causes of mental deficiency.

The Vineland Training School, a private institution with which the State maintains close cooperation, has been a leader in research. Studies made there have added so greatly to the total knowledge on the subject that the school is recognized throughout the world for its contributions. Knowledge so gained, together with findings of surveys and studies made by State institutions and the central department, have guided the development of programs and techniques in all four State schools.

The State Board of Control has long recognized the advisability of specializing the functions of such schools. They are not intended merely to serve certain areas of the State. Rather, each has been specially equipped and staffed, and its program so developed that

efforts can be concentrated and directed toward care and training of particular types of children. This plan of institutional development facilitates close study by institutions of the particular needs of their charges and permits development of specialized programs which lead to maximum training benefits.

Girls of higher grade mentality are admitted to the North Jersey Training School at Totowa and the middle and higher grade boys to New Lisbon Colony. Because the outlook for such children is eventual release, these schools stress training and educational programs and every effort is directed toward preparing the child for adjustment to community life. Girls and boys of lower mentality are admitted to the Vineland State School and Woodbine Colony, respectively, and in these institutions the programs necessarily recognize the likelihood of long-continued care. In addition, the State maintains about 350 girls and boys at the Vineland Training School which accepts only children capable of benefiting by intensive training.

THE NORTH JERSEY TRAINING SCHOOL

The North Jersey Training School at Totowa, opened in 1928, has developed its program remarkably in the last ten years. There are now in residence about 600 mentally deficient girls, most of higher grade, who can profit from specialized courses of education and training. The school receives trainable girls ranging from 6 to 20 years.

Girls received at Totowa, as elsewhere, are studied individually. Findings of the medical, psychological and educational examinations are correlated with information regarding the home, family and neighborhood factors, so that the needs of each girl may be ascertained and an individual program developed for her. Like the other State schools, this institution houses girls in cottages which are utilized for classifying the population by age, personality and mental level.

The school, which is equipped to give full academic and vocational training to its charges, emphasizes a type of education which develops skills and abilities and so equips girls for types of work available in the community. Instruction is given in food preparation, hand and power sewing, laundry work, domestic work, beauty parlor operation, loom work and similar pursuits. Farm and garden work is also carried on and instruction given in dairy operation and poultry raising.

There is no "ceiling" to the education system and each girl may progress through successively higher levels of academic and vocational education so that she will receive the maximum benefits of the school. Some pupils, particularly younger ones, attend school both morning and afternoon while for others instruction provided during a half day in school is correlated with occupational training and various types of maintenance work. Some girls who have reached the limit of their academic education devote the whole day to training for work in the community.

Although the institution at Totowa is primarily devoted to the education of girls of the trainable type, it receives in addition certain other retarded persons who do not have the mental capacities which will permit their ultimate placement in the community. However, each girl in this group is also trained to the maximum level.

The success of the program of the North Jersey Training School is indicated by the demand in the community for girls who have been prepared for work by this institution. The requests filed with the institution by prospective employers exceed the number of girls available for placement.

That the training program at Totowa is economical to the State is evidenced by the fact that this institution is able to discharge many girls and so make the training facilities serve additional children. In other words, the training and placement program provides for a turn-over in population. This is a desirable accomplishment in a school operating for the training of persons of sub-normal intelligence.

THE NEW LISBON COLONY

The New Lisbon Colony was established as the Burlington County Colony in 1914, largely through the efforts of Professor E. R. Johnstone and his associates of the Vineland Training School. They foresaw the benefits of a colony-type institution and developed interest and support of Burlington County citizens in providing training for the mentally deficient. In 1916, the colony was turned over to the State and since the establishment of the Department of Institutions and Agencies in 1918, its work has been correlated with that of other State schools. Now at the Colony are 790 boys who are receiving training comparable to that provided the higher grade girls at Totowa.

Vocational opportunities are afforded through work in the bakery, laundry, cannery, shoe repair, and woodworking shops as well as in automotive repair and the various divisions of farm work. With the boys for whom such a plan is feasible, vocational training is linked directly with the academic work and many of the pupils spend a half day in school, the other half in shop assignments.

Recreation opportunities are many. There are now about 25 hobby clubs, including press club, glee club, scout troops, handcraft groups, and other activities in which boys can find outlets for spare time energies. The sports program is varied and enlists a large number of the population. Activities such as these promote a sense of social usefulness and make life at New Lisbon closely resemble that of the free community.

State schools provide specialized academic work for all children capable of benefiting by such training



Because of the stress upon training and preparation of boys for return to the community, New Lisbon is able to release about 100 boys each year under supervision. Release is graduated. It may begin with a short vacation at home followed by return to the institution. Subsequent vacations are progressively lengthened as boys respond more fully to the obligations involved by trial visit, and finally release under parole may be granted. Supervision of boys in the community continues indefinitely and so a measure of guidance and control is retained throughout the years required for community readjustment.

THE VINELAND STATE SCHOOL

The Vineland State School, established 50 years ago, was one of the earliest State institutions caring for the mentally deficient. It now has over 1500 girls in residence and 150 on trial visit in the community. It accepts girls of all grades and types. For the most part, girls are of middle and low grade intelligence, but a number of trainable girls are also in residence. Classification by age and mental level is facilitated by the cottage plan of housing.

Like other State schools, Vineland stresses training of its wards. Constant effort is made to promote self-confidence and to educate girls so that each may attain the highest physical and mental development possible. Through a diversified plan of training it has been possible to increase the usefulness of low grade patients having mental ability of two or three years so that they may care for themselves to a degree and perform various simple operations which lessen problems of constant care and improve their well-being. Elementary academic education is provided and, since training is entirely on an individual basis, girls may be taught crafts in which the required talents are directly related to individual mental and physical abilities. For example, the crippled can be occupied by activities such as sewing which do not overtax physical strength.

With its large population, Vineland is able to offer training in diversified work projects which produce articles of real value to the State. From 60 to 100 girls are being trained in weaving of textiles. Others are trained in domestic activities and another group is engaged in farm and garden work.

Recreation is important to the girls at the institution. All types of individual and group play are included in the program. There is a

band as well as an orchestra. Athletic contests, especially those involving team work, are stressed and each cottage has recreational activities to engage girls through leisure hours and to build the relationships and confidence essential to successful adjustment.

In line with the policy of training and rehabilitation to return as many girls as possible to the community, Vineland operates a Service Center at Red Bank from which girls under supervision are sent out to domestic work. About 40 girls are maintained there. All are engaged in domestic work by day in homes of the area and return to the Center at night. In this way girls are given daily trial periods to ascertain whether they react satisfactorily to the responsibilities which community life entails. This plan is effective in that release from constant supervision is graduated in such a way that girls progress step by step to free community life.

The textile weaving shop at Vineland State School trains girls for community work and provides valuable goods for institutional use



WOODBINE COLONY

In 1921, officials of the Baron deHirsch Foundation, acting upon the suggestion of the late Dean Jacob Lippman of the State Agricultural College, deeded the land and original buildings of Woodbine Colony to the State of New Jersey. These facilities have been expanded and now provide for the care of some 690 boys of low level intelligence.

Constructive work with such mentally deficient children is particularly difficult. The idea that mere custody was the only feasible type of care for such a group was generally accepted until 1924 when Woodbine instituted a limited program of activity, especially recreational, in the belief that it would be beneficial to patients. Initial success so far exceeded expectations that activities were expanded greatly. Increasing patient activities have so changed the whole atmosphere of the institution that it is difficult to believe that Woodbine patients are chiefly idiots and lower grade imbeciles.

The term *diversional occupation* best describes the program which emphasizes the training value of all patient activities with the aim of increasing self-reliance and self-help. Such activities as training to control bodily functions, to eat without assistance and to dress and undress, have been painstakingly taught to seriously handicapped patients who have an average mental age of only two years and four months, although the average chronological age is approximately 18 years. The Woodbine plan seeks to develop habit formation and to attempt to establish acceptable standards.

In cottages where low grade idiots are housed, the training program has been especially successful. Among one such group of 120 boys whose mental ages averaged only 9 months, a period training brought exceptional results and today only 6 of that entire group require assistance in eating. Time formerly devoted to feeding and cleaning is available for further training, for providing recreation and for promoting cottage activities.

Results achieved at Woodbine have thrown new light on the whole problem of care for children of low mental level. The institution, through occupational and training programs, has substituted for mere custody a program of training which not only facilitates management but holds for each child promise of the greatest happiness it is possible for him to enjoy.

Like the State mental hospitals, schools for the mentally deficient have made increasing use of trial visit at home for those pupils who appear likely to readjust in the community. Growing emphasis upon training has resulted in a larger number of patients being trained to the point where return home may be contemplated. As the time of release nears, pupils in the schools are permitted home on short visits, these periods usually being at Christmas or other holiday occasions. The reaction to the community situation is carefully checked in each case and for those who appear able to live successfully under community conditions, subsequent visits are arranged. These are gradually lengthened until the patient is finally placed under the supervision of the Central Parole Bureau of the Department and permitted to remain in the community indefinitely. A degree of supervision is thus maintained for an extended period over the persons who are released.

The increasing use of parole is evidenced by the fact that in the last ten years the number under community supervision has grown from 241 to 624. Since the expense of parole supervision is only a fraction of the cost of maintaining a patient in an institution, it is evident that economies are effected through this procedure. Another beneficial result of parole is the fact that its operation frees additional space within the institution and permits the acceptance of new patients.

The Responsibility of Our Communities

The Department of Institutions and Agencies has made real effort to acquaint the public with the problems of mental deficiency so that the community resources and services will be further developed. It is hoped that in every case where such a plan is feasible the mentally deficient will be trained and cared for in the community, thus relieving the pressure upon institutions to receive more and more children.

Contacts have been established with local public officials, educators and social workers, and advice given on methods by which many mentally deficient children may be educated and adjusted in the community. Institutes held to advise welfare department and school system employees in the care of such children have been widely attended and efforts have been made to educate socially-minded persons to stimulate provision of needed community facilities and so relieve the overcrowding and waiting lists which now exist.

Another achievement has been the filming of a nationally-recognized motion picture (produced without cost to the State) depicting the results of the training program at Woodbine Colony. This has been shown to some 70,000 persons, including members of professional organizations, community groups and other interested persons.

Programs for the mentally deficient have in the past been severely handicapped by undue and repeated stress on the incurable nature of the affliction. However, experience gained in close study of the problems of these children suggests a new emphasis. For while it is true that the mentally deficient cannot be cured, it is equally true that when they are quickly identified and provided with special education, they are *improvable and trainable.* It is true also that many can be returned home equipped to avoid many of the social consequences to which unattended mental deficiency may lead.

THE VILLAGE FOR EPILEPTICS

EPILEPSY is a condition characterized by recurrent convulsions accompanied by unconsciousness. Among individuals convulsive attacks vary both in frequency and intensity. Epilepsy is noted both in families where there has been a history of convulsive disorders and in normal families. Statistics indicate that while one person of every twenty-five in the general population is predisposed to convulsions, only about one in 500 actually develops epilepsy.

That this condition is in most cases not a barrier to normal community life is evidenced by the fact that no more than ten percent of the epileptics require institutional care. In other words, of the estimated 9000 epileptics in New Jersey, more than 7500 remain in the community. But at times epilepsy may occur among mental defectives and persons with physical handicaps. Some epileptics may experience mental retrogression or other abnormal mental symptoms which lessen social competence and make life in the community difficult.

For the treatment of epileptics New Jersey established the State Village at Skillman in 1898. Patients there are of varying types but many have accompanying disorders and complications which make home and community adjustment most difficult.

As with the mental hospitals and schools for mental deficients, admissions to Skillman have increased greatly in recent years. In 1921 there were 746 patients in residence. By 1931 the population totaled 1172 and in 1943 it averaged about 1500. Actually, the demand for additional admissions would have increased the population beyond present limits except that facilities are fully utilized and only most urgent cases can now be accepted. There is considerable overcrowding, for the population is now about 200 over the rated capacity of 1325.

Demand for admissions has necessitated formulation of a waiting list similar to those established for schools for the mentally deficient. As applications are filed, a member of the institutional medical staff investigates the home situation and reviews the available information to determine the urgency of the situation. There are now about 300 persons classified for admission who must remain in the community because of limitations of space.

Upon admission, each patient is assigned to a physician and placed

in a reception cottage. Complete neurological and physical examinations, including a number of laboratory tests, are made. The patient is given a mental examination as well, and during the quarantine period is closely observed to ascertain the type of housing, program and treatment likely to produce the greatest benefits. After completion of the observation period, the patient is presented to the meeting of staff physicians. A final diagnosis is made and a treatment program developed. Assignment to a particular cottage is made on the basis of sex, age, mental capabilities, and physical condition.

At Skillman the entire institutional program is under supervision of medical authorities. Cottage programs, occupational and recreation activities are correlated with treatment, and medical care is provided each patient in accord with individual needs.

Sports activity and the presence of hundreds of visitors make Field Day at Skillman Village a gala occasion



Experience has demonstrated that treatment of epilepsy is often complicated by the presence of physical disorders such as focal infection, constitutional diseases, or disorders of the nervous system. For that reason physicians stress the elimination of infection and alleviation of accompanying physical disorders. Electrotherapy and hydrotherapy are utilized extensively for the relief of such conditions and are valuable adjuncts to the treatment program. Approximately 65 percent of the patients respond to medical treatment in that the frequency of convulsions is reduced. About five percent are completely relieved while treatment continues.

There has been a small increase in the number of patients released. That the number is not larger results in part from the fact that demand of new admissions has required a narrowed selective process and the acceptance of only the most serious and urgent patients whose ability to respond to treatment is limited. Even so, results in recent years are encouraging. The number of patients under parole supervision is increasing and a higher proportion of released patients is capable of useful work. In 1931 only 2 patients were carried on parole or trial visit. By 1936 there were 75, and in 1943 the total under supervision reached 150. This ability to adjust patients to community life is attributable to the intensified treatment plan in operation at the Village. Continuing research into the causes and treatment of epilepsy and the availability of new anti-convulsant drugs portend greater progress in the future.

The treatment program extends to the occupational therapy department which assigns work compatible with the patient's mental capabilities and interests. Work activities include the print shop, mechanical shops, laundry, handwork, sewing, farm and dairy, as well as the many varying occupations connected with maintenance of the institution and grounds.

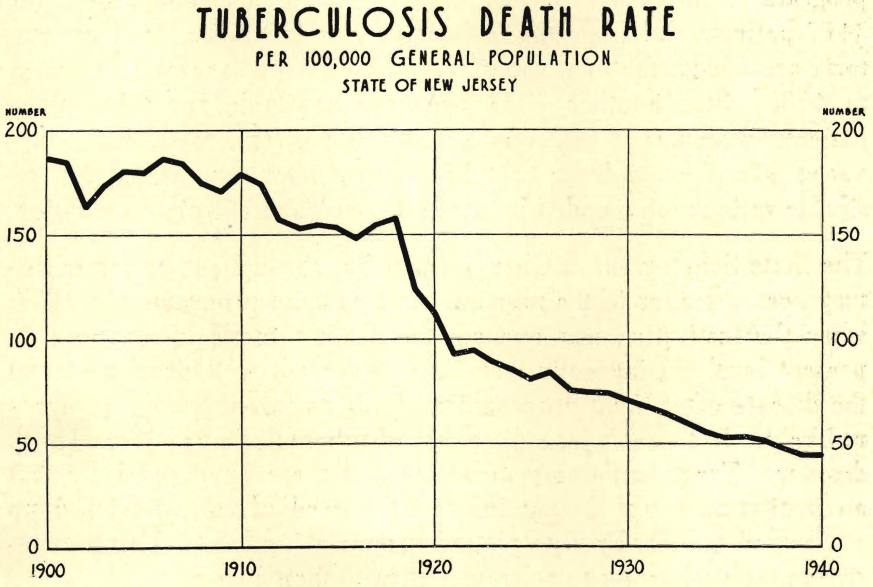
The school provides education in accord with individual capabilities. Lower grade patients are taught coordination and are given instruction comparable to the early work of public schools. Recreation is especially important in providing opportunity for group training and in promoting relationships which assist adjustment with other individuals. There is stress upon group activities such as team play, dramatics, minstrels and musical entertainment, and such recreation is supplemented through activities within the home cottage.



THE STATE SANATORIUM

One of the most dramatic achievements in the field of welfare and public health has been the winning fight against tuberculosis. Results in this field evidence the exceptional results obtainable, not only in economic administration but in human conservation, when a progressive program of intensive treatment is supported by constant preventive efforts.

In 1900, the New Jersey death rate was 186 for each 100,000 persons in general population, but by 1920 it had been reduced to 113. In 1942, the rate was only 44. Forty years ago tuberculosis ranked first among illnesses causing deaths in New Jersey; today it ranks seventh.



But great as our progress has been, the problem of tuberculosis is not yet solved. Tuberculosis is still the leading cause of death among persons between 15 and 40, the period when maximum individual productivity and usefulness is reached. About 3400 new cases are reported each year and new admissions to New Jersey sanatoria total approximately 2400 annually.

However, the great success of the past points the methods by which the incidence and effects of tuberculosis may be still further reduced.

←*Like its setting in the hills of Hunterdon County, Glen Gardner's atmosphere is congenial and friendly*

The State program now in effect, and the one which must be further pursued, consists of four parts—prevention, early diagnosis, wide use of treatment facilities, and follow-up of patients who leave the sanatorium.

New Jersey's fine record in dealing with tuberculosis has largely reflected the excellent work of its sanatoria. These institutions pioneered the field, developing treatment techniques, pressing for widespread testing to diagnose the disease in its earliest stages and pointing the need for preventive work. They have loaned their personnel to clinics, stimulated local interest, and advised on community problems.

In addition to the State Sanatorium at Glen Gardner, eleven county and one municipal sanatoria* participate in the active treatment program. Those public institutions provide accommodation for 3417 patients and when the beds of private institutions and preventoria are added, the total capacity of New Jersey sanatoria increases to 4185. Still another 1033 beds are available for tuberculous patients in mental or correctional institutions. This total, when compared with the incidence of tuberculosis, more than meets the desirable ratio recommended by the National Tuberculosis Association.

The State Sanatorium at Glen Gardner has throughout its entire history been a leader in the tuberculosis treatment program. In 1907, when the institution was opened, the death rate was four times its present level. Diagnostic techniques were not well developed and the disease often went unrecognized until its inroads made recovery unlikely. In those days, a diagnosis of tuberculosis was viewed with despair. Treatment was generalized and there appeared little that an institution could do but impress the need of rest and build up patients physically by supplying rich, nourishing foods. Few patients responded sufficiently to warrant return to their homes.

As improved treatment techniques were developed, benefits to patients increased. Individually prescribed care brought encouraging results and the introduction of more complete medical care increased the number of patients who eventually returned to useful community life. Surgical care was also introduced since operative treatment provided a short cut method of resting infected areas. The intro-

*Sanatoria are operated by Atlantic, Bergen, Burlington, Camden, Essex, Hudson, Middlesex, Monmouth, Morris, Passaic and Union Counties and by the City of Trenton.

duction of heliotherapy and occupational therapy rounded out the sanatorium program. Discharge rates rose and not only were patients being permitted to return home free from the tubercle bacilli but more and more were sufficiently well physically to be able to earn their own livelihood.

Today the program at Glen Gardner is one of intensive treatment. The institution has facilities comparable to the most modern hospital, and in addition, the specialized equipment needed for collapse therapy and other treatments beneficial to patients with pulmonary diseases. There are also complete heliotherapy and occupational therapy departments. The sanatorium meets all requirements of the American College of Surgeons and is approved for residences and fellowships by the American Medical Association.

Through this period Glen Gardner's capacity has increased from 104 to 494. Great milestones in its development were the opening of the large Children's Building, and the provision of an Infirmary Building to facilitate active treatment.

From 1907 until 1940 Glen Gardner treated a total of 13,000 New Jersey residents. A recent check-up located 10,600 of these patients and found more than half of them alive and well. These findings are certainly in contrast to the commonly-accepted estimate of 1907 which indicated that the death rate even among early tuberculosis patients would be six times that of the general population.

The work of sanatoria like Glen Gardner is not only of benefit to the patient but to the entire community. Today 80 to 90 percent of the patients receive collapse therapy which frees the patient of the tubercle bacilli that make the disease infectious. The long-continued effect of such a program, freeing many patients of the infecting agent, has eliminated to a great degree the possibility of community infection and has been vital in reducing both tuberculosis morbidity and mortality.

Through study of the results of treatment at Glen Gardner and county sanatoria, certain basic facts were quickly recognized. It became apparent that when tuberculous conditions were accurately diagnosed and patients promptly placed under care, treatment was not only more effective, but required less time and its results were far more permanent. For that reason Glen Gardner, as early as 1921, instituted a system of community clinics cooperating with local tuberculosis

associations and other welfare organizations. These efforts were particularly concentrated in rural areas and in sections where local efforts appeared in need of professional advice and guidance. Today the State and counties operate some 80 clinics each month and examine about 35,000 persons each year.

There is also careful follow-up of patients returned from the sanatorium to their homes. The social service department, with the help of various voluntary and public agencies, maintains contact with ex-patients and arranges for occasional re-examination by community clinics to detect any possible recurrences of active tuberculous conditions. It is the practice to contact patients every ninety days during the first five years after discharge, and in some cases community follow-up is supplemented by re-visits to the sanatorium.

Good food and pleasant surroundings—both are essential to a successful sanatorium program



The success of the treatment program of sanatoria gave great impetus to the development of community clinics. Today, clinic sessions total 450 per month and are regularly held in 68 cities and towns. During 1942, 34,528 different persons made a total of 73,000 visits to these clinics. About 18,500 persons visited clinics for the first time and 1926 new cases were discovered, many of these persons being placed under immediate treatment.

Today the sanatoria, tuberculosis associations and other agencies are cooperating closely in a concerted effort to locate new cases and to follow the progress of persons previously treated in sanatoria. The New Jersey Tuberculosis League coordinates the efforts of all interested groups, and the record of performance in the State today indicates the widespread activities being carried on in the concerted State program for tuberculosis control. During 1942, 283,000 school children, teachers, and other school employees were examined and more than 44,000 persons were tested through mass surveys. This activity was over and above the treatment work of the sanatoria of the State which had in residence about 6775 patients during the year. The continued cooperation of all interested agencies and the coordinated effort now being made will undoubtedly be reflected in still lower morbidity in future years.

NEW JERSEY STATE LIBRARY



PRISONS AND REFORMATORIES

PERSONS convicted by court action in New Jersey may be committed to the State Prison or reformatories, to the 21 county jails, or to the five county penitentiaries or workhouses.*

Each year the county penal institutions receive approximately 30,000 persons who are held to await court action or to serve sentences. Prisoners under sentence in these institutions are for the most part persons who have committed minor offenses and who serve relatively short terms.

Persons convicted of more serious offenses are normally sentenced to State institutions. Commitments of this type total approximately 1500 each year and include persons of both sexes sixteen years of age and over. For these offenders the State maintains the main prison at Trenton, prison farms at Bordentown and Leesburg, reformatories at Rahway and Annandale, and a reformatory for women at Clinton.

Some prisoners received in these institutions have no previous criminal records while others may have previously been on probation or in other institutions. The nature of their offenses varies widely. They differ, too, in mental capabilities, in education, in attitudes and in their ability to adjust to regulations, whether in the community or in an institution.

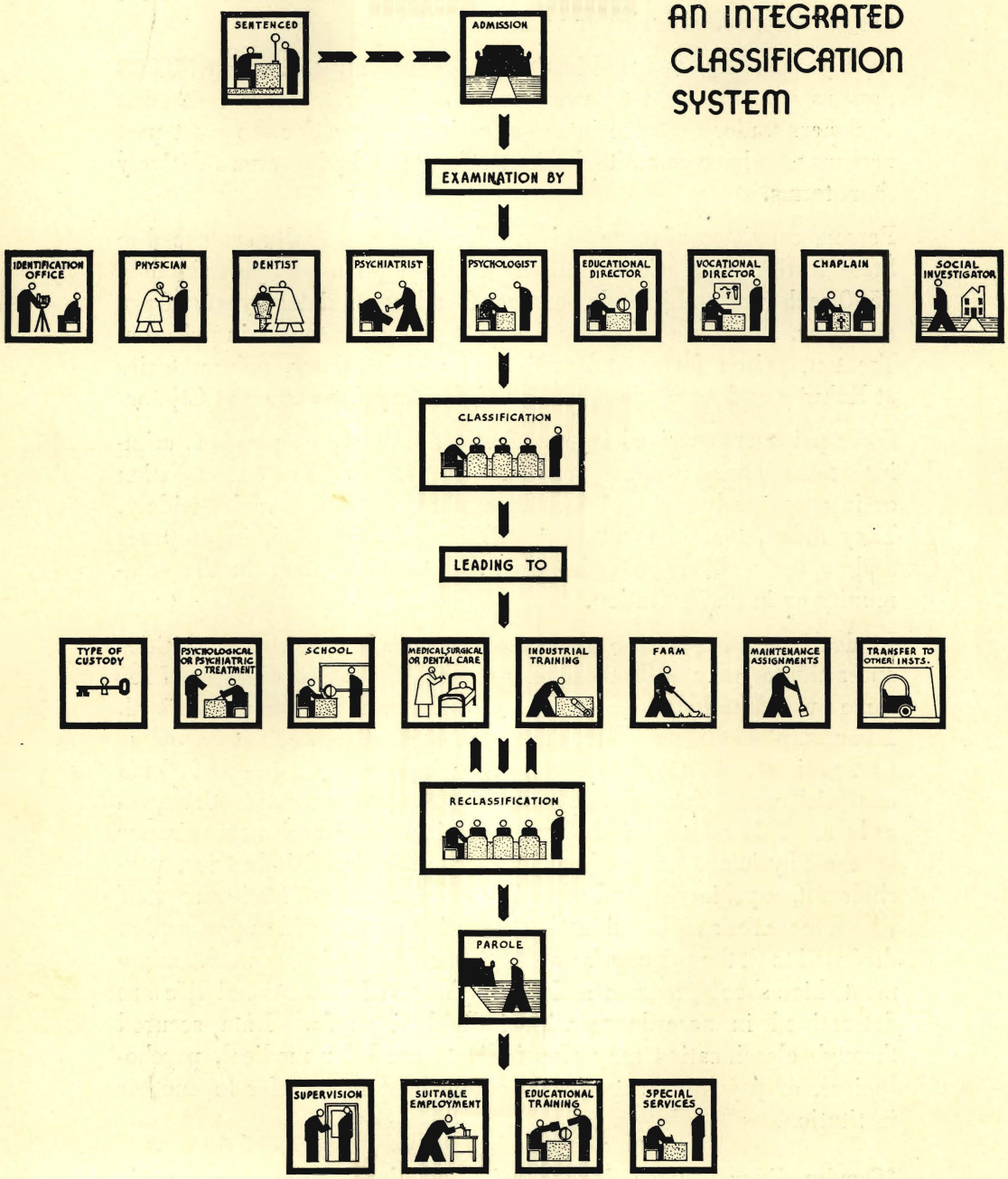
In dealing with persons whose backgrounds, experiences, abilities and attitudes vary as do those of prisoners, there is obvious need for some procedure by which individual differences may be recognized. To accomplish this objective, the State Board of Control, as one of its first policies, instituted in correctional institutions a plan of "man analysis" which formed the basis of the present classification procedure. This calls for individual examination of each new prisoner by the physician, head school teacher, director of industries, psychologist, psychiatrist, and other key members of the institution staff who later meet as a classification committee and decide upon a plan designed to fit the prisoner's needs. Thus, his particular work assignment, his school program and other phases of institutional life are determined in accordance with individual needs. Data secured through classification may also indicate need for medical, psychological, or psychiatric services, or may lead to transfer to another institution.

*Camden, Essex, Hudson, Mercer and Middlesex Counties operate workhouses or penitentiaries as well as jails.

***WELDER AT WORK**—Annandale's training program develops special aptitudes and habits of industry*

NEW JERSEY'S METHOD

AN INTEGRATED CLASSIFICATION SYSTEM



It is also the function of the classification committee to check periodically the progress of each prisoner in the institution and, if necessary, to revise or re-adjust the program in line with his ability to follow that originally outlined for him. Such re-checks may lead to new assignments and may indicate the subsequent desirability for transfer to other institutions within the penal system.

The policy of individual classification is a basic need of any penal system which strives to meet its responsibilities. A fact to be constantly borne in mind is that 97 percent of all prisoners eventually return to the community and whether or not the released prisoner is better able to assume his normal community responsibilities depends largely upon the ability of institutions to determine his needs and to supply the types of training which offset factors previously contributing to delinquency.

As classification of individual prisoners proceeds, the need for diversified types of programs and diversified institutional facilities becomes strikingly evident. For example, custodial requirements vary widely. Many men are reconciled to serving their sentences and for them the expensive, fortress-type maximum security prison is not essential, desirable, or economical. It is obvious, too, that persons in institutions for the first time and prisoners of the better type should be segregated. So should other special groups. Therefore, the Department, in developing institutions, has geared their programs to meet needs of prisoners of varying age groups and custodial types. In New Jersey no two institutions serve precisely the same purpose or receive prisoners of the same class. By thus limiting the functions of each institution, administration is greatly facilitated and the needs of prisoners themselves better recognized and met. The development of institutions along functional lines has proceeded as follows:

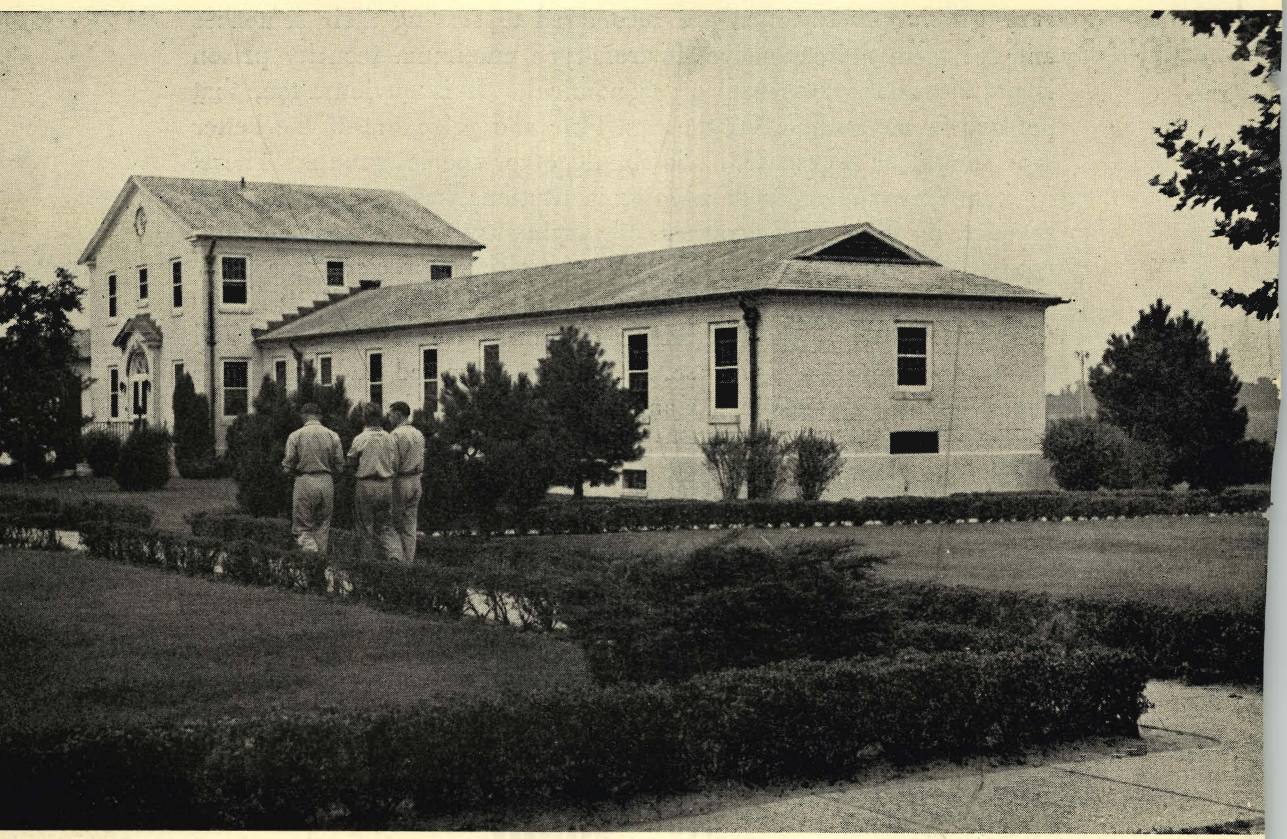
STATE PRISON, Trenton, a walled institution, serves as a receiving center for most adult prisoners, and provides maximum security housing for an average of 1100 men. Included in this group are newly received prisoners in quarantine, men received for serious offenses, those whose records are poor and whose terms are long.

BORDENTOWN PRISON FARM, an unwalled institution, receives men on transfer from the main prison. It is a medium and minimum security institution housing about 600 men who have good records, who are able to adjust under limited custodial conditions and those who, by good conduct, have earned transfer from the main prison.

LEESBURG PRISON FARM, an institution without cells, bars or even a fence, houses an average of 250 men received by transfer from the main prison or Bordentown. Leesburg men have proved their ability to live under minimum security conditions. Many are nearing the time of release and the comparative freedom of such an institution is of basic value in teaching the self-reliance necessary to community adjustment.

RAHWAY REFORMATORY, a walled institution, provides maximum and limited security for an average of 900 men 16 to 30 years of age. The program there is one of intensive training for industrial and farm work. Younger men received at the prison are normally transferred to this institution, but prisoners are also received directly from the courts.

Leesburg Prison Farm, an outstanding minimum security institution, provides for its men both constructive surroundings and excellent work opportunities



ANNANDALE REFORMATORY, a cottage-type, minimum security institution, houses some 500 boys 16 to 26 years of age who have not previously been in penal institutions. Here, too, the stress is upon training in vocational and agricultural work.

CLINTON REFORMATORY, for women over 17, is a cottage-type institution. Under conditions which closely approximate outside community life, 350 women are trained in domestic service, in industrial work and in farm and garden operation.

It is unfortunately true that American prisons generally have not been built to meet the needs of typical prisoners, but overbuilt to provide the safeguards necessary to control the least reformable. Despite the fact that only a small proportion of prisoners require elaborate custodial safeguards, prisons of the fortress type have generally been constructed, and at excessive expense.

Obviously, secure units are necessary for housing more serious offenders and those who, because of anti-social conduct, may find it difficult to adjust under other conditions. But it is equally obvious that many prisoners do not require such custody. Their retention in closely-guarded, walled institutions is of no benefit either to the community or to the men themselves. Actually, such confinement may at times thwart incentive, weaken self-confidence and thus defeat the ultimate goal of prison commitment.

New Jersey's success in operating varied types of institutions has been due in great part to the classification procedure which, in analyzing the needs of individuals, has built up a body of information indicating the special types of prisons and reformatories in which groups of prisoners are able to adjust satisfactorily. Today almost half of the State's adult offenders are housed in institutions without walls.

Institution	*Walled Institutions*	*Open Institutions*
State Prison	1159	...
Bordentown	...	552
Leesburg	...	222
Rahway	869	...
Annandale	...	445
Clinton	...	335
TOTAL*	2028	1559

*An additional 150 men at the State Prison and Rahway daily engage in shop or farm work outside the walls.

The benefits of open institutions are many. Construction costs are reduced to about one-third by eliminating highly expensive walls and much of the stone and steel construction typical of fortress-type prisons. Another economy lies in the wide possibility for farm work which open institutions afford. Operation of farms, canneries, dairies, and piggeries reduces maintenance costs and insures supplies of both fresh and canned produce. Industries, too, may be more varied and diversified and thus offer wider opportunities for training than are possible in the more compact and congested walled institution. Advantages accrue to the institution, for morale is vastly improved and problems of discipline reduced. Finally, benefits to the individual are great. The comparative freedom of open institutions builds self-reliance and permits gradual adjustment to the independence of life outside the institution.

Today there is increasing insistence that the corrosive effect of repressive penal administration be eliminated in favor of programs to retrain and rehabilitate individuals in preparation for the day of release. The minimum and medium custodial institutions are an important means to that end.

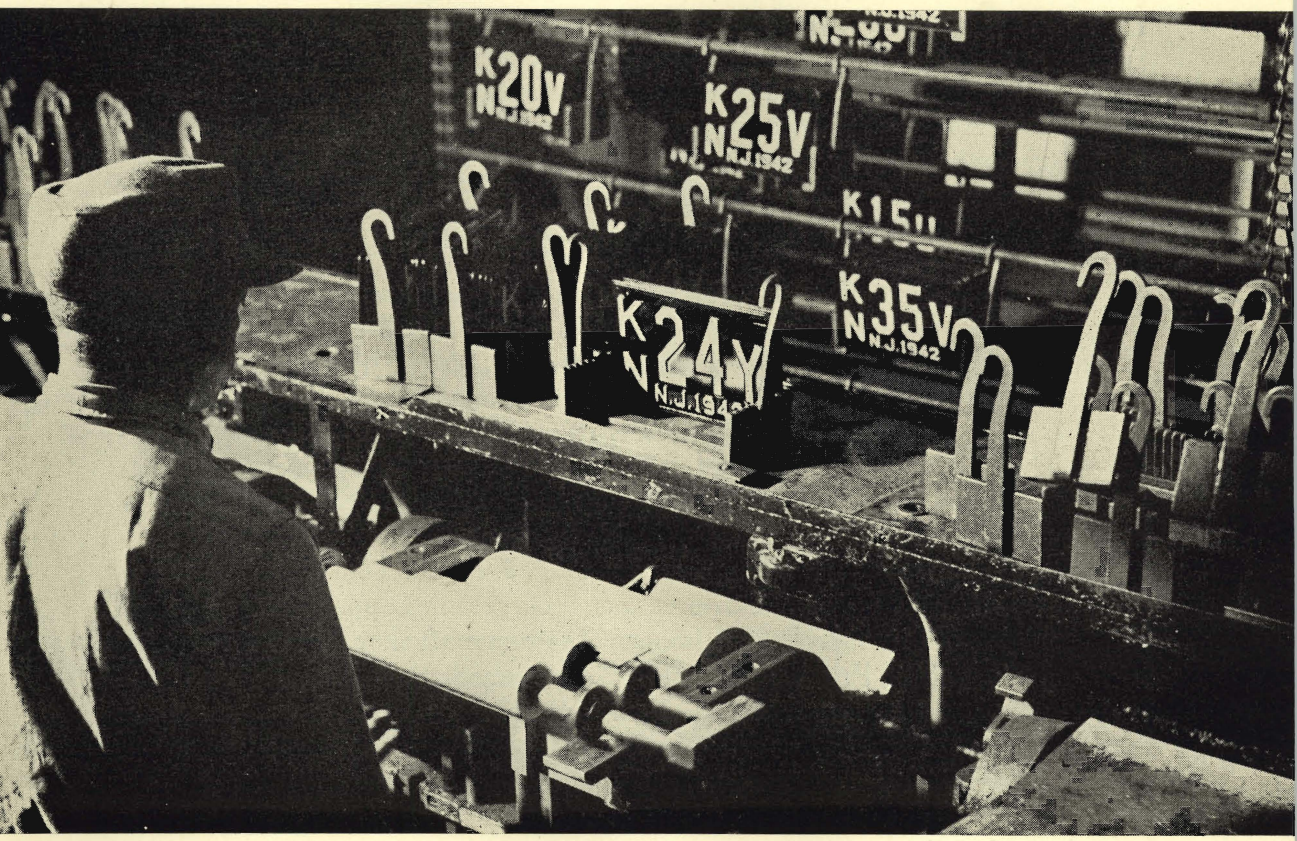
To persons familiar with prisons and prisoners, the great need of training for outside occupation is obvious. Most men committed to prisons have poor work records and only a few have developed either the skills or the work attitudes which make for successful outside employment. Development of prison industries in New Jersey is guided by two objectives. The first is to provide occupations requiring diversified talents and abilities so that prisoners of varying types may be employed in lines of work to which they are adapted. The second is to produce articles of value and use to the State so that costs of maintenance may be reduced.

Training is available in employment of many types and men are permitted, within limitations, to explore training possibilities and to express preference for work of particular types. In addition to farm, dairy and cannery work, prisons and reformatories offer instruction and employment in shoe manufacture and repair, machine and metal work, foundry, printing, soap-making, textile manufacture, woodworking, tailoring and in the manufacture of a variety of other articles utilized by the State. In addition, actual operation of institutions provides additional training possibilities, such as food preparation and service, bakery, laundry, installation and maintenance of electrical and plumbing facilities, masonry, carpentry and

power plant operation. For women, training opportunities include hand and power sewing, laundry, and activities such as cooking, serving, waiting on table and general care of homes. Practical nursing, child care and personal hygiene are taught, and a number are instructed in gardening and farm activities.

Educational needs of prisoners are readily ascertained through the classification process. Illiterate prisoners are assigned to educational departments so they may be taught to read and write, and others with evident educational needs are also enrolled in school classes. However, the school program extends well beyond primary needs and at times it is correlated with work and training assignments. In some instances men are encouraged to study subjects which parallel their trade training. In others, training instructors

License tags for more than a million New Jersey automobiles are manufactured each year by men in the New Jersey State Prison



give essential allied academic work in the shops through the use of blackboard talks and similar devices. All institutions encourage enrollment of qualified prisoners in extension courses so that technical information regarding various lines of vocational work may be secured. Several hundred prisoners are now pursuing such courses at their own expense.

Any program attempting to equip prisoners with the skills, background and interest needed for successful community life will stress wholesome recreation, for among factors leading to delinquent action, probably the most common is the failure to utilize leisure time constructively. The progressive institution attempting to stimulate interests essential to the well-adjusted individual does not overlook the great need for stabilizing spare time activity.

Prisoners may avail themselves of libraries, participate in the varied sports programs and attend the various educational and entertaining motion pictures periodically available. But the aim of constructive recreation goes beyond these activities. Real effort is made to cultivate individual and group interests and to arouse and stimulate such recreational pursuits as may continue through into community life. As a result, there are in all institutions, clubs and informal groups in which a prisoner may participate in special types of activity along lines of his interests. Current events classes, orchestras, vocal quartets and similar activities are encouraged.

A development of the last few years which already has produced exceptional results, has been the growth of individual craft work. Even in the earliest prisons, there were a few men who sought to relieve the tedium by such activity, but the chief object of this work was merely to consume time. However, recognition that many prisoners have or can develop manual skill led to the conviction that supervised craft work in leisure time could develop latent skills, teach the use of shop equipment and develop original ideas. Such organized activity has been recognized as a valuable adjunct of both work and educational programs and there has been growing appreciation of its value to the individual prisoner. The first craft shop, established at Bordentown Prison Farm, was such an immediate and outstanding success that similar units have been developed at Rahway and Leesburg. The demonstration of craft work made in New Jersey in the last few years has stimulated wide interest and has resulted in the introduction of similar programs in other states.

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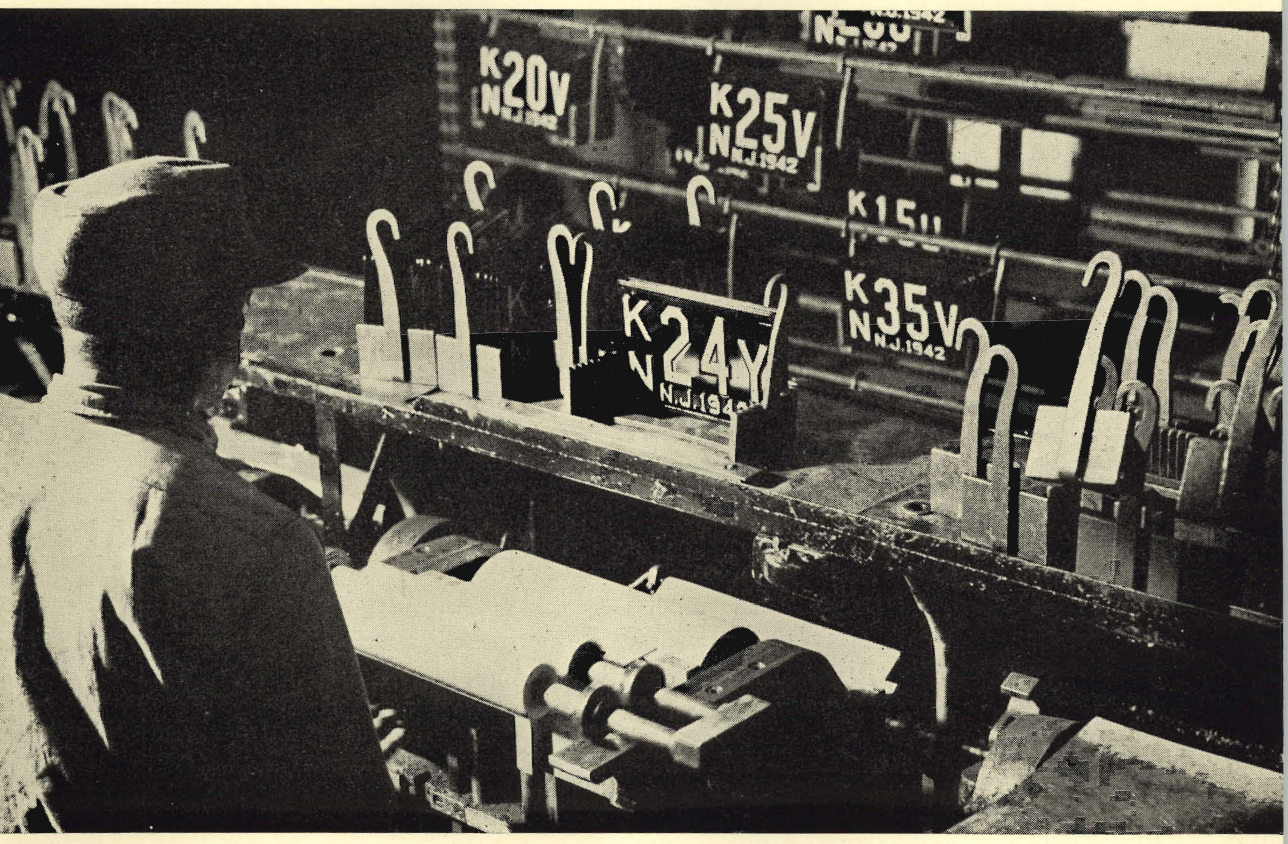

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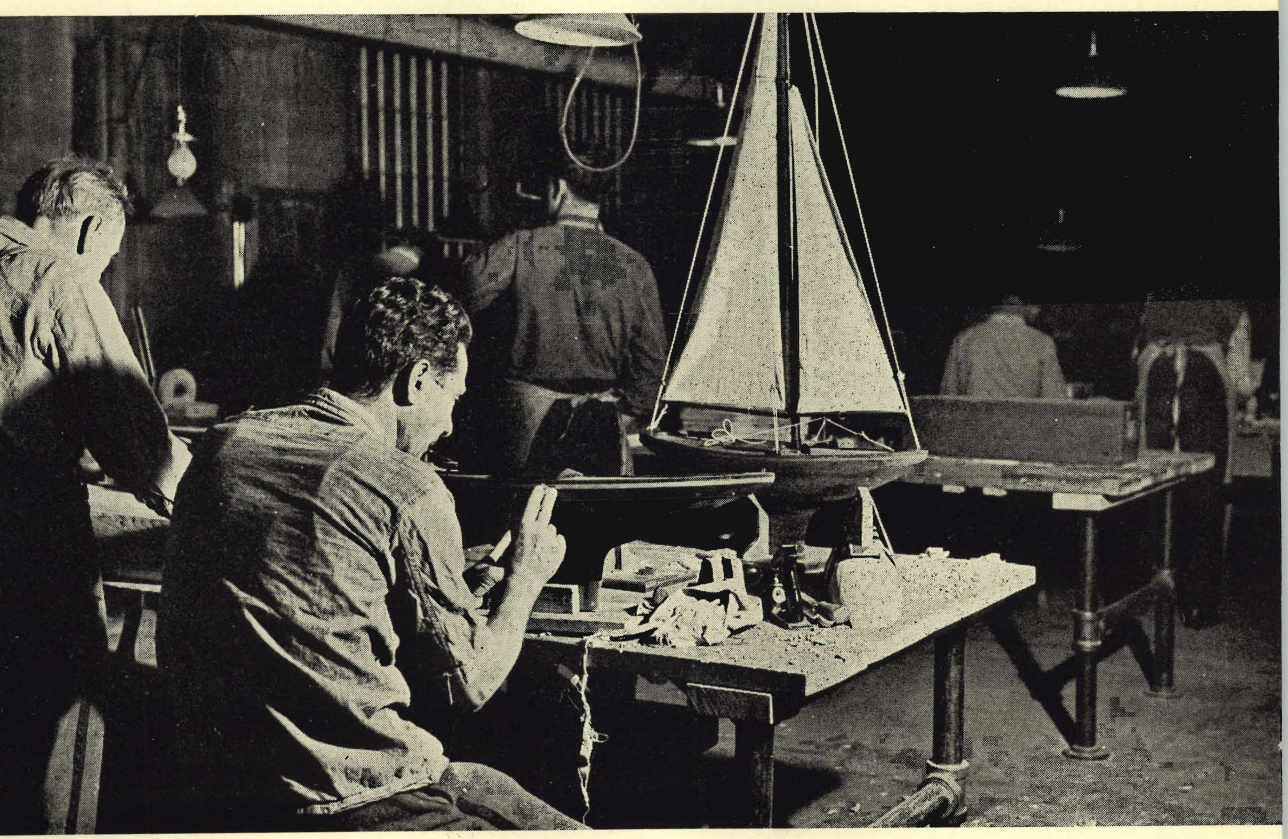
Many men who find themselves in prisons or reformatories seek some person in whom they may confide and look for understanding and advice. For many the chaplain is the logical person. Every prisoner is given opportunity for religious worship in his own faith, but relationships with the chaplain go beyond the contact developed during services. It is always possible for men to secure interviews and enlist the interest of their chaplain in personal problems. Such contacts are frequent and counsel rendered individual prisoners is effective in building morale and maintaining a constructive outlook.

The success of any correctional program looking toward rehabilitation of offenders is largely dependent upon the caliber of personnel dealing with prisoners. In recent years a concerted effort has been made to recruit prison and reformatory officers with special aptitudes

Leisure-time craft shops have stimulated interests and developed skills previously unrecognized. In many instances, the quality of workmanship is outstanding



and with sincere interest in dealing with problems of delinquency. In cooperation with the Civil Service Commission, requirements for admission to competitive examinations have been strengthened to insure selection of high quality personnel and a training school established to provide instruction in various phases of prison work. Courses emphasize physical fitness, expert handling of firearms and self-defense techniques, and include general instruction in problems of delinquency as well as lectures upon the value of various services rendered within penal institutions, operation of the courts, probation and parole departments, and other techniques of dealing with offenders. Successful completion of this training course, a prerequisite to permanent appointment, has inestimable value in familiarizing officers with the broad objectives of the penal institutions and the basic philosophies underlying their operation.

A progressive institutional system is vital in dealing with problems of delinquency. But prisons and reformatories constitute only one type of correctional treatment. The Department of Institutions and Agencies is vitally interested in the allied fields of probation, parole and prevention, for only when all these activities are properly developed and coordinated does the State program for delinquency control reach maximum effectiveness.

The adequately staffed probation department is of great importance in dealing with delinquency problems. Through home investigations, personal interviews, review of court records and development of similar data, the probation department secures an accurate estimate of the individual offender before he appears for trial and sentence, and thus is in a position to render sound advice to the courts. Delinquents of several types, especially first or "accidental" offenders or those with less serious charges, are given suspended sentences and placed on probation for periods during which they are supervised in the community by the court's representatives. For many offenders such control has great benefits, for it permits continuance of family life, requires the offender to assume his normal community responsibilities and eliminates the expense of institutional commitment and training.

In New Jersey, development of probation services is a responsibility of the counties. In most localities, efforts have been made to maintain good standards of service and in some instances the departments are highly effective. However, the development between counties is uneven.

Recognizing the value of pre-sentence investigations, the 1935 Legislature passed an act permitting judges to send defendants to State institutions for examination prior to imposition of sentence. This service is performed by the various classification committees in cooperation with the central department. After completion of the examination the offender is returned to court and a report of the institution's findings, together with a recommendation as to disposition, is forwarded to the judge. This service is especially helpful to courts of rural areas where facilities for adequate examination may not be readily available. The growing appreciation of this type examination is evidenced by the increasing number of requests. At first, delinquents were committed infrequently for examination but requests for this service now total about 350 each year. This number

Clinton's chapel, a building of simple beauty, was the gift of Mrs. H. Otto Wittpenn, an outstanding New Jersey citizen and a pioneer in progressive penology



includes a high proportion of problem juvenile delinquents whose interests are of special concern to the courts.

Since the ultimate goal of every program of delinquency control is to readjust individuals to community life, prison administrators have a responsibility to utilize every means which may be effective in achieving that end. Parole is such a device.*

Parole is not a favor granted prisoners for good conduct. Neither is it a means of shortening the term imposed by the court. Rather, it is a continuation of the control of the institution into the community so that the offender may be subject to supervision during the period of readjustment to outside life. Parole constitutes an effort to assist the prisoner in securing work, to build helpful community contacts and to guide his life in such a way that subsequent delinquency may be avoided. Parole places real obligation upon the prisoner. He must adhere to regulations outlined by the Division of Parole and his supervising officer. If he does not, he may be immediately returned to the institution. The benefits both to the institution and parolee which grow out of this extension of the institution's authority are obvious. By no other means would it be possible to control the actions of the offender during the critical period following his return to the community.

In the field of prevention, opportunities for delinquency control are greatest. For that reason, the Department and the institutions have cooperated in various community studies of delinquency problems and in planning for their prevention.

Crime is in substantial measure a problem of youth. The fact that persons committed to American prisons and reformatories average only 20 years of age is conclusive proof that effective preventive effort must be directed toward the juvenile. The Department advises and works with school authorities, court officials, juvenile bureaus of police departments, social agencies and other community groups whose work bears on the subject of delinquency prevention.

The Department has cooperated closely with its State Juvenile Delinquency Commission established by the Legislature in 1936. The work of this Commission, which has been continued through subsequent years, has been to study incidence of juvenile delinquency and to indicate types of preventive measures effective in dealing with the problem.

*For further description of New Jersey's parole plan see page 31.

TRAINING SCHOOLS FOR JUVENILE DELINQUENTS

A boy seems unable to adjust in his school class. To him the work is difficult and as time goes on, he is further and further behind his class. Truancy follows, and to while away school hours, he takes money from the home. When confronted by the facts he denies the theft. He is punished and forced to return to school, but now the class work is even less understandable. His mind wanders and his lack of attention exasperates the teacher, delays the regular study of the group. He is now a problem boy and is termed "incorrigible."

A young girl's interest in girl and boy companions keeps her away from home much of the time and worries her parents. Attempts are made to regulate her conduct, but she resists to the point of frank disobedience. She lies as to her comings and goings, finally remains out until late. Her school work is poor and when brought to account, she threatens to quit school and get a job, or to run away. All efforts of the family to exercise normal control are resisted. She, too, is "incorrigible."

EACH year, thousands of similar situations come to the attention of the school authorities, social agencies and juvenile courts. Delinquencies of children are seldom dramatic. They do not appear important when compared with sensational crime, nor related to it. And yet, records of adult criminals often begin with just such notations. The unadjusted child is a potential danger and whether or not he develops into an anti-social person depends largely upon the effectiveness of community facilities set up to deal with incidents that indicate varying degrees of maladjustment.

In every such problem, there are variable factors. The offense may be a serious one or it may appear relatively unimportant. It may be the first evidence of poor adjustment or it may have been preceded by similar offenses. Causative factors may be obvious or obscure, and the child's own capabilities may approximate the normal or be severely limited. The possibilities of successfully meeting these problems also vary in the extreme. Family life may be a stabilizing factor or, if unhappy and under constant friction, may actually be a contributory cause of delinquency. School systems may have facilities and expert advice to assist in a child's adjustment, or may be frankly unable to help. The church and community social agencies may or may not interest themselves in such problems.

And so, largely depending upon his family and the social consciousness of his own community, the unadjusted or maladjusted child may receive intelligent treatment with a program outlined in accordance with individual needs, may be subject to indifferent control, or none at all.

Juvenile delinquency is largely a community problem—though it is first a problem for parents—and in recent years public responsibility has been recognized to an increasing degree by New Jersey cities and towns. Many communities have made special studies of the incidence and methods of dealing with delinquency problems. Some of these studies have been made independently and others in cooperation with the Department of Institutions and Agencies. Still others have been spurred by the findings of the New Jersey Juvenile Delinquency Commission. However, all such studies have led to recognition of the value of individual treatment and to growing appreciation of the necessity for securing all possible data, such as home influences, school adjustment, individual capabilities, and community relationships in order to perfect an individual plan for each child.

The State Board of Control of Institutions and Agencies has long recognized the need and value of supporting measures looking toward prevention and early treatment of delinquency and has cooperated with many communities through assisting in the development of sound, progressive programs. In this work, the Department has worked with school authorities, court officials, social agencies and similar groups, and at the request of local groups has made numerous special studies of delinquency problems in various areas. Such surveys have shown the types of offenses as well as the age, sex, race, etc., of offenders. They have also indicated delinquency rates by sub-divisions such as city wards, thus pointing out neighborhoods and town areas where the need of preventive work is most acute.

Through the State Board of Children's Guardians, the Department has provided relief for dependent children and has removed many from surroundings which appeared to make proper adjustment unlikely. State mental hygiene clinics have contributed directly through testing of maladjusted children and advising responsible local officials of findings. And the increasing use by courts of the legal authority* to send offenders to institutions for examination and study

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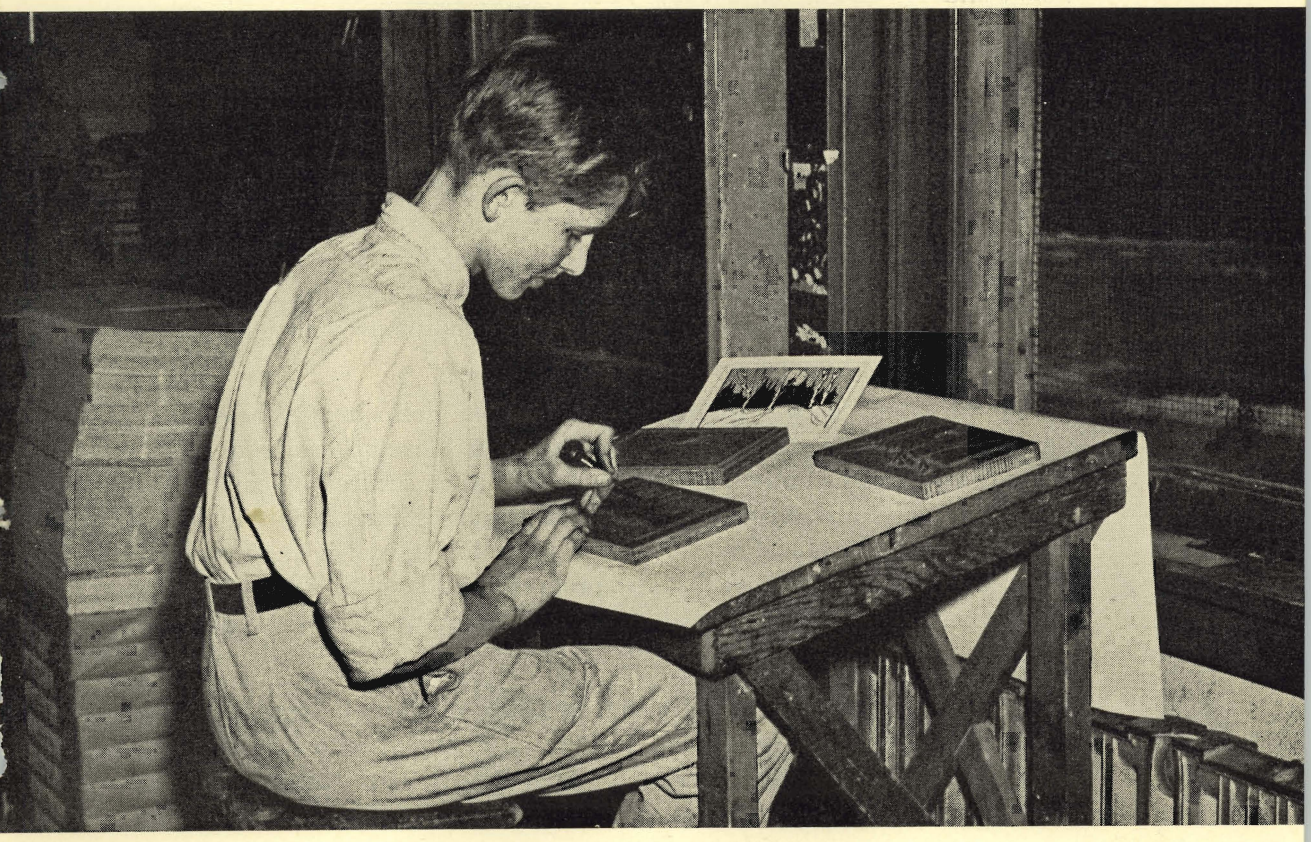
prior to sentence has further correlated the common effort of the State and local communities to deal intelligently with problems of the delinquent child.

The conviction expressed by the Conference on Child Care that institutional treatment should be utilized only when all other resources have failed is being revised in the light of recent experience. It is true, of course, that all juveniles believed capable of responding to various forms of community control should receive the benefits of such treatment. New techniques developed within educational systems often hold a solution to poor conduct adjustment, and the extended use of informal court hearings, probation and allied methods of community care are all methods which may aid adjustment of juveniles without resort to institutional commitment.

Opportunity to explore various vocational fields is given Jamesburg boys to determine the types of employment for which they are best fitted



But the final decision must be made strictly in accord with individual needs. For children so poorly adjusted that subsequent community failure is the reasonable expectation, and for those whose need is for complete retraining or for an entirely new environment, the training schools for juvenile delinquents have much to offer. To such children, repeated failures in the community are discouraging and often lead to development of confirmed anti-social attitudes.

For children of the latter type, New Jersey maintains two training schools—the State Home for Boys at Jamesburg and the State Home for Girls at Trenton.

About 300 boys from 8 to 16 years of age are received each year at Jamesburg. The average length of training period is about 18 months and the total number in residence varies from 500 to 550. Aside from cottages for housing, facilities include a school building (which in addition to classrooms and training shops includes a library, gymnasium and auditorium), hospital, chapel, administration building, dining hall, shop buildings and farm units. The entire tract is composed of 950 acres of which about 600 are cultivated. The State Home for Girls at Trenton receives each year about 125 girls from 8 to 17 years of age. The total in residence averages about 300.

Both institutions have the atmosphere of special schools, for the basic objectives of the programs are education and retraining. The educational aim is stressed, not only in academic and vocational work but in behavior attitudes as well, and constant effort is made to instill a desire and determination to live in harmony with other people.

As in the other State institutions dealing with delinquents, these schools employ the classification procedure to develop programs geared to the child's individual needs. Information secured by community agencies and through home investigations is correlated with the findings of the educational director, psychologist, physician, and other key staff members so that the program finally outlined takes into account special factors and conditions which may either complicate or facilitate adjustment.

Both schools utilize cottages for the housing of children and for their classification by age, general attitude, and similar factors. Even though activities for children in the school departments and in the work and recreational programs are widespread, the cottage remains

the real center of life, and training within it stresses the child's responsibilities and obligations to home and family. There is in every cottage a large living room comparable to a home in the community as well as facilities for study and for the quieter forms of recreation.

While a high proportion of children sent to the State training schools have been unable to adjust satisfactorily to community school programs directed chiefly along academic lines, many become interested in school work which is correlated with manual activity or to actual work assignments. For that reason educational programs are flexible. Those who can benefit by a full day in the regular school room are encouraged to continue the regular educational programs and are thus equipped to transfer to public school systems at the time of release. Other children who benefit by a partial school day and an occupational or training assignment divide the day between such activities. Thus children are given opportunity to explore, through pre-vocational training, various types of handcraft work which stimulate interests and which frequently indicate fields in which vocational training will have a direct benefit. At Jamesburg pre-vocational instruction is given in woodwork, printing, metal work, ceramics, and similar fields, while at the State Home for Girls vocational training is provided through the various forms of home economics, through training in beauty culture and through instruction in power sewing.

In addition, school departments correlate training programs with work essential to actual operation of the institutions. Jamesburg provides training in farm, dairy, piggery, and shoe shop. Maintenance work affords excellent practical training in carpentry, masonry, painting, plumbing, and electrical occupation. Girls of the State Home may be assigned to garden work, care of poultry, operation of steam laundry, and other training helpful in securing work while at home. Domestic service activities are closely correlated with practical occupation, since girls of each cottage are responsible, under supervision, for preparing and serving food, cleaning their housing units, and performing other housekeeping activities essential to the proper maintenance of the cottage. All such work is correlated with home economics courses of the school. Since many girls are finally paroled to domestic work, and since others will be responsible for caring for their own homes, training in domestic science activities proves especially beneficial.

Academic and vocational instructors are certificated to teach in New Jersey public schools and the institutions' directors of education

keep close contact with county school superintendents who review school curricula and exercise general supervision of their program.

As with adult offenders, much delinquent action arising among juveniles grows out of inability to utilize leisure time constructively. The stimulation and development of wholesome spare-time activities is an important responsibility of the State schools and is valuable in retraining children to overcome the damaging effects resulting from indifferent use of leisure hours. Emphasis is placed upon those types of recreation which have widespread appeal and which permit participation by large groups, and all recreation activities are varied to meet individual and divergent interests. With boys particularly, athletics are stressed, but both schools promote various types of athletics which develop the proper spirit of team play and teach cooperation.

School classes at the State Home for Girls stress practical training for successful home management and for community employment



At Jamesburg considerable time is devoted to activities of the Boy Scouts. This institution was the first of its type to be approved for scout organization and today four of every five boys are enrolled in the troops. The code of ethics taught through scouting has special meaning and significance to boys of the Jamesburg type. Its wide development has proved helpful in building new appreciation of individual responsibilities and new attitudes toward the rights of others. At the State Home for Girls there are groups studying music and singing, and the great interest demonstrated in dramatics results not only in larger "productions" by the girls of the institution, but in frequent plays given by the smaller groups within the cottages. Both institutions develop other individual interests through numerous hobby clubs, and cottages supplement the general recreation program by activities of special interest to children of various age groupings.

Other essential services are provided at both schools. Hospitals are well equipped and able to render complete medical services. Both institutions have chapels, where regular religious services are held, and chaplains of the several faiths provide guidance for all children. Religious interests of the children are cultivated both through formal services and in the home atmosphere of the cottages.

At Jamesburg, adjustment within the cottage is recognized through granting of vacations during which boys are permitted to return to their homes. Usually Easter, Labor Day weekend and Christmas are the occasions for such privileges. Visits of this type are extremely helpful to the institution staffs in determining the ability of individuals to accept the obligations which community life entails. Girls are afforded similar opportunity for gradual community adjustment through "day parole" which permits their placement at domestic service in the community on a daily basis. Such trials provide the school authorities with data helpful in determining when parole should be granted. When it appears that maximum benefits of the training school program have been secured, parole may be granted by the Board of Managers after consideration of the recommendations of the classification committee. Instructions in parole obligations are provided before release, and when parole is made effective, responsibility for supervision is carried on by the Division of Parole. Community supervision continues with these children until they reach the age of twenty-one.



HOMES FOR DISABLED VETERANS

In 1866 New Jersey opened its first home for veterans at Kearny. This institution, first of its type in the United States, was intended to care for soldiers of the Civil War, but later veterans of the Spanish-American and the first World War were received for care. By 1929 the Kearny property had outlived its usefulness and the Legislature appropriated funds for the construction of a new institution at Menlo Park, near the original Edison laboratories and adjoining the Middlesex County Park and the site of Roosevelt Hospital.

In 1932 the Kearny Home was closed and its men transferred to the new institution. Thus far, only one unit at Menlo Park has been completed, but since it was planned to provide living and dining quarters, infirmary and other essential facilities, it is well adapted to the needs of its patients. At present, 65 men are in residence.

Menlo Park accepts disabled veterans who have been honorably discharged from service and who have at least two years' consecutive residence in the State prior to application. Of the men now in Menlo Park, 16 are veterans of the Spanish-American War, 36 of the first World War and 13 have been in other military service.

Because of the increased number of patients requiring care it was incumbent upon the State to provide additional facilities. In 1898 the Legislature arranged for the purchase of a large building at Vineland to serve as a second home. The main section was originally built in 1850 but recent renovation has modernized many quarters and a modern hospital building provides for the medical and dental services essential to a progressive treatment program. Vineland's population is made up of honorably discharged disabled veterans who have resided in New Jersey for at least seven years immediately preceding application.

The wife of any Home resident may also be admitted if she is 50 years of age or more and if she has been married to the veteran for at least 10 years. The widow of a veteran who, if living, would be eligible for admission may also be accepted if certain requirements are met. Through these two Homes, New Jersey provides for its citizens who have served the country in time of need and who presently require care and treatment.

The poppy—symbol of remembrance of disabled veterans—is made at New Jersey Soldiers' Homes

Many applicants for admission are old and feeble. Others are in poor physical health and in need of active medical treatment. For this reason, both Homes have instituted active medical and nursing programs. Each person admitted is given a complete medical and dental examination so that corrective treatment may be promptly instituted. Psychiatric examinations are also given if the need is indicated.

Through operation of the treatment program the institutions constantly strive to build up their men physically and restore the morale which results from physical well-being. Physicians also advise other types of activity from which the patients can benefit. Supplementing the medical program are handwork and craft activities which have been developed along occupational therapy lines to insure constructive use of spare time, to stimulate interests and to promote a sense of usefulness. For example, men in both Homes now engage in production of artificial poppies to be sold by the Veterans of Foreign Wars and the American Legion groups. This activity is so well developed that the output of the two New Jersey institutions equals approximately two-thirds of all poppies sold in the annual drive throughout the United States. This project is most beneficial both in keeping men occupied and in permitting them to earn the funds essential to properly re-establishing themselves in the community.

The interest and support of various veterans' organizations in the work of the Homes is evidenced by gifts of medical and dental equipment. Such recreational equipment as radios and motion picture projectors have also been made available to facilitate development of leisure time programs. Veteran groups and their auxiliaries have also formed visiting committees which come to the Homes at frequent intervals to talk with and advise patients, especially those who have no close relatives with whom to maintain personal contact. Without cost to the State, such organizations and committees arrange frequent special trips for patients and cooperate with the Homes in many similar ways to stimulate men to greater effort, to promote self-confidence and to develop rehabilitative activities.

Through individualized programs stressing both medical and occupational treatment, many men are restored to usefulness, and each year an appreciable number take up useful work in the community. Both the institutions and veteran organizations assist men to secure

work; to insure such employment opportunities, many contacts are maintained with industrial leaders throughout New Jersey.

Through periodic visits, progress of ex-patients is followed up and efforts made to solve problems which may arise during the period of re-adjustment to community life. The interest of the institution in the patient is thus maintained beyond the period of active care, and in this activity, too, much valuable assistance is rendered by local voluntary organizations.

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OLD AGE ASSISTANCE

A MAJOR public welfare activity of the last decade has been the development of the assistance program for the needy aged. New Jersey adopted its plan of old age assistance in 1931 and was then one of the first states to recognize this progressive method of meeting the problem of dependency among older members of our population.

In those times of widespread unemployment, the problem of older workers seeking jobs was particularly acute and special attention was focused on the situation they presented. Study of this problem led to the realization that assistance to older, marginal workers would permit their withdrawal from the highly competitive labor field and would substantially relieve the problem of unemployment. Coupled with this belief was a general opinion that public measures to provide a more permanent type of relief to older indigent persons were overdue. And so, in 1931, the New Jersey Legislature met this problem, the national scope of which was recognized four years later by the Congress.

The New Jersey legislative act of 1931 was designed to provide cash assistance to the indigent aged so they would be permitted to remain in their homes in the community. It provided for needy persons seventy years of age or over and was financed by the State and the counties, the former contributing 75 percent of the cost and the counties participating to the extent of 25 percent. The law created within the Department of Institutions and Agencies a Division of Old Age Assistance to be responsible for a satisfactory system of administration as well as uniform standards of record keeping. The act also established in each county a welfare board to be responsible for the local administration of this type of assistance and designated that each board should be made up of seven members, including two freeholders and five citizens appointed by the freeholder board for overlapping terms. All welfare board members serve without compensation.

In 1935, Congress passed the Social Security Act which was designed to promote state systems of old age assistance similar to the one operating in New Jersey. At that time the State Legislature established a commission to determine whether the New Jersey old age assistance law should be revised to conform with federal requirements and so insure reimbursement from the federal treasury for

Older citizens are assured security of their homes and freedom from want

one-half the cost of this assistance. This commission suggested new legislation which continued the Division of Old Age Assistance and the county welfare boards, but which met the technical requirements for federal aid. Thus the plan originally established by the State was continued in all of its larger phases and the minimum age of recipients was reduced from seventy to sixty-five years, this requirement being the most important variation between the federal and the New Jersey statutes.

Prior to adoption of the 1931 law, which was then known as the old age relief statute, New Jersey had the benefit of a thorough study made by the Pension Survey Commission. This commission carefully analyzed dependency problems among older citizens and its studies indicated that provisions for care of the aged in New Jersey were uneven in development. The commission pointed out that the cost of providing assistance to the needy aged in their own homes would be less than the cost of adequate care in public institutions and would be more satisfactory both to the dependent aged and to the community.

The original recommendation of the commission was that assistance be granted persons who had attained the age of sixty-five, who were unable to maintain themselves in whole or in part, and who had no legally responsible relatives able to provide for their support. It further recommended that financial aid be limited to citizens of the United States, those who were not in need of continuing institutional care, and to persons who voluntarily agreed to assign or transfer property to public authorities for the purpose of qualifying for such assistance. Continuous residence of one year in the county of application and fifteen years in the State was a further requirement.

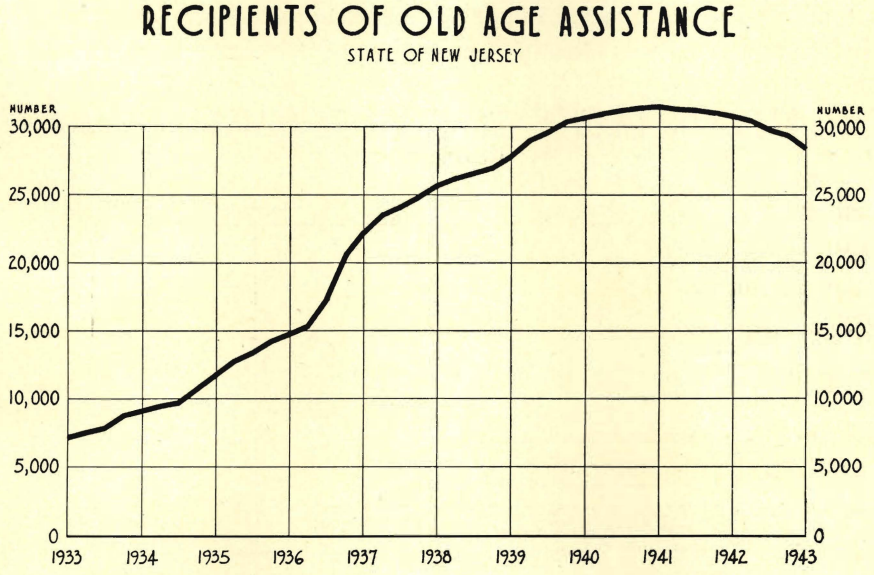
The Legislature adopted the above conditions of eligibility except that the age limit was fixed at 70 years, this provision being adopted on the theory that it was more prudent to experiment with the more elderly group until the extent of need forecast by the commission had been verified by experience.

With the passage of the Federal Social Security Act, persons sixty-five years of age were made eligible, exactly as the Pension Survey Commission had previously recommended. Residence requirements were also reduced to five years within the last nine, including one year immediately preceding application.

Immediately after the effective date of the statute, many applications were filed and as public information regarding old age assist-

ance was disseminated other eligible persons qualified for help. Most of these were transferred from municipal relief rolls.

Reduction of the age limit to sixty-five led to a sharp increase in the number of recipients between 1936 and 1937. The trend in the number of recipients has been generally upward but an actual peak in the number of persons receiving help was reached in December 1940 when recipients totaled 31,410. Since that time there has been a gradual but steady decrease in the number receiving help,

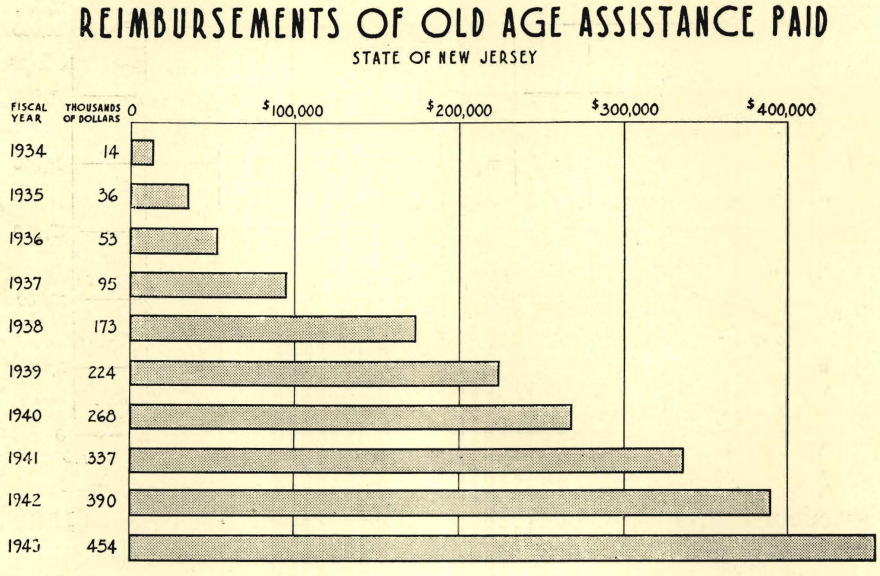


occasioned largely by improved economic conditions. Some 1500 persons formerly receiving assistance have actually gone back into employment and have become self-supporting as a result of mobilization for war. However, because of rising living costs, assistance expenditures have increased steadily with $7,871,799 paid to recipients for maintenance needs during the fiscal year 1943. Of this total, the federal government contributed $3,923,226, the State $2,961,430 and the counties, $987,143.

When the original act was passed in 1931 it was thought that persons applying for public assistance who possessed assets of a non-liquid character, should deed such property to the county welfare boards so that such assets might be used for the benefit of the applicant. With the realization that this provision would constitute an excessive administrative burden and expense, and would prove of real con-

cern to applicants, the Department of Institutions and Agencies cooperated with the Attorney General's Department in developing a plan which satisfied the provisions of the law, reduced the volume of administrative work and relieved recipients of the necessity for deeding over their properties. An "Agreement To Reimburse" was drawn up and accepted in lieu of an actual transfer of title.

Through this provision, county welfare boards and the Division of Old Age Assistance have conserved the assets of recipients for their own benefit, for the benefit of immediate relatives, and for the benefit of public treasuries. Funds returned to the State, county, and federal governments, through operation of the agreement to reim-



burse, have grown considerably. In the year ending June 1935, $36,000 was so conserved. By 1938 the total had increased to $173,000 and in 1941 the sum of $337,000 was realized. In 1943 reimbursements totalled $454,315. This provision of the statute safeguards public funds in another respect in that it discourages applications from persons able in their own right or through the help of their families to provide for their own care without public assistance.

At the conclusion of the first eleven years of operation of old age assistance in New Jersey there is a gradual diminution in the number of persons receiving assistance. This trend may be temporary

in character. However, in view of the provisions for the care of aged through survivors' insurance provided by another section of the federal Social Security Act, we may now be witnessing the beginning of a steady reduction in the number of persons requiring old age assistance. It is apparent, however, that for many years there will be need for this type of service since present recipients will be unable to qualify for other types of help. At present a number of persons on the old age assistance rolls (perhaps one to two percent of the total number) are also receiving old age and survivors' benefits but the latter are too small to meet the entire needs, and supplemental help from old age assistance funds is necessary.

Some present recipients of old age assistance have received aid since the program was instituted. Many are growing more feeble and are suffering from chronic illnesses. This is true, too, of many newer applicants. To meet the needs of this chronically ill group it has been necessary to develop special care and services to recipients. At present between two and three percent of the total number are being cared for in private nursing homes where constant care and medical attention are available. On the basis of growing experience and recognition of the particular needs of recipients, recommendations for improvement in the governing statutes have been made both to Congress (through the Social Security Board) and to the New Jersey Legislature. Congress has been asked to provide an amendment enabling states and counties to provide medical service from pooled funds which would be payable directly to physicians and others rendering services during illness. Adoption of such a recommendation would greatly increase the scope of health service available. The federal government has also been asked to participate in the administrative cost of old age assistance to the extent of 50 percent as is now provided by federal statute for aid to the blind and to dependent children.

The State Legislature in enacting the Howell Amendments of 1943 eliminated the citizenship clause from the eligibility requirements in New Jersey. This action was based upon the fact that there are some hundreds of aliens who have never been naturalized but who nevertheless have been long-time residents of the State. Many such persons in need had been receiving help through municipal departments of welfare.

Since citizenship is not a requirement of the federal Social Security Act, the transfer of these persons from municipal assistance to old

age assistance is resulting in substantial savings of State and municipal funds since the federal government now reimburses the State for 50 percent of the cost of their care. In the Howell Amendments the Legislature also eliminated the maximum limitation of $40 per month on individual payments. This change was also designed to relieve municipal welfare departments of the costs of supplemental grants to some old age assistance clients, particularly those requiring rather intensive nursing and medical care. Transfer of such charges to the State and counties resulted in some instances, in increased federal reimbursement and eliminated duplicate administrative costs.

A third major change of the Howell Amendments reduced residence requirements from five years to one. This affected only a few individuals but served to ameliorate conditions for a few aged persons who had become recent New Jersey residents. This amendment also enabled New Jersey to reciprocate with Pennsylvania in "exchange" of recipients whose individual situations would be improved by a change of state residence. A similar provision for reciprocity with New York is under negotiation.

The original recommendation of the Pension Survey Commission for establishment of the old age assistance plan recommended a merit system of personnel recruiting. The State Division was established under the State civil service law and in counties operating under civil service personnel was similarly recruited. However, the 1936 Legislature extended the merit system to all county welfare boards and in 1940 this legislation was strengthened by a requirement added to the federal Social Security Act. At present, every person employed in the administration of old age assistance in New Jersey is in the classified service of the State merit system. Appointments are made from lists of eligibles established after competitive examination and employees may be discharged only for cause, and after hearing.

In reviewing the progress of the past decade, great credit must be given county welfare board members who have served faithfully in this public welfare activity. They have given their time and energies without compensation. Their loyalty, good judgment, and spirit of genuine public interest has made the New Jersey assistance program one of the nation's most successful and one which has served as a pattern for other states seeking to improve their programs of public welfare administration.

SERVICES FOR THE BLIND

THE New Jersey Commission for the Blind is the State agency responsible for the care and training of blind and visually handicapped persons.

The Commission's program is complete, offering opportunity for education and trade training, providing assistance to those in financial need and encouraging preventive work looking toward reduction in the incidence of blindness.

Reliable estimates indicate that there is at least one blind person for each 1000 population. This would indicate that there are about 4000 blind in a state of New Jersey's population. The Commission attempts to register all blind persons and there are at present about 3800 known to the State Commission. Constant efforts are made to identify such persons promptly, for it is at the time of the onset of blindness that sympathetic and understanding advice is most urgently needed to promote proper adjustment.

Each newly-registered person is interviewed and an eye record secured. His situation is reviewed to ascertain which of the varied services of the Commission may be helpful. Medical data are reviewed to determine the exact extent of the visual handicap and to serve as a basis for conservation measures. The needs of the blind person are carefully explained to his family and instruction in a tactile system of reading and other types of instruction, such as typewriting, handcrafts, and adjustment to the requirements of the home are offered him. Adults are assisted to reestablish the normalcy of their lives by relearning to cook and sew, and depending upon age and ability, are offered courses of training which may lead to full or partial self-support and thus promote a sense of real usefulness. If the person is in financial need, an application for assistance is taken.

Early contact with blind children permits the worker to advise the family on proper methods of care and on enrollment in sight-saving or Braille classes. The Commission follows the progress of children through the grade school by means of periodic reports and later enrolls pupils in the local high schools, providing scholarships to reimburse readers who assist in their academic study. If public schools are inaccessible, arrangements may be made for students to attend residential schools for the blind.



Students who complete high school courses and who show promise of achievement in college work may compete for scholarships provided by the State. To insure the best selection of pupils, the Commission has an advisory committee of experts in the educational field which reviews the competitive examinations and grants scholarships. At present, ten New Jersey blind youths are receiving help which permits their enrollment in colleges and universities.

Through its placement department the Commission seeks out employment opportunities suited to the capabilities of each individual. Special vocational courses designed to train the blind are offered whenever the need is indicated, and at the Commission's headquarters there is a training center where intensive instruction is provided.

Surveys are made of factory operations to ascertain the number of jobs at which the blind may be employed. A recent survey conducted in cooperation with the Works Progress Administration disclosed over a thousand factory positions for which the blind are fitted. A placement service is maintained and the efficiency of the blind worker carefully checked to insure his satisfactory service. By this method workers are assured of assignment to a job of which they are capable, the disappointments of failure often avoided and the good will of the employer maintained. After a single year of operation the placement service has filled some 35 factory positions with blind workers who receive over $900 in wages each week.

Additional employment opportunities are afforded through operation of vending stands in public buildings of the State, county, and federal government and also in factories and buildings under private management throughout the State. This branch of activity has been developed until the Commission now has under its supervision 25 established stands. These are owned, maintained and supervised by the Commission which provides to each operator, the profits of his business.

For persons unable to accept employment in the community, training in home industries is provided. Teachers regularly visit the homes of the blind and materials are sold to the workers. Some 180 products, many of them knitted and woven goods, are manufactured and turned over to the Commission for display and sale.

New Jersey was among the first states to grant financial assistance to needy blind persons through an organization dealing exclusively with the blind. This plan was placed in operation in 1921 and since

BLINDNESS NEED NOT BE A BARRIER—From a relief map, public school children learn about their world

1936 the expense has been shared by the federal government under terms of the Social Security Act. All grants are made on the basis of actual need, the extent of which is determined through investigation by the county welfare boards. At present about 750 needy persons are receiving such assistance and are being supervised by the State Commission.

The New Jersey program includes many other special services helpful to the blind. The Commission operates a library which serves public school systems and individual pupils, and has accumulated a supply of special devices for loan to schools and individuals. Among the most popular is the "talking book," a machine device similar to a phonograph with which specialized recordings are furnished. This equipment is highly important as an educational and training aid as well as for recreation.

At High Point Camp, blind children build new interests and lasting friendships



The Commission has been active in securing opportunities for the blind. Theatre passes have been provided and transportation of a blind person and his guide can be secured for a single fare upon presentation of credentials. Through private contributions, the central agency has purchased identifying white canes, secured radios for individuals and provided other essential needs. The Commission has cooperated in stimulating general community interest in problems of the blind and in developing the support of various agencies whose functions are allied with its work. Speakers have been provided for public groups and exhibits placed to illustrate the problems of the blind and the program developed to meet their needs.

A summer camp for blind children, located at High Point State Park, provides a vacation retreat where their special needs are understood and met. At this camp, the Commission provides a nurse, counsellor and special instructors as well as essential operating personnel. There, for two weeks each summer, about 80 children enjoy the pleasures of camp life and the companionship of other children whose interests and capabilities parallel their own.

The Commission has consistently supported efforts to prevent blindness. Formerly, about 40 percent of all cases of blindness were attributed to early infection of infants' eyes, but the vigilance of health authorities and the introduction of prophylactic treatment in hospitals has greatly reduced blindness from this cause. Science is finding additional ways to conserve vision and the public school systems are today more alert to the need both for avoiding eye strain and for quick recognition and correction of defects.

There is great need today for wider application of known methods of prevention of vision defects and blindness, and for immediate measures to conserve the remaining vision of those whose sight may be impaired. In its prevention activities, the Commission consistently emphasizes these objectives.



AID TO DEPENDENT CHILDREN

WHEN in 1899 the Legislature created the State Board of Children's Guardians, New Jersey became one of the first states to establish a program to meet the needs of dependent and neglected children.

Prior to that time responsibility for care of such children was vested with local overseers of the poor whose usual practice was to commit them to city or county almshouses where they were maintained, along with older persons, with little or no discrimination as to age, or physical and mental condition. Mental and subnormal patients as well as the destitute, sick and alcoholic were then being committed to many almshouses and, just prior to the formation of the Board, some 400 New Jersey children were living in constant association with these unfortunates. Almshouses had no training programs to prepare children for lives of usefulness, and only indifferent attempts were made even to indenture them. Many remained in the institutions so long that they came to regard them as their permanent homes.

The unsatisfactory treatment received by such children was recognized and condemned by thinking people as the surest means of perpetuating pauperism. This belief was reflected in the original 1899 law which authorized commitment of dependent children without suitable homes to the State Board of Children's Guardians and empowered that organization to remove all children from almshouses.

A second progressive child welfare law, passed in 1913, provided for a system of "home life" grants which precluded the possibility of children being removed from their own homes for reasons of dependency alone. This plan, which has since remained in force, provides that children whose fathers are unable to provide adequate support or who are absent from the family for specified causes, may receive assistance in their own homes and remain in their normal community situation with their mothers or with other persons assuming the mother's responsibilities. With the passage of this law, New Jersey became a pioneer state in the humanitarian movement to protect children from the hazards of dependency. From time to time, as the need was demonstrated, revisions were made in the laws governing supervision of children to permit inclusion of other needy groups and to strengthen administrative procedures.

The Board of Children's Guardians is one of the State welfare agencies placed under the supervision of the State Board of Control in

←*ON THE THRESHOLD—Security, understanding and affection for New Jersey's children*

1918. Since that time the functions of this agency have been closely coordinated with activities of the Department of Institutions and Agencies and with those of other social welfare organizations in the State.

When the federal Social Security Act was passed in 1936, its provisions for programs of child care were new to many states. However, since New Jersey had developed and was operating an outstanding State organization for care of dependent children, it was necessary only to coordinate the existing State program with that sponsored by the federal government. Eligibility requirements were revised to a degree and the federal government became a financial partner, sharing with New Jersey and its counties both maintenance costs of children and administrative expense. The types of care were extended to include specialized child welfare services for predominantly rural areas.

To facilitate supervision of children committed to its care, the State Board of Children's Guardians maintains two divisions—the Dependent Children's Department and the Home Life Department. In the latter department, children remain in their own homes or those of relatives, and while problems are approached on a family basis, the needs of each child are considered individually. Assistance for this group is in the form of a monthly cash grant. Existing community facilities for health care, education, recreation and vocational training are utilized to the fullest extent and the goal of case work treatment is the eventual rehabilitation of the family unit so that it may become a self-sustaining group.

Children who have been abandoned or neglected, as well as those whose parents are dead, are supervised by the Dependent Children's Department. In such cases, the State Board of Children's Guardians becomes the legal guardian and children are placed in foster homes of their own race and religion. Such homes are carefully selected with regard to the type of supervision foster parents can provide, the proximity of the home to school, church and recreational facilities and other considerations important to the child's welfare. The rate of board paid is sufficient to maintain the child but low enough to preclude the possibility of financial profit or exploitation by the foster family, thus assuring use of only those homes which demonstrate real interest in the welfare of children. Necessary health services are available through the cooperation of hospitals, doctors and dentists, and adequate clothing is provided. Clothing items are

purchased and distributed from a central point to effect economies and to assure apparel of both quality and good appearance.

About one-third of the Board's dependent children is maintained without cost to the State, such situations arising in cases where children are old enough to support themselves or where a famly accepts them as members of its own group and no longer considers their maintenance an obligation of the State.

Other functions of the State Board of Children's Guardians include investigation of adoption petitions referred by the courts, investigations to determine whether consent should be given for placement of out-of-state dependent children with relatives living in New Jersey and the rendering of special child welfare service. This last function, provided in predominantly rural areas or in regions of special

Happiness and a sense of "belonging" are the results of family units kept intact



need, permits case work treatment (without financial aid) to children who require such help but are not otherwise eligible for care through the Board. These services are supported financially by the United States Children's Bureau and are valuable as a supplement to existing social services in various communities.

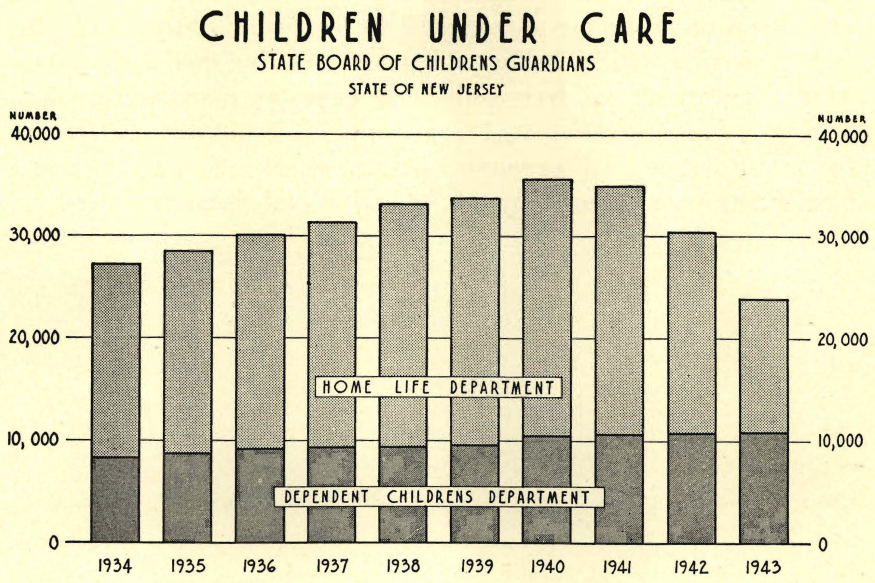
Decentralization of supervision activities of the State Board of Children's Guardians into districts began in 1930, and there are now twelve district offices. Since 1935, Central Office divisions have been created to specialize functions and improve general efficiency. These units specialize in the particular functions of Social Service Training, Health, Finance and Statistics, Child Welfare Services, and Clothing.

Beginning in 1937, case loads of the Home Life Department and the Dependent Children's Department were combined under a single supervisor in district offices and cases assigned to investigators according to location rather than type of care. Opening of the district offices and combination of case loads have resulted in more effective service and closer supervision for children and families. Centralized authority has also led to improved relations with local agencies and public officials. Administrative savings have been effected through economies in travel and through elimination of duplicate services.

Through cooperation with the Civil Service Commission, employee efficiency has been increased by recruiting qualified applicants. Care is taken to select new employees genuinely interested in welfare work and those who have the necessary educational background, training and experience. New employees in the social work classifications are given orientation courses and regular classes in case work techniques are conducted for the entire group. In recent years, the Board has established a personnel appraisal system requiring periodic analysis of each employee's performance and the Civil Service Commission has also assisted in providing promotion opportunities for employees whose work records have been outstanding. There is also a system by which employees may suggest changes in policies and procedures, and adoption of a number of practical suggestions has stimulated employee interest and has effected worthwhile improvements in operation.

The first case load of the Board was made up of some 400 children found in various almshouses during 1899. By 1918, the number

under care was 6298 and in 1926, the total was 13,394. This upward trend reached 30,967 in 1932, at which time 16,209 children were in the Dependent Children's Department and 14,758 under the Home Life Division.



In the following years, laws broadening the basis of eligibility in the Home Life Department resulted in an increased proportion of children being cared for by that division. Many former wards of the Board were transferred to that type of aid from the Dependent Children's Department and by June 1935, only 8659 children remained in the latter category. However, in that same month, the number cared for through the Home Life Division reached 19,783. The population peak of 25,753 in the Home Life Department occurred in 1940, but since that time there has been a marked reduction due to improved economic conditions among families in which children previously received aid. The number of children requiring help was reduced to 10,578 by December of 1943. However, in those years the case load of children without families (living largely in foster homes) has remained relatively static.

Following the peak case load year ending June 1941, $6,000,000 was expended for the maintenance of children under care of the Board, but in the fiscal year 1943, maintenance costs were reduced to $4,557,000. Costs for children under the Home Life Department

are shared by the federal government in accordance with the terms of the Social Security Act, but for others, costs are borne jointly by the State and counties.

In recent years, per capita maintenance expense has ranged about $160 per year per child for those in the Home Life Department, and about $185 per year for those in the Dependent Children's Department, the higher cost in the latter department being due to the necessity for supplying children with such items as medical care and clothing. Administrative cost has averaged about ten percent of total relief costs. Such expense, like the cost of actual maintenance of children, is also shared by the federal Social Security Board.

STATISTICAL APPENDIX

JERSEY STATE LIBRARY

RESIDENT POPULATION OF STATE INSTITUTIONS

As of June 30, 1934-1943

	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
All Institutions	21,039	21,442	21,449	21,093	21,226	21,003	20,347	19,428	18,841	18,291
Mental Hospitals	11,131	11,056	10,887	10,648	10,589	10,420	10,167	9,676	9,262	8,758
Greystone Park	5,566	5,551	5,493	5,400	5,450	5,362	5,278	5,105	4,886	4,520
Trenton	2,933	2,915	2,851	2,833	2,863	2,877	2,778	2,648	2,684	2,653
Marlboro	2,632	2,590	2,543	2,415	2,276	2,181	2,111	1,923	1,692	1,585
Schools for Mentally Deficient	3,891	3,894	3,916	3,815	3,888	3,877	3,740	3,657	3,561	3,425
Vineland State School	1,548	1,509	1,498	1,491	1,496	1,459	1,402	1,376	1,310	1,291
North Jersey Training School	563	576	589	556	598	601	566	545	521	526
New Lisbon Colony	768	789	791	756	794	801	774	773	758	725
Woodbine Colony	685	689	693	679	670	675	656	636	628	555
Vineland Training School*	326	331	345	333	330	341	342	327	344	328
Village for Epileptics	1,473	1,475	1,496	1,511	1,523	1,531	1,493	1,446	1,385	1,334
State Sanatorium	438	409	433	459	444	475	450	465	458	456
Prisons and Reformatories	3,213	3,673	3,765	3,672	3,775	3,636	3,388	3,141	3,112	3,255
State Prison	1,013	1,151	1,248	1,191	1,201	1,182	1,282	1,295	1,266	1,407
Bordentown Farm	528	591	549	584	574	529	282	216	200	184
Leesburg Farm	269	237	244	242	260	255	232	230	227	234
Rahway Reformatory	690	872	875	861	879	885	835	735	765	831
Annandale Reformatory	350	469	494	460	532	478	450	396	407	392
Clinton Reformatory	363	353	355	334	329	307	307	269	247	204
Training Schools for Juveniles	737	762	771	792	769	824	895	838	850	857
State Home for Boys	435	487	515	500	494	542	575	564	567	558
State Home for Girls	302	275	256	292	275	282	320	274	283	299
Homes for Disabled Soldiers	156	173	181	196	238	240	214	205	213	206
Menlo Park	96	70	63	67	69	72	65	59	56	45
Vineland	60	103	118	129	169	168	149	146	157	161

*State Wards at Vineland Training School

ADMISSIONS TO STATE INSTITUTIONS

Years Ending June, 1934-1943

	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
All Institutions	5,424	5,857	5,825	5,561	5,662	5,784	6,120	5,987	5,746	5,792
Mental Hospitals	2,889	3,178	3,041	2,857	2,684	2,798	2,921	2,795	2,561	2,418
Greystone Park	1,345	1,441	1,352	1,291	1,194	1,424	1,614	1,636	1,502	1,396
Trenton	800	877	816	767	762	723	756	763	722	815
Marlboro	744	860	873	799	728	651	551	396	337	207
Schools for Mentally Deficient	256	258	269	241	261	321	330	352	400	406
Vineland State School	90	68	52	65	88	105	83	128	83	110
North Jersey Training School	48	46	53	44	62	70	72	71	61	100
New Lisbon Colony	80	112	108	69	76	86	100	107	112	132
Woodbine Colony	19	13	35	43	25	49	49	37	111	51
Vineland Training School*	19	19	21	20	10	11	26	9	33	13
Village for Epileptics	88	107	96	100	113	171	159	204	219	196
State Sanatorium	378	338	341	340	350	366	404	468	468	522
Prisons and Reformatories	1,186	1,439	1,542	1,476	1,634	1,491	1,596	1,553	1,506	1,620
State Prison	544	681	732	673	750	726	775	788	755	875
Rahway Reformatory	115	178	182	203	220	221	214	212	226	276
Annandale Reformatory	338	404	448	415	498	412	437	412	376	344
Clinton Reformatory	189	176	180	185	166	132	170	141	149	125
Training Schools for Juveniles	538	441	408	379	392	376	519	413	439	472
State Home for Boys	382	308	315	259	265	267	339	278	307	333
State Home for Girls	156	133	93	120	127	109	180	135	132	139
Homes for Disabled Soldiers	89	96	128	168	228	261	191	202	153	158
Vineland	35	33	45	55	110	102	77	76	66	87
Menlo Park	54	63	83	113	118	159	114	126	87	71

*State Wards at Vineland Training School.

RESIDENT POPULATION OF COUNTY MENTAL HOSPITALS

As of June 30th, 1934-1943

	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
TOTAL—COUNTY HOSPITALS.....	5,881	5,979	5,859	5,708	5,669	5,552	5,428	5,313	5,134	4,948
Atlantic County Hospital.....	364	350	370	365	356	344	343	327	304	297
Burlington County Hospital	234	243	246	246	269	269	265	270	263	258
Camden County Hospital	806	793	790	755	750	724	705	676	629	592
Cumberland County Hospital	245	249	251	248	248	245	219	232	214	206
Essex County Hospital	2,446	2,509	2,474	2,421	2,442	2,397	2,386	2,345	2,360	2,276
Hudson County Hospital	1,786	1,835	1,728	1,673	1,604	1,573	1,510	1,463	1,364	1,319

ADMISSIONS TO COUNTY MENTAL HOSPITALS

Years Ending June, 1934-1943

	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
TOTAL—COUNTY HOSPITALS.....	1,466	1,423	1,403	1,292	1,362	1,366	1,347	1,328	1,228	1,192
Atlantic County Hospital	149	155	146	155	151	171	156	163	143	131
Burlington County Hospital	36	37	44	46	67	60	67	63	63	61
Camden County Hospital	199	189	212	156	203	200	179	177	180	161
Cumberland County Hospital	49	56	63	61	55	60	51	57	33	58
Essex County Hospital	643	602	581	537	543	569	555	521	524	455
Hudson County Hospital	390	384	357	337	343	306	339	347	285	326

RESIDENT POPULATION OF COUNTY TUBERCULOSIS SANATORIA

As of June 30th, 1934-1943

	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
TOTAL—COUNTY SANATORIA ...	2,326	2,658	2,610	2,620	2,648	2,531	2,422	2,197	2,130	2,093
Atlantic County Sanatorium	53	68	50	50	49	49	45	46	44	49
Bergen County Sanatorium	175	250	261	282	303	285	257	255	221	232
Burlington County Sanatorium	69	98	100	96	103	102	112	112	110	106
Camden County Sanatorium	193	195	193	202	222	230	221	229	233	238
Essex County Sanatorium.....	362	437	433	436	453	454	434	430	419	409
Hudson County Sanatorium	468	535	527	522	494	372	330	321	290	275
Mercer-Donnelly Memorial Hospital.	81	90	82	67	61	75	70	59	65	58
Middlesex County Sanatorium	205	210	219	230	221	210	212	*	*	*
Monmouth County Sanatorium	85	100	103	96	94	101	92	101	103	87
Morris County Sanatorium	70	68	69	48	49	52	52	52	51	52
Passaic County Sanatorium	213	228	221	233	230	226	223	223	223	215
Union County Sanatorium	352	379	352	358	369	375	374	369	371	372

*Sanatorium opened in 1937.

ADMISSIONS TO COUNTY TUBERCULOSIS SANATORIA

Years Ending June, 1934-1943

	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
TOTAL—COUNTY SANATORIA ...	2,950	3,107	3,018	2,924	3,008	2,981	2,923	2,935	2,864	2,881
Atlantic County Sanatorium	84	106	45	59	42	67	61	72	78	85
Bergen County Sanatorium	229	282	230	249	272	248	263	309	262	288
Burlington County Sanatorium	76	99	107	86	110	102	99	120	130	132
Camden County Sanatorium	203	203	211	180	226	254	273	325	320	396
Essex County Sanatorium	487	509	504	504	478	499	548	478	466	442
Hudson County Sanatorium	638	723	750	739	742	570	572	560	513	527
Mercer-Donnelly Memorial Hospital.	165	195	184	177	160	157	178	126	155	97
Middlesex County Sanatorium	270	231	253	256	304	297	123	*	*	*
Monmouth County Sanatorium	106	113	131	100	96	107	109	129	137	115
Morris County Sanatorium	82	63	68	38	36	50	52	52	36	37
Passaic County Sanatorium	249	240	209	210	208	219	222	237	260	259
Union County Sanatorium	361	343	326	326	334	411	423	527	507	503

*Sanatorium opened in 1937.

PERSONS UNDER PAROLE SUPERVISION

1934—1943

Years ending June 30	Total	State Prison	Rahway Reformatory	Annandale Reformatory	Clinton Reformatory	State Home for Boys	State Home for Girls
1943.....	5.418	858	1,128	1,723	281	1,094	334
1942.....	5,069	797	1,075	1,669	254	945	329
1941.....	5,122	711	1,136	1,711	229	941	394
1940.....	5,219	668	1,177	1,756	245	952	421
1939.....	5,128	560	1,249	1,678	251	962	428
1938.....	5,073	397	1,400	1,672	232	937	435
1937.....	5,048	359	1,423	1,628	226	981	431
1936.....	5,188	325	1,506	1,635	227	1,060	435
1935.....	5,188	381	1,490	1,586	209	1,061	461
1934.....	5,049	324	1,493	1,424	224	1,160	424

NUMBER PAROLED FROM INSTITUTIONS

1934—1943

Years ending June 30	Total	State Prison	Rahway Reformatory	Annandale Reformatory	Clinton Reformatory	State Home for Boys	State Home for Girls
1943.....	2,353	561	366	496	198	554	178
1942.....	2,104	554	320	485	189	409	147
1941.....	1,997	540	340	441	151	350	175
1940.....	2,163	517	377	570	171	352	176
1939.....	2,155	475	424	504	164	367	221
1938.....	1,945	362	416	470	153	343	201
1937.....	1,899	463	364	424	136	319	193
1936.....	1,906	378	407	476	140	330	175
1935.....	1,933	421	441	431	127	320	193
1934.....	1,912	337	392	526	136	351	170

ANNUAL PER CAPITA MAINTENANCE EXPENSES OF STATE INSTITUTIONS

Fiscal Years Ending June 30, 1934-1943

	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
All Institutions	$ 465.77	$442.95	$433.83	$425.71	$407.27	$423.55	$384.24	$388.12	$389.67	$388.88
Mental Hospitals										
Greystone Park	362.86	356.78	362.23	357.33	333.31	349.36	315.11	309.74	321.32	341.84
Trenton	498.06	488.15	475.98	469.66	452.98	460.44	418.80	419.12	413.63	413.62
Marlboro	394.91	382.64	393.52	383.88	362.04	371.78	335.20	364.02	361.71	367.72
Schools for Mentally Deficient										
Vineland State School	305.64	291.33	278.60	272.45	265.16	281.26	259.61	267.86	268.17	264.88
North Jersey Training School	519.79	481.55	444.05	443.94	426.22	485.22	448.10	423.15	396.74	401.39
New Lisbon Colony	384.96	364.13	351.54	348.56	329.53	335.81	290.68	282.68	271.66	269.36
Woodbine Colony	388.14	352.45	346.75	345.39	336.82	350.67	323.02	317.60	326.43	332.44
Village for Epileptics	393.84	364.22	361.53	345.65	338.85	342.82	313.79	317.13	309.52	313.10
State Sanatorium	1,286.46	1,195.83	1,078.89	1,037.72	993.92	999.23	816.72	819.91	812.29	794.89
Prison and Reformatories										
State Prison	599.68	520.77	474.40	477.69	461.63	498.77	425.19	442.77	429.14	383.14
Bordentown Farm	573.53	523.74	474.33	441.85	451.39	501.92	521.03	471.48	435.58	437.16
Leesburg Farm	492.35	491.53	468.37	436.59	406.37	444.61	412.56	402.70	412.93	390.69
Rahway Reformatory	668.42	591.62	570.14	554.47	537.40	552.02	568.71	588.12	580.64	505.36
Annandale Reformatory	716.63	646.72	561.36	585.10	532.10	566.62	580.63	529.00	587.51	531.93
Clinton Reformatory	489.82	480.94	470.28	480.49	452.44	457.67	423.64	429.60	453.17	495.20
Training Schools for Juveniles										
State Home for Boys	717.12	633.35	652.97	692.97	675.18	674.79	571.10	586.19	563.42	567.47
State Home for Girls	547.74	548.21	555.22	515.84	532.17	490.68	469.42	518.00	477.00	457.82
Homes for Disabled Soldiers										
Menlo Park	840.87	785.31	814.51	799.14	757.44	828.33	851.99	865.45	1,082.67	1,075.70
Vineland	1,218.65	1,053.86	1,020.39	824.29	636.12	643.02	603.66	607.34	580.81	454.49

MAINTENANCE EXPENDITURES AND REVENUES OF STATE INSTITUTIONS

Fiscal Years Ending June 30, 1934-1943

	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
Mental Hospitals	$4,688,445.08	$4,548,641.87	$4,488,505.00	$4,255,907.80	$4,063,367.07	$4,143,869.24	$3,582,035.11	$3,459,260.03	$3,305,278.04	$3,197,898.88
Schools for Mentally Deficient	1,388,699.98	1,288,648.91	1,232,372.34	1,206,493.19	1,171,914.63	1,212,472.02	1,098,628.20	1,042,122.84	976,161.74	933,474.93
Village for Epileptics	596,242.42	570,618.65	567,464.98	538,875.40	526,508.66	531,511.52	485,737.15	459,007.68	430,345.05	412,459.94
State Sanatorium	571,409.40	531,408.87	503,274.13	466,563.79	467,358.54	493,026.80	409,956.26	410,543.84	395,604.75	386,688.39
Prisons and Reformatories	2,107,001.19	2,059,716.79	1,943,798.81	1,873,402.71	1,810,748.44	1,838,099.28	1,563,898.46	1,563,185.82	1,550,859.72	1,529,921.81
Training Schools for Juveniles	556,838.13	521,110.56	513,594.28	507,596.46	513,280.28	520,068.86	463,505.05	465,468.52	455,417.62	449,742.61
Homes for Disabled Soldiers	197,715.17	185,081.10	187,217.09	185,270.50	178,757.88	189,522.53	172,470.49	176,820.64	180,920.03	169,371.67
Total Expenditures	10,106,351.37	9,705,226.75	9,436,226.63	9,034,109.85	8,731,935.50	8,928,570.25	7,776,230.72	7,576,409.37	7,294,586.95	7,079,558.23
Total Revenues	3,222,815.23	3,090,504.08	3,033,778.69	2,957,441.76	2,856,657.24	2,719,782.99	2,931,689.96	2,431,376.75	3,385,930.97	1,514,560.83

MAINTENANCE EXPENDITURES AND REVENUES OF STATE INSTITUTIONS

Fiscal Years Ending June 30, 1934-1943

	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
Salaries and Wages	$5,404,894.93	$5,358,589.94	$5,378,417.15	$5,329,246.70	$5,160,523.97	$5,142,268.21	$4,218,833.24	$4,151,651.25	$4,096,500.60	$4,041,571.37
Food	1,756,175.57	1,595,590.09	1,478,358.72	1,377,560.67	1,336,685.96	1,377,505.14	1,326,929.34	1,288,801.09	1,199,227.46	1,089,828.59
Fuel, Light and Power	969,832.83	894,943.35	839,270.40	787,638.86	759,039.68	779,925.93	724,213.86	718,265.58	658,406.56	649,721.97
Medical and Surgical	164,396.13	161,508.57	151,435.57	149,995.22	129,419.17	127,570.63	119,488.73	113,434.82	110,538.85	116,389.80
Current Repairs	270,011.65	256,246.56	255,713.57	236,759.98	199,483.05	232,032.96	193,766.92	183,828.88	173,171.92	193,584.04
Other Expenses	247,381.56	262,898.63	224,187.03	85,266.57	192,748.39	244,068.60	246,750.59	205,560.75	153,797.82	109,702.24
Additions and Improvements	1,293,658.70	1,175,449.61	1,108,844.19	1,067,641.85	954,035.28	1,025,198.78	946,248.04	914,867.00	902,943.74	878,760.22
Total Expenditures	10,106,351.37	9,705,226.75	9,436,226.63	9,034,109.85	8,731,935.50	8,928,570.25	7,776,230.72	7,576,409.37	7,294,586.95	7,079,558.23
Institutional Revenue	3,222,815.23	3,090,504.08	3,033,778.69	2,957,441.76	2,856,657.24	2,719,782.99	2,931,689.96	2,431,376.75	3,385,930.97	1,514,560.83
Institutional Construction Funds	225,313.39	64,318.24	51,225.73	551,153.88	1,453,288.56	462,007.50	1,159,355.26	2,131,083.72	1,968,039.86	862,455.07

MAINTENANCE EXPENDITURES AND REVENUES OF STATE INSTITUTIONS

Fiscal Year Ending June 30, 1943

	Salaries and Wages	Food	Fuel, Light and Power	Medical and Surgical	Current Repairs	Additions and Improvements	Other Expenses	Total Expenditures	Total Revenues
Mental Hospitals	$2,447,043	$862,953	$398,766	$109,311	$118,918	$163,857	$587,597	$4,688,445	$2,152,850
Schools for Mentally Deficient	668,895	244,758	173,237	15,012	38,917	23,586	224,295	1,388,700	649,092
Village for Epileptics	299,793	111,998	64,056	9,740	18,000	8,238	84,417	596,242	273,017
State Sanatorium	274,827	139,924	69,430	12,988	14,983	28,522	30,736	571,410	104,632
Prisons and Reformatories	1,300,868	286,858	192,250	11,012	52,930	8,615	254,468	2,107,001	2,885
Training Schools for Juveniles	318,850	70,903	48,919	3,598	15,935	6,938	91,695	556,838	10,690
Homes for Disabled Soldiers	94,619	38,781	23,175	2,735	10,329	7,626	20,450	197,715	29,639
TOTAL	5,404,895	1,756,175	969,833	164,396	270,012	247,382	1,293,658	10,106,351	3,222,815

NEW JERSEY STATE LIBRARY

ANNUAL SUBSIDIES TO COUNTY AND PRIVATE INSTITUTIONS

1934-1943

Years ending June 30	Total	County Mental Hospitals	County Tuberculosis Sanatoria	Vineland Training School*
1943	$2,336,892	$1,357,379	$810,822	$168,691
1942	2,224,800	1,245,984	806,346	172,470
1941	2,228,048	1,184,515	871,591	171,942
1940	2,209,860	1,192,154	844,228	173,478
1939	2,117,129	1,130,704	813,951	172,474
1938	2,085,518	1,085,896	825,863	173,759
1937	1,999,403	1,029,100	801,005	169,298
1936	1,940,405	948,081	819,890	172,434
1935	1,866,016	874,670	819,979	171,367
1934	1,843,536	843,739	826,197	173,600

*For maintenance of mentally deficient state wards.

PERSONS RECEIVING OLD AGE ASSISTANCE

As of June 30th, 1934-1943

County	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
Atlantic	1,768	1,858	1,833	1,804	1,663	1,435	1,275	801	666	442
Bergen	2,237	2,361	2,384	2,357	2,095	1,822	1,618	1,012	710	527
Burlington	897	1,086	1,236	1,286	1,219	1,056	918	701	621	534
Camden	2,415	2,662	2,760	2,750	2,613	2,270	2,007	1,184	954	794
Cape May	643	679	709	725	675	584	525	343	288	237
Cumberland	890	1,020	1,081	1,149	1,136	1,049	1,086	904	847	732
Essex	4,199	4,762	4,823	4,553	4,333	3,646	3,249	2,038	1,727	1,410
Gloucester	796	891	918	899	868	789	651	308	...	...
Hudson	2,286	2,574	2,760	2,789	2,644	2,542	2,226	1,608	1,419	...
Hunterdon	415	452	491	497	476	435	425	314	295	246
Mercer	994	1,186	1,374	1,441	1,430	1,326	1,218	715	610	551
Middlesex	1,123	1,267	1,261	1,275	1,253	1,259	1,266	896	800	688
Monmouth	1,903	2,168	2,231	2,216	2,161	1,997	1,853	1,184	977	760
Morris	723	904	1,010	1,033	973	910	913	656	550	437
Ocean	748	786	785	785	737	659	650	473	407	319
Passaic	1,913	2,079	2,172	2,126	1,934	1,713	1,465	904	688	516
Salem	496	538	558	538	491	443	437	292	241	221
Somerset	332	348	371	400	365	342	279	213	183	162
Sussex	314	338	355	355	338	326	335	260	241	214
Union	1,160	1,340	1,423	1,417	1,379	1,248	1,032	704	646	545
Warren	507	581	639	641	634	591	532	394	334	271
STATE TOTAL	26,759	29,880	31,174	31,036	29,417	26,442	23,960	15,904	13,204	9,606

AVERAGE MONTHLY GRANTS OF OLD AGE ASSISTANCE

As of June, 1934-1943

County	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
Atlantic	$24.41	$22.60	$21.12	$20.35	$19.45	$18.82	$14.36	$13.42	$13.42	$11.14
Bergen	25.37	22.62	21.54	20.78	19.88	18.62	17.22	15.48	15.13	14.38
Burlington	23.34	21.06	19.84	18.41	17.09	15.45	13.02	11.26	10.58	10.18
Camden	24.69	22.42	20.96	20.22	19.46	18.47	16.91	16.93	16.61	15.38
Cape May	23.69	21.84	20.83	19.91	18.43	16.98	13.56	11.34	10.25	9.57
Cumberland	22.68	20.37	18.71	17.68	16.63	15.24	14.13	14.03	13.52	13.24
Essex	27.26	24.98	23.60	22.77	21.92	21.31	19.77	19.15	18.47	17.75
Gloucester	22.79	21.30	20.17	19.52	18.04	16.46	13.69	11.94	...	...
Hudson	25.20	22.72	21.19	20.89	20.48	19.62	17.01	16.15	15.89	...
Hunterdon	22.25	20.78	19.76	18.55	18.10	17.38	16.22	16.52	16.60	17.01
Mercer	24.09	22.18	20.82	19.85	19.13	18.06	17.08	15.91	15.55	15.40
Middlesex	27.09	23.83	23.13	21.91	20.19	19.04	18.40	18.75	18.26	17.70
Monmouth	25.06	22.00	21.23	19.93	19.12	18.42	17.17	15.72	14.71	14.08
Morris	24.90	21.42	20.78	20.61	20.10	19.82	18.36	17.25	15.68	14.45
Ocean	24.07	21.76	20.74	20.36	20.03	18.43	16.72	15.49	14.43	13.51
Passaic	24.51	22.46	21.19	19.79	18.95	17.55	15.28	14.08	13.75	13.45
Salem	21.69	20.37	19.36	18.21	16.61	14.64	11.77	10.11	9.27	8.72
Somerset	25.05	22.59	21.50	20.01	18.57	18.36	17.40	16.94	15.81	15.46
Sussex	21.23	19.20	18.21	17.84	16.79	15.49	14.03	14.48	13.88	13.67
Union	26.38	23.54	21.95	20.95	20.01	19.68	18.34	18.23	17.89	17.37
Warren	24.65	22.21	21.06	20.64	19.96	18.55	17.02	16.50	16.26	16.85
STATE AVERAGE	$25.00	$22.64	$21.37	$20.48	$19.59	$18.59	$16.74	$15.88	$15.43	$14.75

RECIPIENTS OF OLD AGE ASSISTANCE
AND
SOURCE OF EXPENDITURES
1934-1943

Years ending June 30	Number of Recipients	Source of Expenditures			
		Total	Federal	State	County
1943	26,759	$7,969,991	$3,923,226	$3,044,729	$ 999,036
1942	29,880	8,098,985	4,001,183	3,035,463	1,012,339
1941	31,174	7,843,184	3,874,363	2,988,445	980,376
1940	31,036	7,376,491	3,640,537	2,813,895	922,059
1939	29,417	6,514,163	3,216,779	2,483,113	814,271
1938	26,442	5,514,313	2,722,492	2,102,532	689,289
1937	23,960	4,182,806	2,068,206	1,591,760	522,840
1936	15,904	2,770,624	371,455	1,799,377	599,792
1935	13,204	2,097,056	...	1,572,792	524,264
1934	9,606	1,567,236	...	1,175,427	391,809

CHILDREN UNDER CARE AND NUMBER COMMITTED TO STATE BOARD OF CHILDREN'S GUARDIANS

1934-1943

Years ending June 30	Number Under Care			Commitments		
	Total	Home Life Department	Dependent Children's Department	Total	Home Life Department	Dependent Children's Department
1943.....	23,875	13,166	10,709	3,133	2,287	846
1942.....	30,431	19,803	10,628	4,547	3,651	896
1941.....	34,994	24,480	10,514	5,872	4,782	1,090
1940.....	35,707	25,328	10,379	7,445	6,204	1,241
1939.....	33,750	24,222	9,528	7,858	6,347	1,511
1938.....	33,134	23,876	9,258	9,011	7,439	1,572
1937.....	31,327	22,077	9,250	7,984	6,507	1,477
1936.....	30,058	20,888	9,170	6,527	5,255	1,272
1936.....	28,442	19.783	8,659	6,077	4,929	1,148
1934.....	27,159	18,924	8,235	5,472	4,433	1,039

CHILDREN UNDER CARE

Home Life Department of the

STATE BOARD OF CHILDREN'S GUARDIANS

As of June 30th, 1934-1943

County chargeable	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
Atlantic	742	950	1,027	1,151	989	1,052	781	612	512	362
Bergen	804	1,254	1,544	1,591	1,557	1,360	1,251	1,190	1,106	1,040
Burlington	288	448	520	578	552	558	560	513	482	409
Camden	750	1,083	1,327	1,368	1,402	1,415	1,418	1,250	1,244	1,176
Cape May	173	201	224	250	218	218	172	130	104	92
Cumberland	208	308	424	464	461	456	376	364	369	353
Essex	4,056	5,698	6,496	6,074	5,884	5,923	5,879	5,747	5,425	5,175
Gloucester	219	333	447	474	456	424	364	289	201	189
Hudson	1,679	2,691	3,635	3,849	3,674	3,487	3,227	3,313	3,309	3,391
Hunterdon	71	136	190	204	206	93	180	182	151	130
Mercer	597	1,101	1,371	1,435	1,336	1,254	1,098	1,083	1,058	976
Middlesex	663	1,112	1,360	1,574	1,503	1,576	1,490	1,396	1,434	1,355
Monmouth	586	789	952	961	918	939	799	702	622	597
Morris	198	342	585	660	630	615	590	551	486	470
Ocean	199	220	287	325	310	304	249	193	130	123
Passaic	550	973	1,354	1,448	1,312	1,265	1,088	1,023	985	944
Salem	90	160	225	210	224	205	168	146	132	144
Somerset	136	224	291	347	357	435	335	342	320	294
Sussex	98	139	155	199	201	165	176	156	127	123
Union	859	1,359	1,691	1,741	1,646	1,677	1,502	1,370	1,269	1,293
Warren	200	282	375	425	386	355	374	336	317	288
STATE TOTAL	13,166	19,803	24,480	25,328	24,222	23,876	22,077	20,888	19,783	18,924

CHILDREN UNDER CARE

Dependent Children's Department of the

STATE BOARD OF CHILDREN'S GUARDIANS

As of June 30th, 1934-1943

County chargeable	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
Atlantic	338	293	263	244	216	201	201	199	199	194
Bergen	595	615	616	615	578	481	453	450	431	370
Burlington	296	288	293	276	255	230	207	184	179	159
Camden	717	681	672	697	674	599	599	596	575	512
Cape May	54	47	53	57	47	53	78	79	84	88
Cumberland	258	274	276	245	206	170	164	153	145	128
Essex	2,519	2,616	2,644	2,777	2,501	2,913	2,905	2,788	2,668	2,450
Gloucester	253	250	246	213	167	109	84	70	46	44
Hudson	1,367	1,354	1,376	1,398	1,379	1,454	1,741	2,054	1,977	2,093
Hunterdon	103	98	99	84	73	54	46	30	20	12
Mercer	317	294	263	250	228	223	218	216	185	171
Middlesex	582	548	491	483	441	388	347	305	278	223
Monmouth	501	487	485	475	431	387	365	337	308	306
Morris	401	403	396	367	347	302	256	222	195	179
Ocean	120	105	103	98	90	86	82	73	77	78
Passaic	594	588	594	575	544	447	402	400	378	355
Salem	206	199	191	169	151	140	124	112	94	93
Somerset	150	158	163	159	149	126	138	129	121	112
Sussex	228	239	220	189	169	153	141	137	136	136
Union	871	855	827	773	675	569	532	472	424	384
Warren	224	224	222	211	201	171	167	164	139	148
State Charges	15	12	21	24	6	2	...	...	...	...
STATE TOTAL	10,709	10,628	10,514	10,379	9,528	9,258	9,250	9,170	8,659	8,235

AVERAGE ANNUAL COST PER FAMILY

Home Life Department of the

STATE BOARD OF CHILDREN'S GUARDIANS

Years Ending June 30th, 1934-1943

County	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
Atlantic	$336.30	$340.76	$352.50	$345.07	$363.46	$350.91	$340.14	$330.20	$305.64	$336.64
Bergen	353.15	370.33	380.08	370.82	371.12	352.87	307.91	306.60	328.18	346.04
Burlington	360.84	384.81	371.60	350.60	339.05	329.59	311.64	289.51	302.56	303.01
Camden	363.84	371.20	367.16	339.67	337.55	331.65	327.50	333.93	340.44	335.38
Cape May	341.26	323.92	334.39	322.88	347.96	319.89	298.18	265.60	277.91	314.54
Cumberland	321.13	330.74	333.23	330.48	324.92	299.12	285.58	272.84	267.13	278.90
Essex	374.24	380.06	383.17	372.76	366.15	361.90	342.88	345.79	355.53	376.89
Gloucester	373.46	348.26	357.50	357.24	352.09	342.97	307.37	283.33	287.50	300.10
Hudson	353.79	351.86	362.74	353.26	337.75	330.88	322.70	317.14	315.87	331.57
Hunterdon	340.78	322.92	346.71	348.13	343.57	348.26	326.67	312.74	343.34	360.40
Mercer	318.74	328.81	327.25	319.43	315.70	282.72	249.52	233.96	242.12	229.72
Middlesex	332.30	340.21	335.06	323.66	317.93	311.29	295.90	279.02	292.23	301.01
Monmouth	359.85	351.61	357.66	350.41	355.65	337.93	314.51	314.19	314.32	330.59
Morris	419.12	413.17	424.59	419.56	426.15	396.76	355.62	341.43	348.21	357.78
Ocean	347.93	348.14	354.80	349.56	349.64	348.14	332.84	314.87	322.95	364.91
Passaic	361.17	367.94	365.23	356.04	347.80	331.23	284.69	283.12	264.20	293.63
Salem	348.26	351.73	350.98	335.50	325.83	306.81	299.49	271.69	276.18	295.47
Somerset	372.84	368.37	367.71	359.81	339.26	319.10	307.63	304.83	307.91	307.15
Sussex	343.50	355.43	361.89	390.18	371.23	371.99	361.80	353.00	364.64	372.94
Union	388.83	398.64	392.92	361.05	328.56	287.89	270.61	261.40	271.74	302.05
Warren	380.94	389.21	399.88	399.64	375.31	370.76	370.91	361.08	376.97	368.85
STATE AVERAGE	$360.59	$365.17	$368.17	$356.54	$349.22	$336.48	$317.48	$312.64	$318.01	$332.18

AVERAGE ANNUAL COST PER CHILD

Dependent Children's Department of the

STATE BOARD OF CHILDREN'S GUARDIANS

Years Ending June 30th, 1934-1943

County	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
Atlantic	$215.20	$225.37	$223.66	$213.79	$198.77	$202.78	$182.26	$161.39	$161.16	$143.45
Bergen	206.54	211.40	221.17	215.98	201.70	189.53	175.88	149.73	143.53	131.07
Burlington	180.40	199.79	200.56	144.17	191.68	182.68	178.75	169.20	156.77	140.68
Camden	176.63	186.50	187.99	186.63	182.15	175.66	177.34	152.68	154.19	135.38
Cape May	207.63	188.56	206.00	178.34	165.41	183.15	133.87	118.69	125.72	126.16
Cumberland	178.72	189.17	192.38	189.46	193.90	164.83	135.26	129.40	129.81	102.03
Essex	171.94	179.17	188.06	194.47	192.66	190.04	190.03	172.47	162.00	145.74
Gloucester	194.18	196.45	216.31	232.44	235.42	229.19	219.04	171.50	150.68	144.03
Hudson	167.35	173.32	172.51	159.55	164.26	173.80	188.95	167.55	159.77	133.23
Hunterdon	197.04	214.69	214.11	232.44	227.80	226.24	212.02	162.58	180.91	173.81
Mercer	176.67	177.83	171.58	175.73	168.76	170.19	182.26	176.34	167.35	146.67
Middlesex	204.51	206.61	211.39	201.24	196.57	182.66	187.85	176.66	172.55	142.53
Monmouth	164.02	168.88	161.74	159.14	169.25	172.02	175.93	163.19	163.05	137.03
Morris	209.15	211.15	224.62	213.28	208.65	200.58	192.73	168.72	161.58	140.78
Ocean	198.50	211.21	214.87	187.60	168.68	161.90	174.69	168.61	187.72	159.11
Passaic	186.12	190.49	200.54	196.73	189.91	177.26	169.43	159.49	162.16	136.98
Salem	178.54	189.44	203.45	210.90	206.02	192.81	180.08	159.81	158.35	139.30
Somerset	152.44	161.83	176.14	190.47	187.33	178.58	175.38	163.77	159.58	167.98
Sussex	183.66	196.50	189.10	176.02	169.01	161.01	163.69	153.95	156.26	129.30
Union	194.86	212.06	207.79	193.31	189.74	173.05	185.25	173.44	184.27	160.21
Warren	198.20	210.83	224.85	211.85	202.49	194.95	179.60	154.44	142.09	130.50
STATE AVERAGE	$182.77	$190.20	$194.49	$190.99	$187.49	$183.15	$183.96	$165.76	$160.28	$139.39

SOURCE OF EXPENDITURES

For Children Supervised by the

STATE BOARD OF CHILDREN'S GUARDIANS

Years ending June 30	Total Assistance Expenditures (Both Departments)	Home Life Department				
		Total	Federal	State	County	Parents—Trustees Contributions
1943	$4,557,774	$2,586,899	$1,182,525	$ 503,008	$ 896,814	$4,552
1942	5,533,961	3,515,136	1,631,580	667,222	1,211,105	5,229
1941	6,228,979	4,153,736	1,948,046	775,659	1,425,079	4,952
1940	5,873,982	3,939,784	1,559,051	1,030,069	1,347,122	3,542
1939	5,651,538	3,894,895	1,241,788	1,325,810	1,325,843	1,454
1938	5,102,735	3,363,813	1,091,174	1,135,552	1,135,793	1,294
1937	4,739,200	3,008,159	987,386	1,010.079	1,010,080	614
1936	4,178,105	2,699,018	232,641	229,005	2,237,372	...
1935	3,906,923	2,546,022	...	...	2,546,022	...
1934	3,699,464	2,507,296	...	...	2,507,296	...

Years ending June 30	Dependent Children's Department					Administrative Expenditures (Both Departments)
	Total	Municipal	State	County	Parents—Trustees Contributions	
1943	$1,970,875	...	$ 954,006	$ 931,770	$85,099	$527,325
1942	2,018,825	...	986,733	963,644	68,448	520,616
1941	2,075,243	...	1,029,956	1,001,950	43,337	494,893
1940	1,934,198	...	964,572	932,075	37,551	466,902
1939	1,756,643	...	874,368	853,424	28,851	462,848
1938	1,738,922	$115	875,938	847,935	14,934	461,861
1937	1,731,041	28,101	859,154	830,957	12,829	391,386
1936	1,479,087	61,333	175,795	1,239,731	2,228	345,854
1935	1,360,901	60,062	...	1,299,282	1,557	291,730
1934	1,192,168	54,474	...	1,137,154	540	287,415

RECIPIENTS OF AID TO THE BLIND
AND
SOURCE OF EXPENDITURES
1934-1943

Years ending June 30	Number Receiving Assistance	Source of Expenditures			
		Total	Federal	State	County
1943	655	$207,125.72	$103,562.86	...	$103,562.86
1942	724	211,737.96	105,868.98	...	105,868.98
1941	748	209,309.88	104,256.20	...	105,053.68
1940	729	183,945.20	94,092.35	...	89,852.85
1939	654	162,373.06	80,273.26	...	82,099.80
1938	599	143,658.19	71,241.60	...	72,416.59
1937	512	119,806.49	59,586.01	$4.03	60,216.45
1936	475	110,780.62	...	770.86	110,009.76
1935	421	103,118.82	...	971.45	102,147.37
1934	372	92,103.30	...	1,055.08	81,048.22

SUMMARY OF SPECIAL SERVICES
OF COMMISSION FOR THE BLIND

Years ending June 30	Total Number on Register	Cost of Administration and Special Services
1943	3,853	$138,332.30
1942	3,753	125,201.14
1941	3,889	115,708.00
1940	3,783	104,970.57
1939	3,473	103,675.07
1938	3,354	98,466.53
1937	3,200	90,953.27
1936	2,960	86,761.36
1935	2,772	86,889.00
1934	2,490	85,435.94

AVERAGE ANNUAL GRANT TO RECIPIENTS OF AID

STATE COMMISSION FOR THE BLIND

Years Ending June 30th, 1934-1943

County	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934
Atlantic	$270.24	$257.70	$255.67	$229.02	$222.16	$226.38	$220.50	$204.29	$247.71	$228.10
Bergen	271.60	282.02	236.27	240.00	243.98	231.36	186.58	191.58	213.74	250.61
Burlington	216.77	249.70	241.78	224.63	220.35	181.40	184.57	215.09	180.88	199.59
Camden	258.85	243.70	236.21	212.22	218.38	221.44	220.61	215.04	212.44	219.35
Cape May	295.00	254.09	256.70	254.44	203.75	177.17	161.18	208.00	182.89	212.50
Cumberland	254.40	220.62	222.85	242.26	216.44	226.61	216.18	202.29	189.62	179.87
Essex	290.63	259.60	264.22	238.58	248.26	234.52	213.19	231.54	250.85	221.59
Gloucester	258.00	230.89	219.84	204.25	190.35	195.73	189.69	188.55	141.71	360.00
Hudson	233.78	238.61	251.13	252.85	251.40	240.35	244.29	236.24	259.68	306.35
Hunterdon	200.14	208.50	205.94	180.50	178.17	174.00	135.55	250.00	300.00	300.00
Mercer	263.19	252.71	255.99	232.67	223.34	234.53	225.11	202.26	205.96	222.19
Middlesex	245.32	234.30	230.13	192.80	222.77	186.78	193.78	219.26	230.23	261.56
Monmouth	249.74	244.05	235.46	198.15	196.69	212.41	185.71	193.63	194.03	252.35
Morris	239.46	254.13	220.09	216.07	221.12	221.72	184.97	173.00	174.64	184.47
Ocean	258.08	312.18	279.90	246.36	222.27	217.27	203.54	175.90	219.92	198.72
Passaic	239.80	236.46	242.41	250.62	239.19	237.85	255.65	220.28	255.14	225.87
Salem	240.90	235.44	191.00	225.33	169.42	172.38	153.29	159.30	180.00	203.11
Somerset	328.35	334.82	281.10	259.71	258.00	141.25	281.25	225.57	171.50	185.62
Sussex	219.80	178.75	192.50	185.00	270.00	270.00	204.17	260.00	234.29	255.00
Union	248.09	231.88	220.31	218.04	236.87	230.86	193.13	198.47	252.58	223.17
Warren	329.08	289.70	243.71	269.20	251.78	260.63	221.80	262.43	238.16	286.76
STATE AVERAGE	$260.54	$249.69	$244.84	$229.16	$229.98	$223.77	$213.54	$214.70	$225.10	$253.61

DIRECTORY OF STATE INSTITUTIONS AND AGENCIES

THE MENTAL HOSPITALS

TRENTON STATE HOSPITAL

DATE OF OPENING—1848

Board of Managers

DR. JOSEPH E. RAYCROFT, *President,* Princeton

HON. PHILLIP FORMAN, Trenton
WARD DIX KERLIN, Moorestown
MRS. BURDETTE G. LEWIS, Princeton
WILLIAM MATTHEWS, Princeton
DR. PAUL MECRAY, Camden
MRS. C. EDWARD MURRAY, Trenton

DR. J. B. SPRADLEY, *Medical Director*
DONALD B. RICE, *Warden*

GREYSTONE PARK STATE HOSPITAL

DATE OF OPENING—1876

Board of Managers

DR. AUGUSTUS S. KNIGHT, *President,* Far Hills

HON. FRANK D. ABELL, Morristown
COL. FRANKLIN D'OLIER, Morristown
MRS. JAYNE MILLARD DOYLE, East Orange
DR. GEORGE O'HANLON, Jersey City
MRS. MARIAN K. GARRISON, West Orange
FREDERICK S. MOSELEY, Far Hills

DR. MARCUS A. CURRY, *Superintendent*
H. BREVOORT SMITH, *Business Manager*

MARLBORO STATE HOSPITAL

DATE OF OPENING—1933

Board of Managers

DR. WILLIAM P. THOMPSON, *President,* Lincroft

MRS. GEORGE DWIGHT, Rumson
HON. CHARLES ENGLISH, Red Bank
DR. ALLAN V. HEELY, Lawrenceville
DEAN WILLIAM H. MARTIN, New Brunswick
MRS. KEITH RODNEY, Elizabeth
DR. ELMER PETER WEIGEL, Plainfield

DR. J. BERKELEY GORDON, *Medical Director*
HERBERT L. O'CONNOR, *Superintendent*

SCHOOLS FOR THE MENTALLY DEFICIENT

VINELAND STATE SCHOOL

DATE OF OPENING—1888

Board of Managers

HARRY H. POND, *President*, Plainfield

HON. HERBERT BARTLETT, Vineland
COL. HARRISON COOK, Atlantic City
MRS. ROBERT C. HENDRICKSON, Woodbury
COL. EVAN KIMBLE, Vineland
MRS. BLOOMFIELD MINCH, Bridgeton
J. VAUGHAN MATHIS, Atlantic City

GEORGE B. THORN, *Superintendent*

NEW LISBON COLONY

DATE OF OPENING—1914

Board of Managers

HON. EMMOR ROBERTS, *President*, Moorestown

MRS. JAMES COALE, Riverton
DR. EDGAR FINCK, Toms River
MRS. WARD DIX KERLIN, Moorestown
MRS. MARCUS NEWCOMB, Browns Mills
WILLIAM F. REEVE, Moorestown
MISS ELIZABETH WHITE, New Lisbon

DR. CARROLL T. JONES, *Superintendent*

WOODBINE COLONY

DATE OF OPENING—1921

Board of Managers

ALFRED COOPER, *President*, Cape May Court House

MRS. HENRY H. ELDREDGE, Cape May
NATHAN L. JONES, Atlantic City
MISS MARY LEEDS, Atlantic City
BARTON F. SHARP, Bridgeton
MRS. CHARLES D. WHITE, Atlantic City
DR. L. R. WINCHELL, Vineland

EDWARD L. JOHNSTONE, *Superintendent*

NORTH JERSEY TRAINING SCHOOL, TOTOWA

DATE OF OPENING—1928

Board of Managers

MISS ELISABETH K. WATSON, *President*, Paterson

MRS. FRANK D. ABELL, Morristown
WILLIAM BURNS, Kearny
HENRY HIRD, Ridgewood
MRS. HENRY R. JOHNSTON, Essex Fells
MRS. HERMAN WEICKER, Montclair
HON. THOMAS L. ZIMMERMAN, Hackensack

A. H. MEESE, *Superintendent*

THE VILLAGE FOR EPILEPTICS AT SKILLMAN

DATE OF OPENING—1898

Board of Managers

JOSEPH LAROCQUE, *President*, Far Hills

MRS. CHARLES BROPHY, Skillman
MRS. FRANCES DEL HYDE, Plainfield
DR. BARCLAY S. FUHRMANN, Flemington
MRS. J. RICHARD KAFES, Trenton
DR. LLOYD A. HAMILTON, Lambertville
HOWARD LYON, Somerville

DR. ALBERT W. PIGOTT, *Superintendent*

THE STATE SANATORIUM AT GLEN GARDNER

DATE OF OPENING—1907

DR. FREDERICK J. HUGHES, *President*, Plainfield

MRS. BLASE COLE, Newton
HUGH G. VAN DER VEER, Somerville
MRS. ALBERT L. GARDNER, Perth Amboy
GEORGE R. HANKS, High Bridge
DR. EDWARD KRANS, Plainfield
DR. A. A. LAWTON, Somerville

DR. SAMUEL B. ENGLISH, *Superintendent*

TRAINING SCHOOLS FOR JUVENILE DELINQUENTS

STATE HOME FOR BOYS, JAMESBURG

DATE OF OPENING—1867

MAXWELL G. ROCKHILL, *President*, Trenton

HON. HENRY ACKERSON, Keyport
MRS. GEORGE M. BODMAN, Red Bank
HON. FRED G. STICKEL, JR., Newark
RAYMOND EISNER, Red Bank
GEORGE SCOTT, Plainfield
MISS BESSIE POPE, Jersey City

FREDERIC A. FITCH, *Superintendent*

STATE HOME FOR GIRLS, TRENTON

DATE OF OPENING—1871

MRS. LEON CUBBERLEY, *President*, Long Branch

MRS. MARY C. BOOZ, Trenton
MRS. BURTON M. WEBB, Orange
MRS. W. W. COLPITTS, Princeton
MRS. ELIZABETH HARRIS, Glen Ridge
ALTEN S. MILLER, Princeton
MRS. GEORGE C. WINTRINGER, Princeton

MRS. KATE BURR JOHNSON, *Superintendent*

PRISONS AND REFORMATORIES

STATE PRISON, TRENTON

DATE OF OPENING—1798

Board of Managers

PROF. E. R. JOHNSTONE, *President*, Vineland

JOHN F. HOFF, Princeton
HENRY R. JOHNSTON, Essex Fells
THOMAS N. MCCARTER, JR., Moorestown
CHARLES SMITH, Newark
LEWIS THOMPSON, Red Bank
E. W. WOLLMUTH, Newark

JOHN L. O'HARA, *Principal Keeper*

PRISON FARM, BORDENTOWN

DATE OF OPENING—1928

This institution is under the Board of Managers of the State Prison

R. WILLIAM LAGAY, *Superintendent*

PRISON FARM, LEESBURG

DATE OF OPENING—1913

This institution is under the Board of Managers of the State Prison

PETER F. SISCO, *Superintendent*

REFORMATORY, RAHWAY

DATE OF OPENING—1901

Board of Managers

HON. N. A. K. BUGBEE, *President*, Trenton

DAVID ARMSTRONG, Rahway
RANDOLPH F. DEBEVOISE, South Orange
DR. EDGAR A. DOLL, Millington
FREDERICK C. ERWIN, West Orange
JOHN L. MONTGOMERY, Red Bank
JAMES J. MILLER, Roselle Park

LT. WILLIAM E. KULP, *Superintendent*

REFORMATORY, ANNANDALE

DATE OF OPENING—1929

Board of Managers

HON. GEORGE K. LARGE, *President*, Flemington

HON. DAVID AGANS, Three Bridges
ARCHIBALD ALEXANDER, Bernardsville
HENRY W. JEFFERS, Plainsboro
DR. DAVID A. MCCABE, Princeton
JOHN H. PURSEL, Phillipsburg
DR. ROSCOE WEST, Trenton

SYDNEY H. SOUTER, JR., *Superintendent*

REFORMATORY FOR WOMEN, CLINTON

DATE OF OPENING—1913

Board of Managers

HON. DANIEL BEEKMAN, *President*, Somerville

MRS. MARY STEVENS BAIRD, Bernardsville
DR. S. JOSEPHINE BAKER, Belle Mead
MRS. HARRY NEUBERGER, Red Bank
MRS. EMMET A. QUARLES, Plainfield
MRS. REEVE SCHLEY, JR., White House
LLOYD B. WESCOTT, Clinton

MISS EDNA MAHAN, *Superintendent*

HOMES FOR DISABLED VETERANS

SOLDIERS' HOME, MENLO PARK — DATE OF OPENING—1932

Board of Managers

GEORGE E. STRINGFELLOW, *President*, East Orange

MAURICE BRUCK, Perth Amboy
F. MILTON LUDLOW, Newark
RONALD KLECKNER, Metuchen
RALPH I. POUCHER, Plainfield
HARRY ROCKAFELLER, New Brunswick
FRED D. SHADELL, Maywood

MAJOR GEORGE J. GIGER, *Superintendent*

SOLDIERS' HOME, VINELAND — DATE OF OPENING—1900

Board of Managers

CHARLES W. ACKLEY, *President*, Vineland

MAJOR WILLIAM H. CHEW, Salem
HON. S. RUSLING LEAP, Woodstown
GEN. WINFIELD SCOTT PRICE, Camden
MRS. CHARLES SCHAIBLE, Vineland
LT. COL. CARL M. VOELKER, Northfield
MRS. C. RICHARD ALLEN, Haddonfield

W. REX MCCROSSON, *Superintendent*

STATE BOARD OF CHILDREN'S GUARDIANS, TRENTON

ORGANIZED—1899

Board of Managers

DEAN FRASER METZGER, *President*, New Brunswick

F. MORSE ARCHER, JR., Camden
MRS. HENRY C. BARKHORN, Newark
MRS. A. HARRY MOORE, Jersey City
MRS. FRANK E. OLDER, Jersey City
MRS. GEORGE N. J. SOMMER, Trenton
HON. HAROLD B. WELLS, Bordentown

JOSEPH E. ALLOWAY, *Executive Director*

COMMISSION FOR THE BLIND, NEWARK

ORGANIZED—1910

Board of Managers

RAYMOND T. PARROT, *President*, Elizabeth

MRS. PATRICK HENRY ADAMS, Maplewood
DR. E. A. CURTIS, Newark
MRS. ROBERT P. FISCHELIS, Trenton
DR. ROBERT IRWIN, Upper Montclair
DR. ELBERT S. SHERMAN, Newark
CHARLES J. STRAHAN, Trenton

GEORGE F. MEYER, *Chief Executive Officer*

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