

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

before

SENATE COMMITTEE ON INSTITUTIONS AND WELFARE

on

SENATE BILL NO. 2260
(Organization and Reorganization of the
Department of Institutions & Agencies)

Held:
May 27, 1971
Assembly Chamber
State House
Trenton, New Jersey

COMMITTEE MEMBER PRESENT:

Garrett W. Hagedorn (Acting Chairman)

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SENATOR GARRETT W. HAGEDORN (Acting Chairman): May I have your attention please. Good morning, ladies and gentlemen. I would like to welcome you all today to this hearing and thank you for being present and being kind enough to give of your time to testify on this measure.

I am Garrett Hagedorn, Senator from Bergen County, Deputy Chairman of the Institutions and Welfare Committee, and will preside at this hearing.

The testimony of each witness will be given and then I will invite questions, first from the Committee members and then from the floor.

In the way of background for this hearing, I would like to say that this measure is a result of a recent APA study that was done on mental health in the State of New Jersey. The American Psychiatric Association was hired to do this study with an eye to corrective legislative recommendations. They are a well known and extremely well respected organization which has done similar studies in other states. I am convinced that their findings were sound and, thus, have introduced Senate Bill No. 2260 as a first step in the implementation of their findings.

It would be well if each area administered by our Institutions and Agencies Department had their own study to determine the weaknesses and the strengths of their particular area of concern so that corrective action could be taken in these areas.

The APA study characterized New Jersey institutions as dehumanizing, both for the patients and for the staffs of our facilities. My commitment is to make it possible for this image to be changed. S-2260, hopefully, will be the beginning.

I am extremely interested to hear what you, the experts, have to say. Together we can achieve the goals of better administration of the Department, create a milieu for communications and understanding between the Governor and the Department and our various State institutions and

services. By streamlining the Department and making the Commissioner directly responsible to the Governor, by making the Governor directly responsive to the people and responsible for the actions of the Cabinet official of his choice, by giving direct supervisory powers to the Commissioner over the Executive Directors under him, we hope to establish a more business-oriented procedure and a more successful one.

This is not unique in arrangement. There are nine states in which the commissioners, including a separate Commissioner of Mental Health, report directly to the Governor in a strongly centralized organizational pattern. The more densely populated states, such as New York, Rhode Island, Michigan and Massachusetts, seem to have found a need for this type of system. That is the rationale behind Senate 2260.

Now, we would like to hear from you. The first gentlemen that I would like to invite to testify is Mr. Lloyd Wescott, President of the State Board of Control.

L L O Y D B. W E S C O T T: Senator Hagedorn, I am Lloyd B. Wescott, President of the State Board of Control of Institutions and Agencies. On behalf of the Board of Control I would like to communicate the Board's concurrence with the recommendation of the Governor's Management Commission that the "dual authority structure" which pervades the Department be corrected. Central to this is the appointment of the Commissioner of Institutions and Agencies by the Governor with the advice and consent of the Senate. For this to be implemented, it is necessary that the broad managerial authority assigned to the various citizen boards within the Department be replaced with a direct flow of authority, accountability and responsibility within the professional noncitizen structure of the Department. The Board feel, however, that an effective citizen voice must be maintained.

The Board opposes the passage of Senate Bill No. 2260 in its present form for the following reasons: First, we feel it does not really correct the inherent conflicts in the system. Second, it fails to spell out an effective role for citizens. Third, we feel that Title 30 must be completely rewritten, that the proposed very limited revision will in all likelihood worsen rather than improve the situation.

The Board has been engaging in continuous discussion around the spelling out in statutory language of effective roles for citizens. I will present to you my perceptions of the direction which these discussions are taking.

Title 30, as you know, was enacted in 1918 as the result of a study by a commission headed by Dwight Morrow, former U. S. Senator and Ambassador. At that time the power lodged in the office of the Governor of New Jersey was minimal by any standard. Also, the responsibility assumed by State Government in meeting the needs of its less fortunate citizens was limited indeed.

For example, then there were only two small mental hospitals and only two institutions for the mentally retarded. The State's entire involvement with welfare consisted of responsibility for orphans exercised by the State Board of Children's Guardians and a limited responsibility for the blind.

The Department of Institutions and Agencies was established in 1918 to bring together under a degree of centralized control a number of essentially independent institutions and agencies almost wholly controlled by citizen boards. Under the legislation then enacted, however, the concept of citizen control was clearly enunciated and continued.

The situation changed profoundly in 1947 with the adoption of the new State Constitution. This created in the office of the Governor of New Jersey one of the most powerful executive offices in the nation. In addition, by 1947 the involvement of State Government in the various programs under the supervision of our Department had increased enormously.

Consideration was given at that time to removing managerial responsibility from citizen boards. This was opposed by some, and as no reasonable compromise was found the situation was not changed.

In 1958 Governor Meyner appointed a commission under the chairmanship of Archibald S. Alexander, Sr. to study the functioning of the Department. This commission, in addition to recommending ways in which to improve the Department's programs, made some significant recommendations as to citizen board responsibility. No legislative action resulted, however.

Now in 1971 the Department finds itself with the third largest departmental budget in the State, second only to Transportation and Education, employing nearly half the State's employees, spending some half billion of State and Federal money, and responsible to some degree for over half a million of the State's citizens.

All budget submissions to the Legislature are made by the Governor. All purchasing and construction are centralized in the Department of the Treasury. The overlapping of our programs with those of other departments of State Government have reduced our independent status. The establishment of the Public Employment Relations Commission has removed another significant element of administrative authority from effective control, not only

of citizen boards but the Department itself.

With responsibility as vast as that now borne by this Department, and in view of the complexity of modern government, it would be hard to argue that an organizational structure that worked in 1918 would necessarily work today, that citizen boards could now fulfill the mandate of a half-century-old law. Let me quote in part from Title 30:

"Within the limitations imposed by general legislation applicable to all agencies of the State, the State board is hereby granted complete and exclusive jurisdiction, supreme and final authority, and the requisite power to accomplish its aims and purposes in and upon the institutions, boards, commissions and other agencies, hereinafter in this section named. . . . Any particular grant of power hereinafter in this Title contained shall be in specification but not in limitation of the general grant of power."

The local boards of managers are charged with equally great responsibility. Again I quote in part:

"Subject to the supervision, control and ultimate authority of the state board, the management, direction and control of the several institutions and noninstitutional agencies shall be vested in the several boards of managers who shall be responsible to the state board for their efficient, economical and scientific operation.

"Unless and until otherwise provided by the State board by rule, regulation or order formally adopted, each board of managers may determine the number, qualifications, powers and duties of the officers and employees of the institutions or agencies committed to its charge, and their compensation except as the same is fixed by statute or otherwise determinable by law. Each board, with the approval of the State board,

shall appoint the chief executive officer of each institution or agencies in its charge...."

It is apparent on the face of it that the present structure must result in confusion in the lines of authority troubling to the Governor and to the Commissioner and his staff. Let us also emphasize, however, that it results in a dismaying amount of frustration on the part of citizen boards. Although they may be acutely aware of the problems within an institution, they have no real power to correct them. That power rests only in the hands of the Governor and the Legislature. Thus, again and again, they have been held responsible for conditions they were helpless to correct and became, they felt, "fall guys" for the neglect of others. We agree that this is an appropriate time to come to grips with this underlying problem.

Now having conceded the inherent weaknesses in the present administrative structure of the Department, let us take a look at how it has worked. We can only conclude that it has worked remarkably well in spite of its all too apparent weaknesses. Any State-operated program in New Jersey must be judged in relation to the availability of State funds. The reality of the situation in New Jersey, the most highly industrialized and urbanized State in the nation, ranks among the lowest in the amount of tax dollars per capita available for State programs. A lot of money does not guarantee good programs, but the lack of it hampers them severely. This undoubtedly accounts for the fact that in State support for higher education, New Jersey ranks among the lowest in the nation. Only now is a serious effort being made to meet one of New Jersey's gravest needs--medical manpower. We have but to look at the State's problems in air and water pollution, in rapid transit, in deteriorated inner cities, to recognize how grave the neglect has been over the years.

Yet in virtually all areas of the Department's responsibility, the State can point with considerable pride. Our programs for the mentally retarded rank among the best. Our welfare system has been remarkably free of scandal, and prior to the recent decision to cut back on the unemployed and underemployed parents program, it has been among the most enlightened in the nation. Except for our ancient state prison--yes, even including it--our correctional system would measure up to that in most states and excel all but a few. The recent critical report of the American Psychiatric Association on the State's programs for the mentally ill compares our services with an ideal which, hopefully, we can achieve but which most other states are as far from achieving as is New Jersey. Actually, the last decade has witnessed extraordinary improvements in these services. The Department has mounted a Medicaid program, given very little lead time, with a minimum of confusion and fumbling.

You see, we honestly believe that the Department of Institutions and Agencies, in competition for scarce tax dollars, has, over the years, been able to mount broader and more effective programs than have other branches of our State Government. This, we are sure, has been due in a large measure to two things: First, a close involvement of citizens in the affairs of the Department; second, and equally important, is that the Department has had leadership in the office of the Commissioner of professional men of distinction backed by career men of outstanding competence.

The degree of citizen involvement over the years has been quite extraordinary. There are now over 200 people, leaders from all walks of life, serving on the Department's various boards. Since 1918, therefore, there have

been many hundreds who have contributed time and effort. They attend monthly meetings with great regularity, with no compensation, seeking only to improve New Jersey's services to the needy and unfortunate. They have been ambassadors for the Department's programs throughout the State.

Thus, it seems to us essential to maintain maximum effective citizen involvement (we stress the word "effective") and the highest quality of professional leadership.

We are confident that the Governor and the Legislature want the same thing. This will require a complete revision of Title 30. Over the last half century it has been amended repeatedly. It is full of contradictions and ambiguities. As most of it was written for the express purpose of granting to citizen boards broad executive power, the removal of that power will render much of the Title either confusing or meaningless.

What do we consider essential to a restructured Department?

First might we suggest that the Department be renamed, that it not be known as a department of "institutions." Unfortunately, institutions will always be necessary but institutionalization over a period of time is damaging to the individual regardless of the level of care rendered. Therefore, the thrust of all Department programs should be to reduce the need for institutionalization, so that it would be used only as a last resort. Much has been accomplished by New Jersey in this respect. The number of patients in our mental hospitals has been appreciably reduced, while the State's population has soared. The establishment of day care centers and the provision for special education in

the public schools made possible under the Beadleston legislation have allowed many thousands of children to remain in the community out of institutions. No person should be sent to a correctional institution if probation has a chance of working, and no person should be kept in one if parole is possible. The Department's efforts in this regard have been excellent but must be continued and improved.

We believe, for effective operation, that it is necessary to establish a direct line of administrative authority from the Governor to the Commissioner and, through him, to the divisions, institutions and bureaus in the Department. The Governor should appoint the Commissioner with the approval of the Senate.

To provide a truly effective citizen voice, there should be established a parallel structure of citizen boards consisting of a central board appointed by the Governor with the approval of the Senate, and ancillary boards appointed by the central board with the approval of the Governor. Such ancillary boards would be established to provide maximum appropriate involvement at the division, institution or bureau level, but all Departmental activities would relate to an ancillary board. Any new legislation should provide for a single, clearly defined citizen responsibility which would be implemented by a board system working in unison, each board in relation to a responsibility of the Department.

We cannot stress too strongly, however, the need for a single citizen responsibility. Under the present legislation, the Commissioner is the agent of the Board of Control, and the institutional superintendents are the agents of the local boards of managers. The result has frequently been that one citizen board and its agent came into direct conflict with another citizen board and its agent. Thus, the roles of the citizen and the professional became confused and self-defeating.

Superintendents on occasion have used their boards as a power base from which to frustrate divisional or Departmental programs. This has been true for a variety of reasons in the Division of Mental Health. The continuing of a dual citizen responsibility seems to us to be one significant weakness in S-2260, a weakness which can lead only to further confusion.

Some people sincerely believe that once the appointive power over the Commissioner and the institutional superintendents is removed from the citizen boards, they will become weak advisory bodies which might as well be abolished. We are sure that there is a desirable alternative. It is quite obviously wrong to continue a situation in which the Governor and the Legislature say to a citizen board "What have you done to improve institution X?" when the citizen board is essentially incapable of doing anything. The true role of the citizen board should be, when necessary, to say to the Governor and the Legislature "What have you done about institution X?" That is where the power of government resides.

And, Senator, may I interpolate here. The Board of Control and the Board of Managers at Greystone have always been gravely concerned about the problems there. In the 1965 budget, Greystone was granted 25 new positions. In the 1966 budget it was granted 13 new positions. In November of 1965 our Board and the Greystone Board and the Commissioner and the Superintendent met and we agreed that an effort had to be made, a strong effort had to be made to upgrade the programs in Greystone and to grant Greystone at least the ratio of personnel to patients that the other hospitals had. We agree that, as a start, the Department should ask for 392 new positions. That was done in the next budget and it got exactly 25 new positions. Now that's the problem that lay boards face and it just doesn't make any sense.

Essentially, the real power of such a board structure is the power of a responsible, informed, involved and vocal citizenry. The key words are "responsible, informed, involved and vocal." That power has kept these boards playing an effective role since 1947, in spite of the incongruity of the law in relation to the Constitution. Citizen boards should be made up of responsible citizens, with special interest and knowledge in the field to which they are appointed. They should be people whose voice will be heard in the community; they should come from all walks of life; they should be expected to attend meetings regularly, and out boards do.

The citizen board structure, working through the ancillary boards, should be informed about each Departmental program, both in the institution and without, and should report annually. It should know significant new developments throughout the nation in the areas of the Department's concern. It should have the authority, yes the responsibility, to visit each institution regularly and to question Departmental employees. It should have the authority to require from the Commissioner and his staff appropriate reports and evaluations of Departmental programs. It should be required to review and comment on, to the Commissioner, the Governor and the Legislature, Departmental budget requests. It should develop with the Commissioner and his staff, policies for the operation and expansion of the Department's programs and monitor progress. There is little disagreement, I think, that the respective citizen boards should continue to assume parole responsibility of the inmates of correctional institutions, with the exception of the state prison.

The citizen board structure should be required to concur in the appointment or removal of persons at the division director and superintendent

levels. We do not believe that these positions should be in the classified service; however, if over the years they become essentially political appointments, it would be impossible for the Department to attract and retain the skilled professionals that are essential. Involving the citizen board structure in these appointments will assure the maintenance of qualified professional men.

Above all, the citizen boards should be vocal, speaking with one voice to the Department, to the Governor, to the Legislature and, if essential, to the public, not only as to the Department's failures or its needs but also as to its achievements and strengths.

There is no question, it seems to us, that the involved presence of citizens--questioning, encouraging, criticizing, supporting--can have an enormously salutary effect on governmental operations in an area where those served are essentially without a voice, as is the case in the Department. It is not always easy for men in authority to have someone looking over their shoulders. The word "bureaucrat" has become a pejorative term. It should not be. Government could not operate without trained professionals. It is only when bureaucracy becomes indifferent, callous and self-protective that citizens are entitled to criticize them. Certainly citizen boards can do much to prevent this from happening. We must retain these values in New Jersey.

As I stated, we agree that the problem of the "dual authority structure" in the Department should be resolved but in so doing we must not destroy what has been valuable. We do not believe that S-2260 achieves this. We would welcome the opportunity of cooperating with anyone assigned to the task of thoroughly revising Title 30.

As you will see, Senator, I have not addressed myself to the question of the APA Report. I didn't think or the Board of Control did not think that S-2260 came to grips with that problem. If there are hearings as to that, we will be only too happy to participate in them. Our presentation has dealt only with the essential elements of S-2260.

SENATOR HAGEDORN: Well, we thank Mr. Wescott for his testimony and his contributions. We all recognize his service throughout the many years in behalf of these unfortunate people and the institutions of the State.

Are there any questions on the part of anyone participating in the hearing? (No questions)

All right. Thank you, Mr. Wescott, for your contribution.

At this time I would like to invite Mr. Roger Wilkins, who, I understand, has to leave on a plane shortly, to testify.

I wonder, Mr. Wilkins, if you would give us your address and who you represent.

R O G E R W I L K I N S: I am Roger Wilkins. My address is Ford Foundation, 320 East 43rd Street, New York, New York. I am here as Chairman of the Committee for Public Justice, which is a private group of citizens, entertainment people, former government people, such as Miss Lillian Hellman, Miss Shirley MacLain, Mr. Ramsey Clark, Dr. Robert Coles who is a Harvard University Psychiatrist, and many others.

Our function is to review issues of large and immediate public interest with regard to the rights of citizens and attempt, as citizens with some public experience, to comment as effectively and in as an informed a way as we possibly can.

One of the tasks we've undertaken is to visit prisons across the country and, with the help of law professors and practicing lawyers on our Committee, we expect to draft a model penal code for presentation to legislatures around

the country. We have visited Massachusetts, Mississippi, New York, California prisons, and, earlier this month, we visited the Prison here in Trenton and the Yardville Prison.

My purpose in seeking to testify before you today is to speak generally but not specifically on the issue of retention of the broadest possible citizen involvement and the strongest possible citizen powers with regard to prisons.

I would say that our earliest visits to the Soledad Correctional Facility in California and to the Vacaville State Prison Hospital in California led us to a very firm, clear conclusion that the people of the State of California and the people of the states in which we visited prisons, subsequent to that time in large measure had tucked other citizens, called prisoners, away, out of sight and out of mind. We felt, as citizens on the Board of Corrections in New York, that, if the citizens of the State of New York and the citizens of the State of California could see and be exposed to some of the conditions under which other citizens were being held and detained in their name, they would be appalled and would cry out for reform.

After the riots in our own New York City Prisons, last fall, Mayor Lindsay revitalized a citizens' group called the Board of Corrections. Because of his revitalization a number of significant prison reforms in the City Prisons in New York City have occurred.

We've tested this idea - prison authorities, federal prison authorities, state prison authorities across the country. When we visited here, two weeks ago, we visited the State Prison in Trenton and the Youth Facility at Yardville, we were deeply impressed by the extent of citizen involvement, by the informed nature of the citizen involvement in your prisons here in the State of New Jersey. Dr. Coles from Harvard University has done a lot of work in prisons and came to the tentative conclusion that we ought to study the New Jersey system with a view toward holding its type of

citizen involvement up to the country as a model.

After our visit here, we learned, somewhat to our surprise, that legislation was pending that would limit the involvement of citizens in that particular kind of institution in this State.

Without a long history of involvement in your prisons and in your other institutions, we can't presume to comment specifically on this particular piece of legislation. We can say, however, from the numerous visits we've had across the country and from our past experience - I am a former Assistant Attorney General of the United States and we have one other former Assistant Attorney General of the United States on the Committee as well as a former Attorney General of the United States -- and, from our visits around the country, we have concluded that powerless citizens held in institutions in our country, in whatever state, are treated in a way that requires a strengthening of the concept of prisoners' rights, of the concept of patients' rights. But we think that the strongest way to protect their rights and to protect society, with regard to prisoners, is to have an informed, enlightened, active, responsible citizen board deeply involved in the affairs of the prisons of the jurisdiction. And this is our message to you and I am very grateful to you, sir, for permitting me to testify and making it possible for me to make my train.

SENATOR HAGEDORN: Mr. Wilkins, we are very grateful that you did testify and for all your interest in behalf of our unfortunate citizens.

Are there any questions for Mr. Wilkins? (No question)
Thank you very much.

MR. WILKINS: Thank you.

SENATOR HAGEDORN: May we now call on Dr. Nenno, former Superintendent of our Marlboro Institution.

R O B E R T P. N E N N O: Senator Hagedorn, I am Robert P. Nenno, M.D., 512 East Broad Street, Westfield, New Jersey. At the present time, I am in the private practice of Psychiatry. However, I am also Consultant in Mental

Health to the Middlesex County Board of Chosen Freeholders and Clinical Professor of Psychiatry at the New Jersey College of Medicine at Rutgers. As a disclaimer, neither the Freeholders or the Medical School have knowledge of these remarks which I am making as a private citizen.

I am testifying in behalf of Senate Bill 2260 which would abolish the Board of Control and the various Boards of Managers. As background to this position, I wish to outline a few of my experiences with the Department of Institutions and Agencies which date to the late 1950's.

In 1958 I was appointed Professor and Chairman of the Department of Psychiatry, Seton Hall College of Medicine. One of my first assignments by the Dean was to cooperate and assist the Mental Health System in the State. To this end, I offered to the Department of Institutions and Agencies the part-time services of my Chief of Child Psychiatry to determine needs of children, facilities available for children, and suggested plans. This survey, requested by the Board of Control and financially supported by the Department of Psychiatry at Seton Hall, recommended the establishment of 75 children's beds at each of the State Hospitals.

The Board of Control supported the findings and immediately ordered the implementation of the report. Each state hospital was ordered to create facilities, provide staff and prepare programs for 75 children. At no time did the Board of Control consider funding or making provision for staffing.

Over and over again, the Board of Control has decreed programs without providing or seeking the wherewithall. It is my contention that the Board of Control has neither the will and/or

knowledge to maintain a decent mental health program for the people of this State.

Take the instance of the children's units at the State Hospital. These units now house mentally retarded children, delinquents, brain damaged children, schizophrenics and some normal children placed in these units at the convenience of the Bureau of Children's Services. No recognition has been given to the wide variety of different needs of each of the groups. Programs for the retarded are vastly different from programs for delinquents.

In 1963, at the request of the late Commissioner John Tramburg, I accepted the Medical Directorship of Marlboro State Hospital. I became very well acquainted with Mrs. Lewis Thompson who with Colonel Morrow and others was the initiator of the Board of Control. Mrs. Thompson explained that the primary purpose of the Board of Control was to remove the (mental health) system from political and bureaucratic manipulation with the interposition of an alert, dedicated, interested lay group which would inspire and support the professionals.

Until the time of her death, she bemoaned the fact that the Board had deteriorated and no longer had a direct interest in the individuals committed to its custody. It was my feeling that the mere vastness of the Department together with a limited time element forbade any deep or direct interest on the part of the Board members. In my five and one-half years at Marlboro, the Board never once inspected the institution. It was rare that anyone from the Department ever visited the administrative offices.

And yet, with any threat of scandal, the Board took an inordinate interest in the mental health system. With each "scandal,"

the Board collected huge amounts of data but this data was never utilized to improve conditions - it was used solely to rebut allegations made in the communications media. In my opinion, the collected data never spoke to the allegations.

During my five and one-half years at Marlboro, my task was made more complicated by the "de facto" and "de jure" administrative arrangements within the Department of Institutions and Agencies.

The "de jure" chain of command runs from Medical Director to Board of Managers to Board of Control. The Board of Managers can act only with information. The Medical Director may withhold information or supply little information. In any event, the Board of Managers spends little time at the hospital and has little impact on the policy decisions of the institution. Whether it is knowledgeable or not, the Board has little connection with or impact on the Board of Control. Only if a single member of the Board of Managers has a personal power or prestige, can the Medical Director expect intervention on behalf of the institution.

The Board of Managers has little knowledge of the health delivery system, of mental illness, of institutional epidemics, of geriatrics or of serious organic illness. It never acts in the responsible manner of the Board of Trustees of a Community Hospital. By and large, where it could make a contribution, it is not allowed to do so and where it chooses to intervene, it often selects areas of the practice of medicine where it lacks expertise. For instance, at one point, the Board of Managers directly discharged all patients and could question the discharge diagnosis.

The "de jure" system was never allowed to work and it is questionable whether it ever had the capacity to work even if allowed.

The "de facto" chain of command was a tenuous chain at best. The Medical Director reported through the Director of the Division of Mental Health to the Commissioner who sat with the Board of Control. Letters or questions directed via this chain would often go unanswered or given a nebulous response.

In effect, then, the Medical Director acted alone with little support or encouragement. At times the Medical Director was given minor directives concerning policy. If the Board of Control got a bad case of nerves because of progress made by the staff, a reprimand was usually issued through the Director of the Division to the Medical Director or directly to the members of his staff.

Often policy directives (it was always difficult to ascertain the source) would come to the Medical Director via the Institutions' Business Manager. It is important to recognize that fiscal controls were always very tight and a small variation in Marlboro's budget could have a tremendous impact on Marlboro's patient programming. Requests for medical equipment, humanizing patient facilities, i.e. toilet seats, laboratory equipment, etc. were often preempted by dairy equipment, trucks, etc. A very good example is the recent newspaper account of the construction of a new firehouse at Marlboro. The Marlboro staff, for years, tried to phase out its fire department and contract with local communities for fire protection. Agreements with the communities were verbally secured; these were circulated widely throughout the Central Office. But, as of May 1971 Marlboro is allegedly going to have an expanded fire department whether it needs it or not. This in contrast with Columbia Presbyterian Medical Center, or any of the big, good hospitals who have not a fire department around. And I am still not sure who made this decision.

In my opinion, the unimportant was always stressed but the critical was ignored or overlooked.

As an example, in February 1963, there were some sixty deaths from an influenza epidemic. These were due to lack of staff, overcrowding and a simple absence of medication and intravenous fluids. One would think that the Board of Control would have heard the Board of Managers' alarm and the Medical Director's communication. No interest was shown; no action was taken.

Epidemics of amebic dysentery and tuberculosis were reported but treated with a casual silence. Because of overcrowding and staff deficiencies, of gross filth, of malnutrition, of shockingly inhumane patient conditions, the only recourse left to Marlboro was a census reduction, carefully contrived but executed in a less than sophisticated manner because of lack of staff. By placing ambulatory patients in the Family Care Program and in Sheltered Care Homes (licensed by the Department of Institutions and Agencies) the average daily population was reduced from 3,000 patients in January 1963 to 1,100 patients in June of 1968. Marlboro, during this period, established two halfway houses with the aid of the Rehabilitation Commission and the Mental Health Associations.

This bed reduction which resulted in more intensive care for the remaining patients and considerably more freedom for incarcerated "inmates" was probably the most successful one in the history of the State System but was the one that was most consistently attacked from every level of the Department. There were no untoward incidents to the released patients and virtually no trauma to the communities. The release program was in every way successful and I still hear from

patients who had twenty or more years of constant hospitalization - one as recently as this week. The only vicious criticism I ever heard (and this was attributed to the Board of Control) was that it made the other state hospitals "look bad."

The decrease in daily census, by the way, was accompanied by an expected high admission rate and a high readmission rate. It had been the previous policy that a patient who had not "made it on the outside" on three occasions would remain a life-time hospital resident.

The administrative change in the discharge policy brought continued criticism from the Board of Control. I understand, and this is only hearsay, that several surreptitiously conducted investigations were held and I understand that each time I was exonerated. But the policy, as I understand it, was still being investigated in September or October of 1968 - some months after I left Marlboro.

I think you will agree that acts of omission are as serious if not more serious than acts of commission.

The Board of Control never supported administrative changes that would allow an expeditious salary determination for a prospective physician in spite of the fact that salary guidelines were widely promulgated; it never publicly (or privately to my knowledge) supported realistic salary ranges; it never supported humane and realistically sound social and medical measures for the elderly ill; it never recognized the heroic efforts of the Marlboro staff

in bed reduction, humane care and heavy patient turnover; its interest in mammoth warehouses overshadowed development of community mental health centers; it displayed unusual disinterest in the problems of alcoholism.

I must disclaim any knowledge of the operations of the other department components. I am familiar with the operation (or lack of it) of the mental health system. I urge that you undertake a drastic overhaul that will give new strength to the hospitals, the clinics, and the mental health centers which affect thousands of our fellow citizens, their daily lives, their families and their friends.

SENATOR HAGEDORN: Thank you very much, Dr. Nenno for your contribution and the interest that you have manifested in mental health throughout the years and, hopefully, your contribution will also help in the consideration of S-2260.

Are there any questions for Dr. Nenno?

MR. ALEXANDER: Dr. Nenno, would you tell me who was Chairman of the Board during your term of office?

DR. NENNO: I had three different Presidents. One was Katharine Elkus White who was an exemplary President, spent time, and was interested in the institution. The other two - well, she is the person I referred to who had the personal power and prestige and would make the voice of the institution heard. The other two were Judge Joseph Deegan, Middlesex County Court System, and Mr. Richard Casey an Attorney from Kingston.

MR. ALEXANDER: Thank you.

SENATOR HAGEDORN: Are there any other questions? If not, let me again say thank you to Dr. Nenno for your statement and testimony today. Thank you very much.

DR. NENNO: Thank you, sir.

SENATOR HAGEDORN: At this time I would like to invite Dr. Mary Ann Bartusis to testify. Dr. Bartusis is the immediate past President of the New Jersey Neuropsychiatric Association. Dr. Bartusis.

M A R Y A N N B A R T U S I S: You have just heard my name, Mary Ann Bartusis, immediate past President of the New Jersey Neuropsychiatric Association. I am a graduate of the Women's Medical College of Pennsylvania and have had my psychiatric training at the Trenton Psychiatric Hospital. I am certified in Psychiatry by the American Board of Psychiatry and Neurology and am a Fellow of the American Psychiatric Association. My psychiatric experience has included the Directorship of the Guidance Clinic of the Catholic Welfare Bureau, which is an out-patient psychiatric facility for children and adults. I have staff privileges at Mercer and St. Francis Hospitals, do consultations for the Mercer County Probation Department, for the Disability Determinations Service and the Medical Assistance and Health Services of New Jersey. I also teach at the Trenton Psychiatric Hospital and have a private practice of psychiatry in Trenton.

The importance of giving you my background is not for self-aggrandizement, but to emphasize to you the fact that I know the needs of the mentally and emotionally disturbed patient, whether he or she be in a public or private, local, county or state setting, and feel more than qualified to be able to speak here today.

During the past ten years, I have been most active in the organizational work of the New Jersey Neuropsychiatric Association and it has been during these ten years that the Association became determined to do something about the deplorable lack of quality mental health services in New Jersey.

Eight years ago, the mental health needs of our people were studied in the light of the new and exciting Community Mental Health Service Act which created comprehensive mental health centers. Since then, there are only two fully operated, perhaps three, funded centers in New Jersey today. With several applications pending and a paucity of other services for the mentally ill, several

months ago - and I believe it's a year ago by now - \$680,000 was diverted from mental health to another division, so that the state would not lose these funds. I appreciate this fact. However, it is difficult for me to understand why this money, earmarked for community mental health centers, could not have been diverted to other projects for the mentally ill. Surely there were some. I contend, that if there had been a responsible, qualified Director, who was not encumbered by a bureaucracy so replete with an ill-qualified - in psychiatric expertise - and, I agree, overburdened Commissioner and Board of Control, that the mental health needs of our citizens might have been attended to.

Again, our Association became concerned when the State Hospitals were losing its psychiatric personnel because of non-competitive salaries. It was then that the Association went on record in requesting that a separate Department of Mental Health be established. At that time the New Jersey Psychiatric Association and the Mental Health Association of New Jersey supported the request of a study by an outside agency. We all know the subsequent events thereof. We were delighted to hear that the Governor, in his gubernatorial campaign, could see this need for a separate Department of Mental Health, and that he promised to support the cause and pledged his support to the mentally ill in this way.

The New Jersey Neuropsychiatric Association labored diligently and worked together with the Mental Health Association of New Jersey in mobilizing persons to attend the public hearings of the American Psychiatric Association Study Team. The report represents the needs of the mentally ill, testified to by people who know these needs best. And now, sadly to say, the Governor recently stated he thinks these needs can still be met in the archaic Department of Institutions and Agencies - absolutely contrary to what he said and what the study showed. I feel like an adolescent bucking the establishment and suffering because of the

generation gap. The gap in this case is due to the lack of understanding, lack of expertise and resistance on the part of those who are not qualified to make such a decision and yet have the authority to do so.

We cannot use the lack of money, nor an efficiency study, as a reason for continuing a system that buries the desperate needs of the mentally ill.

We agree with the Governor in that we, too, do not agree with some details of the American Psychiatric Association report. However, we cannot afford to lose sight of the basic recommendation that we should agree with, and that is a separate Department of Mental Health with a Commissioner who is a qualified psychiatrist. After we have attained that goal, then we can evaluate those aspects of the report that we do agree with, those which we disagree with, those which are irrelevant and those recommendations which command priority, etc. But let us not defeat the main recommendation because of disagreements over some of its parts.

We have heard that this recommendation would cost money - I hope that it will - and that with money the present system could meet these needs. I propose that one of the main reasons for the procrastination and resistance in making it possible to serve the mentally ill adequately is the fact that we are frightened by the symptoms of the mentally ill. We are much more concerned about, you know, getting new toilet seats and we're concerned about many of the other important factors, but when it comes down to understanding their basic psychiatric problems, I think this is where we begin to have resistance.

Because we cannot see anything **physically** wrong - quite to the contrary, they often look well, - we cannot sympathize with them as we can with the tubercular patients, the paralytic, the cardiac patients, or other persons with physical disorders. In fact, many of the emotional and psychological symptoms they do show often involve our

personality deeply. And, being so threatened, we want to escape from them because of our own uneasiness, due to our ignorance and lack of understanding. We draw away from the ones who need us the most. They cannot speak for themselves. They have enough to do holding on to reality, struggling with their internal conflicts to which we often times contribute.

The mental health needs of the citizens of New Jersey have been buried long enough and cannot wait for Title 30 to be studied. We must do something now. The Department of Institutions and Agencies is presently headed by a Commissioner who has come from the correctional field, and has never been a psychiatrist. He, in turn, is responsible to a State Board of Control whose members are appointed by the Governor and serve part-time. Its roster has consisted largely of businessmen, of lay occupations, who but rarely have had contact with the clinical problems related to the care of the mentally ill. Its present physician member has had little psychiatric experience concerning the mentally ill. The other board members are weighted toward insurance executives. It is beyond honest comprehension that such a board could competently grasp the overall needs of the Department let alone responsibly formulate policy for its Commissioner to oversee. The record over the past half century demonstrates this to be true.

The annual reports of Institutions and Agencies and the public speeches of its Commissioner are quite naturally self-laudatory. Over the years a spaghetti-like maze of communication obstructions - as you heard Dr. Nenno refer to - have been devised that has so slowed the flow of information from problem areas to those who have authority to deal with such problems, that attempts to apply the new trends in psychiatry to New Jersey have either been fruitless in fact or but nominal and then so diluted as to fail its needy citizens.

There has been a continuing lack of awareness on the part of either the Commissioner or his Board of Control to comprehend the need for flexibility in treatment of the mentally ill. Rather has there been a strategy of statistical shuffling and sloganizing of treatment activity; a rearranging of the sick into new unit piles or a relabeling of the ill so that progress will appear to have occurred. Discharges in the last decade have been hurried beyond clinical prudence to insure a favorable annual statistic. And this I can recall when I sat at staff meetings at the Hospital as a resident. Readmission figures have been hidden or manipulated so as to avoid blemish on the record. Token half-way house programs have been extolled as great therapeutic leaps when often they have been administered with a slovenliness that defies belief.

Follow-up programs are often of near-myth dimension, and lack clinical justification. Contact with referring physicians upon discharge is virtually non-existent and makes mock of the avowed principle of Continuity of Care proclaimed in published accounts of the performance of Institutions and Agencies. Little account is taken of the impact of the newer drugs in reducing in-patient load; rather is the reduced in-patient population viewed as a proof of the efficacy of Institutions and Agencies' policy. Little attention is paid to the vast number of psychotics in the community now cared for by symptom suppression of drugs. Such individuals are still ill.

New Jersey urgently needs a Department of Mental Health with its own Commissioner, who should be a Board Certified Psychiatrist, experienced in administration. The Medical Society of New Jersey has officially supported this proposal in a resolution sent to the Governor.

Such Commissioner should be a member of the Governor's Cabinet which would enable him to have direct access to the Governor and the State Legislature.

The needs of the facilities within this department, innovations in treatment, changes and new programs could then be implemented without the disastrous time-lag current in New Jersey. The savings made by more vigorous early treatment; the avoidance of the "fixing" of "acute" conditions into "chronic" ones by administrative delay and misunderstanding, would alone justify a separate department.

A Commissioner who is a psychiatrist, with authority, can utilize the fruits of research and the experience of out-of-state programs without having to view change as a conceivably indictment of past policy. He could allow for the flexibility of therapeutic approach often necessary in individuating treatment to meet the needs of specific patients. The clinical psychiatrists within the State system as well as those from the private and community sectors of psychiatry could communicate directly with him without having to vie with prison officials, welfare officials, medicare officials, medicaid officials, child care officials, and so on, and trust that their problems would be viewed with a clinical objectivity impossible from a lay person.

The Commissioner could then more reasonably determine the priority of needs within his department, more realistically plan in accordance with current budget and psychiatric knowledge, and bring about a treatment posture within his department that would avoid the "custodial warehousing" sponsored by the operational policies of the present administrative set-up. He could better evaluate the usefulness of the many current programs, and those sure to come. There would be less likelihood of a policy of defending all Institutions and Agencies programs and projecting blame for failure on to the poorly supported professional staff, as is current practice, often.

Such a department, ably led, suitably supported, and both fiscally and professionally competitive with private practice of psychiatry, would attract competent professionals.

It would invite closer liaison with community medicine and individual psychiatrists, and the quality of care available to the citizens in New Jersey would increase.

The State of New Jersey can ill afford the wasteful continuation of Institutions and Agencies constrained and constricted psychiatry. Too many acute patients are converted to chronic status. The financial drain, the labor loss, the tax burden cries out for the updating of the delivery of psychiatric service.

Lay coroners have passed from the scene. Lay commissioners of psychiatric programs are just as outmoded and unjustified.

The current administrative structure stultifies rather than stimulates modern psychiatric care. It prevents constructive cooperation of mental health professionals with governmental leadership; it supports mediocrity and stifles talent; it muffles community participation in policy and/or treatment formulations. It is costly beyond the budget figures. Change must be permitted. The separate department seems to best suit New Jersey's current and projected needs.

As a first step to this end, the New Jersey Neuropsychiatric Association supports Senate Bill 2260 which organizes and reorganizes the Department of Institutions and Agencies. It places the responsibility or lack of it for the psychiatric programs squarely on the shoulders of the Commissioner and places a group of lay citizens in an advisory capacity, as they can only be, not having the qualifications to be otherwise.

However, this bill alone will not satisfy the psychiatrists, other physicians and other mental health professionals who are so intimately involved in the care of the mentally and emotionally disturbed. We will not be satisfied until legislation is passed to create a separate Department of Mental Health.

I have appended some technical corrections to your

Bill that may be helpful, and I would like to take this opportunity to commend Senator Hagedorn and the other sponsors of the Bill for proposing one that will expect accountability from the Commissioner and make it possible for him to delegate authority commensurate with responsibility.

Thank you for giving me this opportunity to be heard.

(Suggested corrections follow:

Page 3 -- 30: 1-8, line 4: After consultation with which "State board"?

Page 5 -- 30: 1-14, line 8: The word "board" should not be replaced by the word "Commissioner". It means "room and board".

Page 7 -- 30: 1-17, line 3: To change the name from "Board of Managers" to "Board of Trustees" is the smallest part. I assume that later on in the Bill he takes away their power. However, in this statute, on page 9, line 11, he still talks about "...assumed jurisdiction thereof". "Jurisdiction" means just that. Also, if the Commissioner is to be given the power, why doesn't the Commissioner appoint the Board members and determine the names of the Boards? On lines 26 and 27, let's get rid of the archaic terms -- "feeble-minded" should be replaced by "mentally retarded"; omit the term "epileptic"; the term "insane" should be replaced by "mentally ill".

Page 9 -- lines 41 and 42: This is inconsistent with the rest of the statute. Since in this statute the State Board continues to appoint the Board of Trustees, why does this line make it the Commissioner who fills a vacancy on the Board? Also, on page 10, line 56 it indicates that the Commissioner can remove the Board of Trustees, but he cannot originally appoint them for a full term. This just doesn't make sense.

Page 10 -- paragraph 17,
line 2 is incorrect. This should really be the first line of R.S. 30: 4 - 3 and in reality it is the first line of 30: 4 - 4.
paragraph 18, A number of these powers that he assigns to the Board of Trustees require them to have managerial powers, even though he takes management away from them.

SENATOR HAGEDORN: Thank you very much, Dr. Bartusis. We appreciate your suggestions for the Bill.

Are there any questions for Dr. Bartusis?

I have one question, Dr. Bartusis. You referred to manipulated figures. I was wondering if you would give us a more detailed explanation of what you had in mind. Was that with respect to population of the institutions?

DR. BARTUSIS: When I made that comment, I was remembering the times when toward the end of the fiscal year in order to get certain patients-to-staff we had to make sure we got them then so that the discharge rate looked so much better for nineteen-so-and-so, and there were times when I felt that with many patients being so manipulated they were really being discharged from the hospital sooner than they should have been.

SENATOR HAGEDORN: Could you tell us where this influence came from, or this directive?

DR. BARTUSIS: I'm sorry, I couldn't. At that time, I was a Psychiatric Resident and this was coming from our Section Chief and I am assuming it came from higher-down.

SENATOR HAGEDORN: Well, we certainly appreciate particularly your interest in mental health and I think you have given us some very fine suggestions. And I might say publicly that I certainly concur in the need for a separate Department of Mental Health.

DR. BARTUSIS: Thank you.

SENATOR HAGEDORN: At this time I would like to invite Dr. Jerome Blum to testify.

J E R O M E B L U M: My name is Jerome Blum. I am the Henry Charles Lea Professor of History at Princeton University and a Member of the Board of Managers of the Trenton State Home for Girls, or rather the Training School for Girls in Trenton.

This extremely important measure, if enacted, will not only affect the organization and method of operation of the Department of Institutions and Agencies and the activities of its employees, it will have its ultimate impact upon the many thousands of our fellow citizens who receive services from this Department. I, therefore, respectfully urge that before this measure is submitted to the Legislature for action it be given long and careful scrutiny and study by this Committee, by persons professionally engaged in the type of activities described in this proposed measure, and, above all, by a panel of concerned and informed citizens.

I strongly support the intent of this bill, namely, to introduce changes in the present structure and management of the Department of Institutions and Agencies. There has long been much discontent with and criticism of the organization of the Department, of its management, and of the Board of Control, from citizens who are interested in improving our state's welfare and social services. These citizens have found themselves frustrated by the existing dual headship of the Department and by the resulting layers of bureaucracy which serve to insulate the Department, the commissioner, and the Board of Control from external public pressures. I speak as one who has tilted with the Board of Control and the Commissioner and who found himself bounced back and forth like a pingpong ball between the first and third floors of 135 West Hanover Street. The ad hoc Committee on Children's Services, of which I was the

Chairman, in its report to the Board of Control submitted in December 1967, recommended certain organizational changes and so have other panels and organizations. Strong arguments have been presented for the establishment of a separate Department of Mental Health, along the line of the one that we just heard. In short, changes are sorely needed and are long overdue.

I believe, however, that this present bill does not completely meet this need for change. I have neither the time nor the expertise to address myself to all of the shortcomings of this proposed legislation. I will, therefore, limit my remarks to Section 18 which concerns the proposed board of trustees.

I have served on the Board of Managers of the State Home for Girls, now the Training School for Girls, since 1964. This experience has raised serious doubts in my mind about the role and utility of these boards. The authority vested by the statutes in the boards seems to me to be largely meaningless in practice. The fact of the matter is, from my experience anyway, that the laymen who make up the boards accept almost without question the advice and suggestions of the professionals who run the institutions.

These doubts, however, about the worthwhileness of the boards, have been outweighed by two other considerations. First, the boards have served as valuable supporters of their institutions in controversies with higher officialdom and with other institutions of government, and the boards have aided in the introduction of needed improvements in the programs of their institutions. The superintendents who I have known personally have all been strong partisans of citizen boards. Second, the boards have provided a vehicle by which citizens can take a direct part in their government and gain an important and valuable insight into the operations of state and local government. I can attest, from my own personal experience, that this indeed happens. Prior to my appointment to the Board of Managers of the then State

Home for Girls, I wasn't even aware that there was a Department of Institutions and Agencies. Since that time, of course, I have become well aware of the existence of that Department.

I am, therefore, strongly in favor of the retention of lay boards for the various institutions within the Department. I have, however, certain specific criticisms on Section 18.

First: It seems to me that there is much ambiguity in this section concerning the duties and powers of the proposed boards of trustees. I think that there should be a close study of the present practices of boards and consultations with past and present board members, and then a rewriting of the duties and powers of the boards. For example, the statute should require the Commissioner to consult with the board of an institution before appointing a new head of that institution. This would help prevent appointments to these well-paying posts for reasons other than professional competence. The statute should require the Commissioner to consult with the board with reference to proposed changes in the mission of the institution, in his, the Commissioner's, long-range plans for the institution, and in all other matters that are of vital importance to the institution. If such consultation is not mandated in the legislation, the boards will be unable to make any real and lasting contribution to the welfare and future of the institution.

Second: the proposed change of name from boards of managers to boards of trustees seems to me to be very misleading. A trustee, as the dictionary points out, is a person to whom property is legally committed in trust. Surely, this definition fits neither the present boards nor the proposed ones. I would suggest here that either the present name be retained or that the boards be called just boards, as for example, the Board of the Training School for Girls, the Board of Ancora State Hospital, and so on.

Third: The bill, as now written, contains no mention anywhere of the statutory parole power now exercised by the boards of certain institutions, such as the Training School for Boys and the Training School for Girls. This is a very serious oversight, and I hope that indeed it is just an oversight. At present the single most important activity of these boards concerns the paroling of inmates, or their release from parole, on the basis of recommendations made by the staff of the institution. The bill must make provision for this important function which, I urge, should remain among the powers of the local boards.

Thank you, sir.

SENATOR HAGEDORN: Thank you, Dr. Blum.

Are there any questions for Dr. Blum?

You have made some very worthwhile suggestions and I am sure that we will give them very serious consideration. We appreciate your interest.

DR. BLUM: Thank you.

SENATOR HAGEDORN: At this time I would like to invite Dr. Resnick, who is the present President of the New Jersey Neuropsychiatric Association, to testify.

EUGENE V. RESNICK: Thank you, sir. I am Eugene V. Resnick of Paramus, New Jersey. I am in private practice of Psychiatry; I am also Associate Director of the Department of Psychiatry at Hackensack Hospital. I speak today as President of and representing the New Jersey Neuropsychiatric Association, which is a district branch of the American Psychiatric Association.

On behalf of the New Jersey Neuropsychiatric Association, I want to thank the Committee for affording us this opportunity to comment on S-2260. Dr. Bartusis, our immediate Past President, has indicated some part of the Association's long history of concern about the deterioration of New Jersey's mental health program. I do feel that it needs emphasis that this concern is based upon our professional recognition of the terrible price our state is

paying for its neglect of its mental health problems - a price that can be documented both in terms of economic, social and cultural loss and in terms of human suffering. Only a small percentage of our membership is employed directly or indirectly by state agencies, most of them being in the private practice of psychiatry, so that our members have little to gain personally by expansion of services.

Our Association has studied S-2260 carefully and strongly supports what seems to be the intent and major thrust of this bill. We cannot see how the Department of Institutions and Agencies can function effectively in its present structure, with its diversity of purpose, overlapping of authority, and division of responsibility. We especially commend the proposed legislation's changing the present governing Board of Control into an advisory, long-term policy-making, overseeing, ombudsman-type group.

There is a story in Arab circles that the camel was created when God wanted to make a horse - and appointed a committee to do the job. The present Board of Control is such a committee, which has spawned a balky, grotesque, dysfunctional mental health system in this State. We need, rather, in this state a single person who has the professional knowledge and background, the technical expertise and the clear authority to direct the functioning of a principal department in our state government. In addition, we need a structure in which the executive of that department can be held responsible for its functioning - where he is not able to dodge behind the skirts of a Board of Control to avoid facing his responsibilities. The "buck" must stop with a person, not with a committee.

We feel that the proposed State Board of Institutional Trustees would serve a proper and useful function. It could serve as an advisor to the Commissioner and to the Department and as a watchdog over him and it. It would serve as some counterbalance to his injudicious use of authority, without beclouding his responsibility and without interfering with

his legitimate range of action.

The Association's attitude about the portion of S-2260 that deals with the abolition of the present Boards of Managers of the various institutions and the substitution of Boards of Trustees is less clear. One question that obscures our vision is the still unresolved issue of whether the mental health program will continue to be managed within the conglomerate Department of Institutions and Agencies or will be the responsibility of a separate Department of Mental Health with its own psychiatrist Commissioner, responsible to the Governor. We see little hope for an adequate, functional program unless a separate Department is created. We are, to understate it, puzzled by Governor Cahill's repudiation of the carefully thought out mental health statement he made just prior to his election. In this statement, he announced his support of the creation of a separate Department of Mental Health. Subsequently, he endorsed this Committee's - this Committee sitting here today - decision to fund a study of New Jersey's mental health needs and resources by the Contact Survey Board of the American Psychiatric Association. This study recommended in the strongest terms the creation of a separate Mental Health Department. At its annual convention, held last week in Atlantic City, the delegates of the Medical Society of New Jersey voted unanimously "to call upon the Governor to use every resource available to him to create at the earliest possible moment a separate Department of Mental Health." That's the House of Delegates Resolution No. 41. Yet, we read in the newspapers last Wednesday that the Governor has changed his mind, he no longer favors a separate department. Since his pre-election statement, apparently he has new data, or at least new thoughts. Even we psychiatrists are hard-put to fathom this.

To get back to the Boards of Managers. With the State mental institutions functioning within a Department of Institutions and Agencies, headed by a powerful Commissioner who is not a psychiatrist, and never has been, our Association feels that each mental institution needs the

"protection" of a Board of Managers with strong and statutory power. Somewhere in the system there must be spokesmen for mental health needs - spokesmen who can speak strongly and independently. Unless there is a separate Department, the Commissioner cannot do so because he has neither the professional background nor the undivided responsibility for mental health needs. Under S-2260, as now written, the Division Director cannot do so because he is subservient to the Commissioner and answers directly to him. The same applies to the hospital directors. In a Department of Institutions and Agencies the Boards of Managers, as presently constituted, would provide a needed element in a governmental system of checks and balances. Therefore, we suggest that the portion of S-2260 dealing with the change of the Boards of Managers into Boards of Trustees be omitted, and that consideration be given to its inclusion in future legislation creating a separate Department of Mental Health.

We must report that many of our members feel that even in a separate department it would be wise to maintain the existence of the Boards of Managers in their present form and relationships. These members argue that these boards would balance the power of the Department's Commissioner, though he be a psychiatrist. Others in our Association, I believe the majority, see the same arguments obtaining in the matter of the Boards of Managers as do about the Board of Control. They hopefully trust to the wisdom and honor of a psychiatrist Commissioner of Mental Health and feel that sufficient checks and balances on him are provided by the functioning of the Board of Institutional Trustees and the Boards of Trustees, as outlined in S-2260.

The Association does appreciate the hearing you have given our ideas and hopes that they have been useful to you.

SENATOR HAGEDORN: Thank you very much, Dr, Resnick. Are there any questions for the Doctor?

May I again say, thank you for your contributions and the interest on the part of your entire membership in promoting a better mental health program in our State.

Our next speaker is scheduled for 1:30. I was wondering if there was anyone in the audience at the present time who would care to testify now.

MISS HARDING: May I be heard now?

SENATOR HAGEDORN: Yes, please come forward to the microphone.

L A U R A H A R D I N G: I am Laura Harding, President of the Board of Managers of the Diagnostic Center in Menlo Park. I didn't get the name of the President from the State Board, State Home for Girls - what was his name?

SENATOR HAGEDORN: Dr. Blum.

MISS HARDING: Dr. Blum. I wanted to say that I agree with all he said, wholeheartedly, especially in that it pertains to the New Jersey Diagnostic Center, and especially his suggestion of further discussion with the past and present members of boards in rewriting what might be considered in this bill. These people, in many cases with long years of training and knowledge of working with the Department, and whose continuing interest and suggestions, I feel would have great value at this time. To my knowledge, they haven't at all been consulted in any of these discussions and many of them have not been at hearings. But I happen to know that they do continue their interest and would have lots to say and would appreciate being asked to be heard.

Thank you.

SENATOR HAGEDORN: Thank you.

I might say, Miss Harding, that, of course, the APA did hold studies throughout the entire state, in every region, where they could have had the opportunity to testify and I presume that this meeting certainly has been advertised sufficiently in the press and notices have been sent out to all the people we felt would be vitally involved. And

certainly we welcome any testimony and any contributions that anyone can make to improve our entire program.

I thank you very much for your interest.

MISS HARDING: Thank you.

SENATOR HAGEDORN: At this time I would like to invite Dr. Martin Weinberg, who is Medical Director at Trenton State Hospital and also at Greystone at the present time, for his contribution.

M A R T I N H. W E I N B E R G: Senator Hagedorn, I am here on behalf of Mr. Leon Levy, the President of the Board of Managers at Trenton Psychiatric Hospital, and Dr. Paul Mecray, another member of the Trenton Board. Dr. Mecray is involved in open heart surgery today and Mr. Levy is involved in some very tight labor negotiations, and they wish to have their public statements made at this time and they asked me if I would make them for them. So I will speak in the role of Mr. Levy first and then Dr. Mecray, if I may, sir.

SENATOR HAGEDORN: We appreciate your coming to testify.

(The following statements were read by Dr. Weinberg)

Leon L. Levy, Esq.
1202 Broad St. Bank Building
Trenton, New Jersey 08608

STATEMENT MADE TO THE SENATE COMMITTEE ON INSTITUTIONS & WELFARE
ON MAY 27, 1971

Mr. Chairman and Members of the Senate Committee on Institutions & Welfare:

My name is Leon L. Levy and I am a practicing attorney in the City of Trenton. I am the President of the Board of Managers of Trenton Psychiatric Hospital and have been an active member of this Board of Managers since February 1959 and was associated with the Board as its Secretary for a period of time prior to my becoming a Board Member. (From September 1954 to January 1959)

At its May 20th meeting, the Board of Managers of Trenton Psychiatric Hospital reviewed Senate Bill 2260 and extensively discussed this proposed legislation in the light of this Board's collective experience with the problems associated with mental health programming in the State of New Jersey, and more specifically from the viewpoint of their experience with the operation of the Trenton Psychiatric Hospital. As you may be aware, ours is the oldest mental hospital in New Jersey, having been founded in 1848 as a direct consequence of the interaction of an unusual private citizen, Miss Dorothea Lynde Dix and her concerns for the mentally ill, with the members of the Legislature of the State of New Jersey. When this hospital first opened, it was known as the "State Lunatic Asylum". In 1893 the name was changed to the "New Jersey State Hospital at Trenton", and in 1971 the name was once again changed to "Trenton Psychiatric Hospital". This latest change in name, we feel, reflects the metamorphosis that has taken place in recent years in which the hospital has changed from the older custodial concepts to those of a modern psychiatric hospital, dedicated to treatment and rehabilitation programs and to the philosophy that each patient is an individual and is individually entitled

to receive an appropriate share of the treatment and other hospital resources necessary to improve his condition.

Ever since the hospital's beginning, it was recognized that there should be balance to the professional leadership by the establishment of a Citizen Board of Managers, who are responsible to the public for the appropriate operation of the hospital, in relation to its ever-changing goals and objectives. Throughout the years the Board of Managers has represented the hospital's patients in the ever constant battle for adequate budgetary support to achieve meaningful treatment programs. At times, when "unusual" types of treatment programs were too vigorously pursued by the professionals, it was the Board of Managers, meeting their managerial responsibilities, who brought in the outside professional evaluations in order to establish the objective findings of what was appropriate and what was not. At other times when the end result of Central Office's "dealing with the big picture" was to deprive patients at Trenton Psychiatric Hospital of services they required, it was only the Board of Managers who could vigorously represent the patients and speak in such clear language as to make both professionals and politicians re-evaluate the situation and develop other accommodations, which would not deprive the mentally ill of essential services. In a field where the professional has not always protected the civil rights of patients, it has been the citizen Boards of Managers who have been able to insist on the appropriate changes in approach and attitude, as reflected in the attention now (at long last) being paid towards combating the dehumanizing and depersonalizing effects of long term hospitalization.

In our governmental system, we have long standing traditions of "civilian control". It is equally essential that we maintain this approach in our Public Psychiatric Hospitals. Our general hospitals are run by lay Boards of Governors, or Boards of Managers, who appoint their Chief Executive Officer and who are

responsible to their public for the total operation of their institution. This maintains "civilian control" and enables us to prevent the "tyranny of the professional" that may occur if there are no checks and balances upon the purely professional operation of the hospital.

In the legislation that is under discussion, there will be a tremendous amount of power centralized in the Department and in its Commissioner. It has been said that power corrupts and absolute power corrupts absolutely. It is our collective responsibility to maintain such a system of checks and balances as the local Board of Managers functioning in its managerial capacity, and thus to preserve the sensitivity to the local needs of the communities served by the hospital. Of late we, in the Public Psychiatric Hospitals of this State, had demonstrated the benefits of decentralization of authority and responsibility. This has enabled us to reduce our in-patient populations and to bring greater numbers of patients, who for many years have been neglected, into appropriate treatment programs. This decentralization is highlighted by the local control by the local Boards of Managers and provides the greatest sensitivity to the ever-changing local needs.

There is one final argument for operational Boards of Managers. One of the goals that we in the Public Mental Hospitals set for ourselves was to be Accredited by the Joint Commission on Accreditation of Hospitals. Without this accreditation, we could not participate in the Medicare or Medicaid Programs or receive Federal Grants. Amongst the Principles and Standards set up by this accrediting body is the Principle of an Organized Governing Body and the Standards relating to the adoption of By-Laws, election of officers, appointment of committees and the appointment of the Chief Executive Officer by this Governing Body. These "Standards for Accreditation of Hospitals" (Joint Commission on Accreditation of Hospitals, Chicago, Illinois, 1969) go on to indicate the responsibilities of the Governing Body to provide adequate resources to meet the needs of the patients and of the community; to comply with

appropriate laws and regulations and to develop the working relationships between the Medical Staff and the Governing Body. Additionally, the most recently revised "Standards for Psychiatric Facilities" (published by the American Psychiatric Association in 1969) states in its Standard 14: "The Governing Body shall assume the legal and moral responsibilities for the conduct of the facility. It shall place the responsibility for the medical care of patients upon the medical staff and shall insure that the medical and other staffs are adequate in number to carry out the facility's mission".

In the light of the foregoing, it is my considered opinion, and the collective opinion of the Board of Managers which I serve as President, and which in turn serves the patients of Trenton Psychiatric Hospital, that those portions of Senate Bill 2260 which reduce the Board of Managers to an advisory role, are not in the best interests of our Mental Health Programs and the patients we serve. I beseech this Committee to make appropriate changes in this proposed legislation so as to strengthen the principle of civilian control by continuing the concept of the functioning local Board of Managers.

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STATEMENT MADE TO THE SENATE COMMITTEE ON INSTITUTIONS AND WELFARE

ON MAY 27, 1971

I am Dr. Paul Mecray, and I am a practicing surgeon who has been a member of the Board of Managers of Trenton Psychiatric Hospital since 1950. I have read much of the proposed Senate Bill 2260 and have additionally read with great interest the American Psychiatric Association's survey of New Jersey's mental health needs and resources. While the APA's major recommendation of a separate Department of Mental Health is not found in Senate 2260, there is a major area of consensus between this Bill and the APA report, in the proposed degradation of the role of the Boards of Managers of the Public Psychiatric Hospital, and in the assignment of a great deal of unbalanced power in the hands of the Commissioner of the Department of Institutions and Agencies.

While there are areas in both S2260 and the APA Study with which I am in the fullest agreement (e.g. a Commissioner appointed by the Governor and directly responsible to the Governor, etc), I must express to you my strong disagreement with the concept of reducing the Boards of Managers of the Public Psychiatric Hospitals to an advisory body of "friendly visitors". This would return our institutions to an organizational structure almost identical to that which faced the Morrow Commission, which felt that Boards of Managers were needed in each institution to protect the patients from the more politically oriented Central Office and its accommodations. I could give you numerous examples of unilateral action taken by the Department's Central Office with total disregard and unconcern of its impact upon the patients in the hospital.

Had there been no Boards of Managers over the past 25 years, we would have seen our mental hospitals governed, the great majority of time, by a Commissioner trained in prison management who had little factual knowledge of the mentally ill patient. The Directors of the Division of Mental Health and Hospitals were not always expert or experienced in running complicated mental health programs.

During these years, the patients in our mental hospitals were protected by the lay Boards of Managers. These dedicated citizens, working with the Chief Executive Officers, put some balance and concern for the effects on the hospitalized patient into the directives that issued forth from the Central Office. On numerous occasions the very presence of the Boards of Managers forestalled trouble for the patients.

S2260 proposes that the Commissioner, with the approval of the Governor, directly appoint the Medical Director of the hospital. As you may be aware, the present system of appointment of Chief Executive Officer (as laid out in the Department of Institutions and Agencies' Administrative Order 1:42) already gives great power to the Central Office in this matter. The Administrative Order requires the Director of the Division of Mental Health and Hospitals (for example) to meet with the hospital Board of Managers in order to establish the requirements of the position and the qualification of the candidates. The Division Director then recommends a nominee to the Board of Managers. If this nominee is acceptable to the Board, they so indicate to the Board of Control, and upon the endorsement of the Commissioner and the approval of the State Board of Control, the nominee is appointed for one year, subject to reappointment procedures related to his performance. Thus, there is a balance between the Central Office and the local Boards of Managers in this most vital appointment, with neither one being dominant

or capriciously over-riding the other's advice and concern. This system of checks and balances removes the appointment from the purely political arena, as occurs in some other states where there are changes in hospital administration when there is a change in the party in political office. To give you a practical example of how this check and balance system operates, at one time the Board of Managers at Trenton Psychiatric Hospital turned down several nominations made by the Director of the Division of Mental Health and Hospitals. The Commissioner and the President of the Board of Control even came to one of our meetings to pressure us to accept their nominee. Time has shown that our judgment was better than their's.

It has been said that some Boards are terrific and some lay Boards are poor. This is no valid reason to condemn or discard the concept of the lay Board of Governors, but rather to condemn the mode of selection and appointment of the Board Members. Working Boards of Managers have too often been left with vacancies. I can recall many instances when highly motivated and exceedingly able persons had been recommended for appointment to Boards, only to find some unqualified hack appointed. I can recall an appointee who refused committee and other work assignments and who was surprised that any "work" was expected of him. He indicated that his understanding was that his appointment to the Board was an "Honorary one". His resignation was requested and accepted that same evening.

The problems that have arisen in the most recent past, viz a viz the Board of Control and the individual Boards of Managers, have occurred because the Board of Control has attempted to function as a Board of Managers for all of the institutions. The movement towards centralization of all power and authority within the Central Office has been an off-shoot of this. Obviously it is impossible for the Board

of Control to "manage" all institutions. Yet this is the same thing that S2260 attempts to set up, by in effect making the Commissioner the direct manager of all institutions in the Department.

We have all heard much about the beneficial effects of decentralization. The APA Study recommends it and many large organizations throughout the country have made significant moves in this direction with beneficial results in their operation. A number of years ago, we in New Jersey listened with great interest to the reports of the New Jersey Public Hospitals Medical Directors who visited mental hospitals in Great Britian and studied their operation. Upon their return to New Jersey, they reported that our mental health system would substantially improve if we put into operation some of the British managerial concepts. The highly praised British system has each institution functioning independently and much more responsively to its local needs. Each submits its own budget and has direct entree to the budgeting authority. The "central authority" is a standard-setting and rules-developing one, with no managerial control over the local institutions, which are entirely run by their local Boards of Managers. I would like to suggest that we emulate this, with the appropriate checks and balances. Purchasing and statistics, etc. can be handled by the Central Office. The Board of Control could hopefully then visit the individual institutions, something that has been done only rarely by one or two members of the Board of Control. They could then see that the Boards of Managers are responsible for the operation of their hospitals, as in all other non-military hospitals in this country. The idea of a Board of Advisors is not a practical one. That is actually what occurred when some Boards of Managers abdicated their responsibility for running their institutions, under the pressures towards centralization that have occurred in the recent past, and we have seen what that produced. What kind of a person would want to serve on a Board of Advisors?

Just this past month a working Board cut a Gordian knot. The Hospital Improvement Program Grant for the Social Re-education Program at Trenton Psychiatric Hospital had run out and the summer phase which uses "Camp Conquest" was not funded in the State Budget, despite the State's commitment to support proven programs that were developed through the HIP Grant. With the fiscal problems that faced the hospital, the hospital was told that there were no funds and no positions available for this program. The Board of Managers felt that this program was vital to the patients and the Board was able to bring about a reconsideration of this matter within the governmental bureaucracy. The hospital administration would not have been able to do this by itself, without the Board's intervention. This is what happened last month. This month, working Boards are cutting other Gordian knots to help the patients confined in our hospitals.

Let me summarize by saying that I feel that those portions of Senate Bill 2260 which change the concept of functioning Boards of Managers to "advisors" are ill-advised and should not be enacted. We will not meet our collective responsibilities for the mentally ill of New Jersey unless we prevent this excessive and un-balanced centralization of power that Senate 2260 in its present form will produce.

SENATOR HAGEDORN: Thank you very much, Dr. Weinberg, for the two contributions that you have made and I would say that they certainly have merit and will be seriously considered.

DR. WEINBERG: Thank you for the opportunity to read them, sir.

SENATOR HAGEDORN: Are there any questions at this time?

L U C I A B A L L A N T I N E: I am Lucia Ballantine. I have been a member of the Board of Managers of the Training School at Jamesburg for over ten years, and I would like to testify instead of Theodore Barth, President, because he is away.

On May 24, 1971, I received a communication from Mr. Lloyd B. Wescott, President of the Board of Control, Department of Institutions & Agencies, together with a single copy of Senate Bill No. 2260, informing me, as President of the Board of Managers, Training School for Boys, Jamesburg, New Jersey, that a hearing on said Senate Bill was scheduled for Thursday, May 27, 1971 at 10:00 A. M. in the Assembly Chambers. Needless to say, such short notice of the hearing date denied our Board of Managers the opportunity to meet and prepare a position paper on the Senate Bill #2260 and its substance.

Our Board of Managers had previous discussion on proposed changes in the organic structure of the Department of Institution & Agencies which had come to our attention several weeks ago when Senator Beadleston conducted hearings on such matters. The major thrust of Senator Beadleston's hearing was directed toward economies and attendant organi-

zational changes to effect such economies in the Department of Institutions & Agencies. Our Board of Managers was in accord with the proposed economies, fully realizing the need for meaningful economies in our governmental departments. We did not, however, endorse changes in the organizational structure of the Department of Institutions & Agencies which would remove the citizen Boards of Managers or reduce their effectiveness by negating their powers of parole.

The proposed changes in the laws which are embraced in the Senate Bill do not, in general, have the approval or endorsement of the Board of Managers of the Training School for Boys, Jamesburg, New Jersey.

The authority presently vested in the Citizen Boards of Managers permits the Boards to grant parole and determine the terms of commitment for the inmates. The present system acknowledges the need to remove from the hands of the professionals the powers to arrest, judge, confine and parole. It is obvious that those great minds of previous generations recognized the errors of permitting the career professionals to command these awesome powers. Consequently, they provided that a citizen would be judged by his peers. Our fundamental judicial system is based upon this very concept.

We, as a Board of Managers, in our experience, have noted the wisdom of our progenitors in establishing a system of citizen Boards of Managers to bring a wide range of experience from various walks of life to bring objectivity and a broader concept of the mores of society to the state

institutions. These diversified backgrounds, talents and abilities, coupled with the extrinsicality of the board members, insures an inordinate degree of understanding, compassion and justice free from the burden of subjectivity innately a part of the career professional.

The independent freedom to act, presently permitted by statute, enables each board member to examine the individual inmate and determine the length of his stay, based upon an unbiased appraisal of his record, the nature of his offense, his response to treatment and his ability to cope with society outside the confines of an institution. All too often the recommendations received by the Boards of Managers from the professionals are far from objective and seem imbued with the prejudices engendered by their role as "keepers". The normal day to day problems of dealing with the inmates often cloud the issues and cause the professionals to be myopic in their evaluation of the inmate.

Since the citizen Boards of Managers are unsalaried and free to act without fear of losing their positions, they can and are far more effective in questioning and disagreeing with the edicts and directives of the professionals at the departmental levels. The present system permits the Citizen Board of Managers to fight abuses and question policy with cherished impunity.

To strip the Citizen Boards of Managers of their power to grant parole, determine periods of commitment and establish local institutional policy would be a grave mistake. To

relegate them to positions of mere powerless planners would be an affront to their abilities and would make a stark mockery of their "raison d'etre". Upon a cursory examination of Senate Bill #2260 we see little merit; it appears to permit the Governor greater appointive and patronage powers which act does not, of itself, guarantee a more qualified or efficient organizational staff.

The organizational changes wherein the Commissioner of Institutions & Agencies would be provided with a more efficient table of organization and wherein he would be granted greater authority consistent with such changes are changes which should be made.

We disagree with a program which appears to be determined to "cut down the tree in order to remove a bad limb". We humbly request the Hearing Committee to proceed cautiously in its' deliberations and to await the findings of Senator Beadleston's committee before making a final determination.

SENATOR HAGEDORN: Thank you very much.

Are there any questions with respect to this testimony?

If not, we will recess and reconvene at 1:15.

(Recess for lunch)

(Afternoon session)

SENATOR HAGEDORN: We are ready to resume the hearing on Senate Bill No. 2260, and our first guest this afternoon to testify will be Mr. Albert Kahn who is a member of the State Prison Board and has held that office since 1962. Mr. Kahn.

A L B E R T B. K A H N: Senator, I don't know whether this proceeds by question and answer or by a statement by me.

SENATOR HAGEDORN: Our procedure up to this point has been a statement, first, and then if anyone participating has questions, they will ask the questions.

MR. KAHN: Yes, sir. I am here today because, personally, from my experience on the Prison Board and on other boards which are not state boards, I feel that a mistake will be made if we adopt this new bill in place of the old Title 30.

It's true that we might have, in certain respects, more efficiency if we have a direct line from the Governor to the Commission to the institutions. On the other hand, I feel we would lose the very valuable asset of having objective and disinterested members of the community who have participated in governing these institutions to a certain extent, over periods of time, by the loss of the valuable interest that they would have and the help that they would have given to the administration and policies of these institutions.

This seems to me to reverse what has been our democratic thought of having the people determine what takes place and not a professional individual. This reverses that. This puts the professional individual in a position where he will be able to govern, where he will be able to make rules and make policy and actually, if it is his desire, to completely ignore the wishes of his board.

In the business world, normally, a board of directors governs and an executive administers. This would

reverse that. Up to this time we have had that type of administration. I fear that we would have a much greater feeling that this will be bureaucratic rather than democratic and it's for that reason that I oppose this new law.

In the nine years that I have served, there has been no real conflict between the administration of these institutions and the boards that have conducted them. It's pure semantics whether we call them managers or trustees. boards of managers or boards of trustees. I don't think that makes a particle of difference and, on that point, I have no fault to find with this statute. But on the question of the reduction in powers of the Board of Control and the reduction in powers of the various boards that control the institutions under the Board of Control, I feel it would be a big mistake to do anything which would upset the type of governing that we now have.

Our Prison Board, with which I have been familiar over a number of years, has done a great many things to reform and improve the policies of the institutions. I could enumerate these, if you wanted me to, but I think specific conduct of various boards and various categories is almost immaterial. But I hope that we do nothing that would mean that these boards would almost completely lose any incentive or desire to continue to make policy and to act. The administration, we have never tried to interfere with.

That is the extent of my statement, Senator.

SENATOR HAGEDORN: We thank you very much for your interest and your testimony and particularly the service that you have given the State with respect to serving as a member of the State Prison Board.

Are there any questions for Mr. Kahn?

Mr. Wescott?

MR. WESCOTT: You said that the democratic features were best served by a continuation of a board of citizens.

Is not really the democratic system the placing of the authority in the hands of the elected Governor? Governor Cahill once asked me, in a friendly mood, - he said: "What were you elected by?" He said: "I was elected by a 500,000 majority of the people of the State, and who were you elected by?" And I think that puts the question very squarely, that inherent in a democracy is responsibility of the elected representative. I think that's true. I just would add that as a comment and ask you what you thought about it.

MR. KAHN: Well, of course, I have not been elected either but, at the same time, a Governor cannot in a complicated, complex society that we live in today, - cannot have his finger on the various aspects of all of the institutions in the State. I have the highest respect for Governor Cahill. I have the highest respect for his predecessors. I have no thought of in any way finding any fault with those who are governing. But under a dictatorial system there is no question that everything goes to an apex. Under a democratic system we have to have a certain delegation of powers and if we delegate those powers to a single individual, as this new act does, and if that single individual ceases to act at the expiration of the term of the Governor, we then run into the problem of how are we going to have top career men take these jobs. That's number one.

Number two. I fail to see how we can have responsible, competent, qualified citizens willing to act purely as figureheads. And for that reason, I think that the boards should have the power of making the policies, and not the Commissioner. The change, if I recall correctly, in 30:1-44, where it reverses this completely, is purely bureaucratic and not democratic.

A man, when he is appointed to serve, should be permitted, if he is on a board, to serve his term out unless there is a reason why he should not. And, likewise,

I feel that a Commissioner should continue to serve in a nonpartisan manner as long as he is qualified and can improve what he's doing.

The minute that you elect a Governor for four years and say that therefore a Commissioner would serve for four years, you take the career commissioner out of the State. You can't get top people under those circumstances.

Does that answer your question?

MR. WESCOTT: Yes.

SENATOR HAGEDORN: Are there any further questions for Mr. Kahn? If not, we thank you very much for your testimony.

MR. KAHN: Thank you, Senator.

SENATOR HAGEDORN: At this time I would like to call on a very distinguished gentleman who has served as the Commissioner of Institutions and Agencies. He was appointed in 1945. He served on numerous citizen boards throughout the State. He served in government as an elected representative in the Commonwealth of Massachusetts and was a member of the Massachusetts Bar. He served as President of social and penal organizations throughout the country, on every level, and international organizations. He has a very distinguished career and also has very ably served the State of New Jersey. And I would like to invite former Commissioner Sanford Bates to testify at this time.

S A N F O R D B A T E S: Senator Hagedorn, I appreciate very much this opportunity to record my feelings in this very important matter. I have no desire or no reason for criticizing the administration which has been carrying this rather converse name of Institutions and Agencies. Even though there were two or three instances that seemed to be critical that were voiced here this morning, they didn't seem, as a matter of fact, to outweigh the rather convincing statement made by the Chairman and President of the Board of

Control.

As has been said, I accepted the job here in 1945, I would say, and one of the reasons which convinced me of the wisdom on the part of anybody interested in welfare or matters of this kind was twofold. In the first place, it seemed to me that here was an organization which had as its basis of operation an insistence upon the professionalization of the people who worked there. In the second place, it seemed to me that in every kind of a department or activity of government it's all the more necessary, in connection with that kind of government which treats of human beings, their failures and successes, that the importance, in fact the absolute necessity of a recognized and an admitted involvement by the people themselves.

Now, in connection with this matter that's before you today, having in mind both of those desirable characteristics of a department, it seems to me that it would be a mistake to at this time change the basic wisdom of such a department.

You know, I read Title 30 last night, because I wasn't informed until late last night that I would be expected to appear here. There are in Title 30, which is the statute which gives the basis for operation of this Department, if one includes the chapter on private hospitals and asylums, 530 pages of text in the statute; if those were not to be considered a public responsibility, there are 414 pages in the statute.

No matter how able, how intelligent, a single administrator can be - and at this point I would like to record my feeling that the present Administrator is an able and a conscientious citizen - the main point of discussion here is, to what extent will an official group of citizens, trained in and accustomed to the issues which come before this Department, to what extent can the

Commissioner be advised in connection with some extremely important decisions that he's called on to make.

An illustration or two might be given here. There are problems in welfare and in the operation of the kind of institutions which we are concerned with here which cannot be wisely and properly decided without a clear and constant realization that we are not talking about roads or railroads or banking, we're talking about people; we're talking about people who need the encouragement and the treatment in order that they may fill the position of worthy citizens.

Let me take an example or two, and I am not going to take too much time.

There is much talk today in the newspapers and in politics about the guaranteed annual wage allowance. And, depending somewhat upon the construction the average citizen gives to that, one could easily feel apprehensive as to the direction in which a general and constant and complete appropriation of public money might leave the citizenry. It may be that one man, as intelligent and as competent as the present Commissioner is, would make the right decision. I'm not claiming that he would or would not make the wrong decision. My point is, will the public be in a position to understand that it was the right decision.

I felt, as I said, that this type of organization - and I left the Department here as Commissioner in 1954 and have been in a number of different states throughout the Country, and I want to say honestly to you and to the members of this Committee that the reputation of the administration of this Department in New Jersey is an enviable one.

Take another instance, because this Institutions and Agencies Department does not only show its interest in and its hope for the institutions but there are agencies concerned with its operation which are just as important, if not more important. I think of a possible situation which might develop - should workmen on strike be given welfare allowances by the State? There again I have no question that

the Commissioner will make a well reasoned decision. But how important is it that the people, for whom the administration must operate, have an understanding of how these decisions are made.

I think, in brief, that there are advantages to be gained if decisions - and I've only given two little illustrations of them -- if they can be made by a true consensus of judgment, not only will there be a more acceptable decision made but the voters and the people for whom we all act would be better satisfied.

That's one of the principal reasons why I think, personally, I would feel apprehensive if the present organization of the State Board of Control was abolished with nothing equally important in its place.

As has been intimated, I served for ten years and came in close contact with the members of the State Board and I can say with all truth and accuracy they were a devoted and a useful lot of people. If I were Commissioner and I had a group who could be called in to discuss a matter with me at short notice, I would consider that was an advantage.

I find also opportunities or I did meet opportunities during these ten years of my administration when the conflicting issues or viewpoints with boards of - we then called them managers - and the State Board became important. There again, my statement still holds that if Woodbine School for Boys says "We're entitled to one more dormitory and no State Board of Control can take it away from us." and on the other hand the Hospital up in Glen Gardner says: "There are too many boys in Woodbine now who have a positive tuberculosis stain." and one of the institutions says: "We are the people to take care of possible cases of tuberculosis, we demand that those boys from Woodbine be sent up to our institution." then Woodbine might say, and as a matter of fact they have said, the State Board would have to have pretty excellent reason to cut off one of our

buildings. My contention is, perhaps it has already become clear, that with all respect to the fine work that this Department has been doing, and especially those in charge, there is an advantage - and I don't limit the advantage to the practitioners in the Department themselves but I think there's an advantage to the whole citizenry of New Jersey to make sure that the best consensus of judgment can be utilized.

I can say again, not only as I have covered the Country, both before and after my term here, I have found repeated illustrations of the value that comes with the combination of these two basic ideas, the encouragement of professionalized personnel and the continued involvement - I kind of like that word. I stayed awake half the night trying to think of a good word that would mean more than participation -- and the involvement of the people in the Country.

Senator, let us not decide this question by what's the easiest and most comfortable way of getting this business done; let's not decide it on any basis except with the presence of those two ideas, professionalization and citizen involvement, that we have now and have had for fifty years since some great men planned and started this movement in 1918 and 1919. And without some very evident and convincing proof that this is not a good system or not the best system, we would do well to continue the fine work that this Department is doing and rely upon the paid employees of the Department to carry the work out efficiently.

SENATOR HAGEDORN: Thank you, Commissioner, for your testimony, your comments and suggestions.

Are there any questions for the Commissioner?

Dr. Baker?

DR. BAKER: Senator, I would like to ask the former Commissioner a question. As the system now exists, how can the Governor, who ultimately has the final authority to, fix the responsibility and/or irresponsibility when a

superintendent has to deal with the Board of Managers and attempts to deal in day to day administrative problems? And I think in some cases this is a true fact.

MR. BATES: Well, you have several "hows" and "whys" in there. Would you simplify it a little and tell me exactly what the problem is?

DR. BAKER: Yes. If the Governor has, as I said, the ultimate authority, when he goes to a superintendent and the superintendent claims that his day to day administration --

MR. BATES: Are you talking about a superintendent of one of the institutions?

DR. BAKER: Yes, the superintendent of one of the institutions.

MR. BATES: Yes. When the Governor goes to one of those places.

DR. BAKER: And the superintendent claims that his day to day affairs are affected by the Board of Managers, what can the Governor do? where does he affix responsibility?

MR. BATES: That's the State Board of Control who makes the decision if it's necessary to make a decision.

DR. BAKER: I just think it's difficult as it exists today.

MR. BATES: What's that again?

DR. BAKER: I just feel that it's a little difficult to fix this responsibility as we have it today.

MR. BATES: Well, after all, the Governor is the boss of the State. Basically, he is responsible for the budget and the appropriation. And my point is not the wisdom or the likelihood of taking the powers away from the Governor.

SENATOR HAGEDORN: Commissioner, I was wondering if you would speak into the microphone for the benefit of everyone.

MR. BATES: Well, I'll talk into the microphone but I'm not sure it will be for the benefit of everyone.

SENATOR HAGEDORN: Are there any further questions for the Commissioner?

This young lady would like to make a statement and I would prefer that you make it into the microphone, if you would, please.

M R S. R O B E R T S. E I S N E R: I am Mrs. Robert Eisner, President of the Board of Managers of Marlboro Psychiatric Hospital.

I would just like to answer the question that was put to the ex-Commissioner, if I may, sir.

MR. BATES: You can go the limit.

MRS. EISNER: The question was, how can the superintendent of an institution affix the responsibility if he must go to the Board of Managers.

Actually, by the law of the State of New Jersey, the Board of Managers at present has the right to run an institution on a day to day basis but, in fact, the Board of Managers does not run an institution on a day to day basis. The Board of Managers is, under many circumstances, a policy-making, an advisory-making, a cooperative-making body, along with the superintendent of an institution, but it does not ever assume the responsibility of running the hospital or the institution on a day to day basis. The Board of Managers permits the professional, the superintendent or whoever is in charge of that institution or that agency, to run his own show.

Thank you.

SENATOR HAGEDORN: Thank you very much.

MR. BATES: I don't have any answer for it. If the Superintendent, which I take it is a professional, and the Board of Managers are at loggerheads, the suggestion I made is just the same, go to the State Board of Control and see if they can straighten out the difference. I don't think it's fatal and I don't think any such possibility would remove the need for continuing this type of organization which, in my judgment, is near to a democratic and a citizen

involved arrangement ~~as~~ can be done nowadays.

My answer is not very good; it isn't as good as your question was.

SENATOR HAGEDORN: Well, we thank you, Commissioner, for your testimony and, if there are no further questions for the Commissioner, I would like to call on the next person to testify. Thank you.

MR. BATES: You don't have any idea what a thrill it has been for me to come in here and not have to ask people that sit up there for \$100,000.

SENATOR HAGEDORN: Well, let me say, it's a real thrill to have you back because you have had an excellent reputation in management of institutions.

MR. BATES: Thank you.

SENATOR HAGEDORN: At this time, I would like to call upon Mrs. Benjamin Ashin, President of the New Jersey Mental Health Association, one who has manifested a very keen interest particularly with respect to mental health care in our State.

M R S. B E N J A M I N A S H I N: Thank you very much, Senator. I would hope that I haven't been called on just because Mr. Bates made the statement that no thinking person would support the bill.

As you know, I represent the New Jersey Association for Mental Health. We appreciate your invitation to share with you the views of the many citizens of our State. And, of course, because of our single interest, we are primarily concerned with and dedicated to the improved care and treatment of the mentally ill in New Jersey.

In our view, the Department of Institutions and Agencies has failed in its mission of providing adequate care and treatment to the mentally ill. We believe the department orientation to institutional management, without regard for the institution's function, has been a deterrent to progress in our mental health program. Indeed, the Division of Mental Health in hospitals has become the

stepchild of the Department, with a central office budget of \$500,000 compared to from \$1.3 million to \$3 million for other divisions.

Without the interested central leadership, how can we expect extra hospital services to develop and flourish. And for this reason, we in the New Jersey Association reaffirm our position for a separate Department of Mental Health.

In 1954 and again in 1959, the New Jersey Association recommended the establishment of a separate department. Similar recommendations have been made in recent years. These statements will be made a part of this testimony, and are well known to this Committee, so we will not elaborate here.

And again, in 1970, the American Psychiatric Association's team of experts found severe deficiencies in the mental health program of New Jersey. The report stated, among many other points: "To find oneself behind comparable states in many respects and with no substantial hope of catching up is indeed ominous."

As this Committee knows, the American Psychiatric Association's major recommendation was for a separate department of mental health with a well-qualified commissioner appointed by the Governor.

In the League of Women Voters' booklet, Spotlight on Government, they say: "The New Jersey tradition of having one agency oversee both charitable and correctional institutions, unlike the policies of most states, stems from two sources - the longstanding attitude that the pauper, like the criminal, is responsible for his plight, and the view of the nature of the task itself, managing an institution, regardless of its type." This, thus, is the framework expected to deliver a well integrated mental health program and it has not worked.

Under the present structure, the responsibility of the Commissioner to the Governor and to the Board of Control confuses responsibility, authority and accountability.

The same lack of clarity exists with respect to relationships between Governor, Commissioner, Hospital Medical Directors, and the Boards of Control, and, I might add, the Board of Managers. Thus it was that in the Greystone episodes of 1969 accountability was so obscure that the most expedient action was the dismissal of the Division Director of Mental Health for nonfeasance. And, in reality, this person had the least clear-cut authority of anybody in the Institutions and Agencies. And up to this time, no new Director of Mental Health has been appointed; in fact, there is no one person, responsible person, representing the New Jersey Mental Health System and the mentally ill of our State.

We believe that the interposition of an administrative board between Commissioner and Governor or between Hospital Superintendent and Commissioner, or other form of dual authority, is to be avoided. Advisory boards should be appointed by the Governor for overlapping terms.

I have before me the annual report of the Illinois Department of Mental Health for 1970. And if anyone doubts what services and improvement in mental health systems are possible, when a separate department exists, I recommend that you read this report. Frankly, it is only by observing how other states constructively regard their mentally ill that we can learn how to better improve our system.

As you all know, New Jersey has just received the results of an 18 month study sponsored by the Institutions and Welfare Committee of the Senate body. I would like to read, in closing the observations of this team of the American Psychiatric Association, the observations that were made in a very comprehensive and most objective manner:

"We concluded from our investigation that the governmental organization in New Jersey does not give the mental health program the visibility, identity, dignity, and support it needs and deserves if it is to provide adequate service to the mentally ill. The Director of the Division of

Mental Health and Hospitals has not had enough power in the Board of Control, at the departmental level, or enough influence in the Board of Managers, at the institution level. He has not had the authority to appoint the heads of facilities over which he has had to exercise a degree of command. Instead, power is in the hands of a nonprofessional board, which cannot be expected to have the expertise or time to delve into details and attain an understanding of a complicated professional department and its component institutions and services. A mental health system organized in this fashion cannot long maintain the confidence of its chief, the professionals within the state, or, for that matter, the professionals outside the state."

"Correction of the various deficiencies we have outlined may be simple in theory but will undoubtedly be difficult to execute. We recognize that all systems have entrenched interests, traditional practices, established relationships, and long-time emotional commitments that tend to maintain the status quo. However, from our experience with this study of New Jersey mental health needs and resources, we believe that the time is ripe for a concerted effort by legislators, professionals, and citizens that can and will bring about the much-needed reforms."

And the New Jersey Association for Mental Health would like to, once more, reaffirm its position, a position that we have held for many, many years that the only possible solution for New Jersey is a separate department of mental health with a commissioner appointed by and accountable to the Governor of New Jersey. And we thank you, Senator, for the opportunity.

SENATOR HAGEDORN: Well, we certainly appreciate your interest and your comments and recommendations.

Does anyone have any questions for Mrs. Ashin?

MRS. ISELIN: Mrs. Ashlin, I would like to ask you - your statement does not seem to relate to this bill because this bill has nothing in it about a separate department of

mental health.

SENATOR HAGEDORN: Pardon me. May we have your name, please, for the record?

MRS. ISELIN: Betty B. Iselin. I am a member of the State Board of Control.

MRS. ASHIN: It relates to the bill, Mrs. Iselin, in the fact that until the Board of Controls is abolished the opportunity of restructuring the Department of Institutions and Agencies is also an impossibility, in that sense. We feel that by supporting Senator Hagedorn's bill we are providing the first steps toward upgrading and improving the entire system in New Jersey. I stress the mental health area because this is our prime concern. But we do support the abolition of the Board of Control as the first step toward this change.

SENATOR HAGEDORN: Any further questions?

Your name, please, for the record?

MRS. BALLANTINE: Lucia Ballantine, a member of the Board of Managers, Training School for Boys.

Is the New Jersey Mental Health Association Board all professionals?

MRS. ASHIN: No, we're lay people, with a professional advisory committee.

MRS. BALLANTINE: I just thought I would check.

MRS. ASHIN: For those who are not familiar with the Association, for your sake and the sake of others, I will give you some idea how we are formed. We are a board of lay people, while we do have on our boards professional people but not in that capacity. We do have a professional advisory committee that is made up of psychiatrists, psychologists, lawyers and other professional people who advise and counsel us. We don't move into any areas where we have neither training nor expertise.

SENATOR HAGEDORN: Thank you.

Any further questions?

MRS. ASHIN: I would just like to add something,

if I may, Senator.

The comment was made that a citizens group will not or cannot function if it does not have power or authority. And I think that the very fact that there are so many citizens and voluntary groups functioning, not only in the State of New Jersey but throughout the country, belies that particular statement. And, call it what you will, there is power as you make it. And just being in the position of advising isn't in itself powerful.

SENATOR HAGEDORN: Well, I would like to re-emphasize that statement myself. There seems to be some concern about citizen influence with respect to a change in the Board of Control. I am really not disturbed about that at all because, from my little work in mental health, it has been so obvious to me that there are so many people concerned and public pressure and public opinions certainly will generate the right type of program, particularly if we do have a commissioner in charge with complete authority, I am sure that our citizens are that intelligent and that interested that there they are certainly going to manifest a great interest and see that mental health and every phase of our institutional work will get the proper emphasis and the proper consideration.

MRS. ASHIN: Thank you. I think it's important, just for the record, to point out that this is not a discussion of personalities of who is or is not the commissioner or who is or is not on the Board of Control, or whatever. We're discussing the principle at this point and not the principal.

I just wanted to say that.

SENATOR HAGEDORN: That statement is timely and certainly that is our intent. We only have one motivation and that is to provide the best care and service for people, particularly the disadvantaged.

MRS. ASHIN: Thank you.

SENATOR HAGEDORN: At this time I would like to call on another very distinguished gentleman who has certainly manifested a great interest in the work of our Institutions and Agencies, particularly in mental health, Mr. Archibald Alexander.

A R C H I B A L D S. A L E X A N D E R: Senator, My name is Archibald S. Alexander and I live in Bernardsville. I thank you for the chance to testify in connection with Senate Bill 2260, introduced on 29 April 1971, with an impressive list of sponsors including members of this Committee.

This bill would amend R.S. 20 and make substantial changes in the organization of the Department of Institutions and Agencies. That Department, as you know, is the State's arm in the fields of welfare, correction, mental health, mental retardation and the physically handicapped. I consider this legislation to be as important and far-reaching as could come before the Legislature. I hope there will be ample opportunity for you to consider and receive testimony from concerned members of the public and from experts, before you change Title 30. It may well be that before changes of the magnitude proposed by S-2260 are adopted, there should be a careful study by a group similar to those which made the Morrow and Earle Reports of 1918 and the 1959 study.

I have been interested in the Department, and the matters with which it deals, for many years. Members of my family have served on various boards in the Department, and I have been a member of the Annandale Board. I also was chairman of the commission appointed in 1958 to study the Department. The commission reported in August 1959 to Governor Meyner under the title of "The State's Organization for Social Welfare in New Jersey." I should like to submit a copy for the record; and additional copies are available. My fellow members on that commission were distinguished citizens of the State, with considerable knowledge of the problems involved, in New Jersey and in other jurisdictions.

The situation is of course not the same as it was in 1958 or 1959. I suspect that in some respects it is worse and in some respects better. In any case the magnitude and complexity of the problems have greatly increased. Thus it is most appropriate to have another close look at the Department and its organization.

However, I do not agree with many of the changes that would be produced by Senate 2260. I shall not try to comment on this bill section by section, but will address myself to three chief subjects, aspects of which appear in different parts of the bill. These three subjects are:

1. The appointment of the Commissioner, the division heads and the superintendents.
2. The policy-making and other powers of the State Board as presently existing.
3. The powers of the local boards.

1. The appointment of the Commissioner.

I do not believe that it would be an improvement if the Commissioner were to be appointed, after consultation with the State Board, by the Governor with the advice and consent of the Senate. Anything I say in this connection should not be regarded as in any way in derogation of the present Governor or any of his predecessors, or of the Senate.

I believe that the present method of appointment and removal of the Commissioner is superior. The work of this Department should have a continuity which should not be interrupted by the likelihood that there will be a new Commissioner, either every four years or every eight years. It seems to me preferable to choose the best available person in the country, and to have him serve until he or the State Board and the Governor wish his term to end. The method in effect in many of the other states has produced results which compare unfavorably to the New Jersey experience.

In addition to the risk of future political pressures on what should be essentially a professional administrator, the proposal to have the Commissioner's term co-terminous with that of the Governor is likely to make it more difficult for the Department to make and carry out long-term plans with reasonable continuity.

It seems to me no coincidence that in many areas within the Department New Jersey has introduced innovations and shown the way to the rest of the nation -- Highfields, for example, or Clinton or

the Diagnostic Center. The relative freedom from scandal, by comparison to certain other states, is also no coincidence. I think the reason for the good record of New Jersey, on the whole, may be attributed to a considerable degree to the active participation of citizens on boards, with substantive powers.

I think also that the division heads should continue to be appointed as at present, by the Commissioner with the approval of the State Board. Here again, the expertise of members of the State Board in various fields, such as medicine, business, etc. adds a valuable factor of judgment to the judgment of the Commissioner.

I feel the same way with regard to the appointment of the heads of the local institutions, and for similar reasons. Although there may have been occasions when a superintendent used the local board to the disadvantage of the institution, I think there are many more occasions when the support of the local board has enabled the superintendent to achieve better results than could have occurred if the local board were to be advisory only.

2. Policy-making by State Board.

At the present time the power to make general policy for the Department, subject of course to legislation and to the not inconsiderable power of the Governor -- and I am thinking particularly of the matter of finances -- lies with the State Board of Control. The proposed legislation gives virtually all this power to the Commissioner. He will of course remain subject to the overwhelming final power of the Legislature and the Governor. But here again there will be a loss of the kind of sympathetic expertise and broad viewpoint brought to the Department by the existence of a State Board having real powers. I do not believe that the provisions of the proposed legislation giving the State Board (by revised 30:4-4) power to "develop and maintain a comprehensive master plan which shall be long-range in nature", or the power to "exercise visitorial supervision" over the institutions, which comes down to the right to visit and to "advise the Commissioner", are substantial, particularly so when one considers 30:1-15.2, which substitutes the Commissioner for the State Board insofar as the right to examine "the premises, books, records and accounts of any facility or organization to which payments are made from the Treasury."

I do not believe that it will be possible to persuade citizens of the highest calibre to serve on the Board of Control when it has become in large measure advisory, having lost the power to appoint or dismiss the Commissioner, jointly with the Governor, the power to participate in other appointments and the policy-making power. I think that would be a serious loss to the State.

I do not think the terms of office of the members of the State Board should be shortened from the present eight years to the four years proposed in the revised 30:4-4. It takes some time to become familiar with the work of the Department, and the assurance of a term of some length permits a Board member greater independence than does a shorter term.

3. Local boards.

The title under the present law, "Board of Managers", is a misnomer. The term proposed by S. 2260, "Board of Trustees", is much more appropriate. The duties of these boards should be redefined, to make it clear that they are not to administer or operate, but that they determine policy, subject to the higher powers of the State Board, the Governor and the Legislature.

Part of the merit of the New Jersey system is that, in a department with such a wide variety of institutions, and of clients who are not institutionalized, "local boards" with particular expertise in the specialized work have provided a means of bringing up to the State Board localized problems as they appear to interested and public-spirited citizens. These citizens also provide contact and information to and from nearby communities and the general public. No matter how able a person, the Governor cannot familiarize himself in detail with the work of the individual institutions and programs. In these circumstances, the presence of lay boards of citizens, with substantive legal powers, provides watchful, sympathetic and responsible interest on behalf of these unfortunate citizens. It is a human tendency for professional staffs to become bureaucratic, and less sensitive to the problems of the wards of the State than an interested member of the public.

This is not to say that all boards have functioned equally well, or that there have not been tragic and difficult conditions in areas of the Department's responsibility. One may, however, believe that these conditions might have been worse had there not been strongly involved citizens making the case for improvement within the Department, to the Commissioner and the State Board, and to the Governor, the Legislature and the public.

There certainly are forms of human endeavor, such as the military, in which there should be only a direct chain of command. There are others, however, such as the business corporation and the university, in which we have developed in the United States a flexible system of management of enterprises under which the executive carries out agreed policies, and of course makes recommendations thereon. At the same time the Board of Directors or Trustees is responsible both for the appointment of the executive and the adoption of policy. In my judgment, the experience in New Jersey has shown that the latter system is preferable. Under either system there will continue to be unsatisfactory conditions, generally caused by lack of funds and sometimes by human failings, but my own examination of the New Jersey system and what I have read about occurrences in other states lead me to believe that the kind of drastic change proposed by S. 2260 would be a mistake.

I can understand the feeling of the Governor's Committee on Economy and Efficiency in Government, but I do not believe that that committee gave sufficient consideration to the human aspects of the Department's needs. This Department of the State Government has as its clients the unfortunate citizens who are confined, either in correctional institutions, mental hospitals or homes for the retarded, and the blind, the deaf and the impoverished who constitute the part of our citizens who are least able to make their own case. I therefore urge that concerned citizens continue to be given important responsibilities as members of boards.

This would seem particularly advisable at a time when our society generally is seeking to increase the involvement of the citizen in the actual working of government. We have such a participation by citizens at present, in educational matters, agriculture and in the Department of Institutions and Agencies. We should not now diminish that citizen participation.

Senator, may I add one other brief matter, please. Because I think this is such a very far-reaching piece of legislation, I hope that there will be some further opportunity for other people to express their views. I know you have had some very interesting views expressed here today already but my impression is that there are differing viewpoints that we have not heard yet, both within the Department and outside, and I think that though there has been some newspaper notice of these hearings, I don't think that the notice that has gone out within the Department, as Mrs. Ballantine, I think, testified this morning, has really been sufficient. So that I hope you will permit some further testimony or statements to be made to you.

Thank you, sir.

SENATOR HAGEDORN: Thank you, Mr. Alexander.

Are there any further questions?

We appreciate very much your continued interest in this problem.

At this time I would like to invite Mrs. Baird, a member of the Board of Control, to testify.

M R S. S T E V E N B A I R D: Senator, I would like to start by thanking you very much for adding me to your already crowded agenda today. I appreciate the chance to talk.

My name is Mary S. Baird, residing on Mendham Road, Bernardsville, New Jersey. I have been a member of the State Board of Control since 1957 and also a member and later President of the Board of Managers of the Reformatory for Women at Clinton, New Jersey from 1942 to 1957.

If other credentials would be of any use to you, I am a member of the New York Correctional Association Executive Committee. I served as a member at the invitation of Mayor John Lindsay on his Task Force for Correction. I am a member of the Board of the Osborne Association and a member of the American Correctional Association which holds meetings once a year in different sections of the

United States. I also served, in the late 1950's as American Delegate to the Penal and Penitentiary Congress at the Hague in Holland.

I would like to submit this statement for your hearing on Thursday, May 27, 1971, regarding Senate Bill 2260, and in opposition to its passage.

1. The bill states that the Governor, after consulting with the State Board, appoints the Commissioner with the consent of the Senate. He is to serve at the Governor's pleasure during the latter's term.

Under present legislation the Commissioner is selected by a diversified Board, has reasonable tenure if doing a good job and may carry out long-range imaginative programs such as Highfields, Diagnostic Center, etc., and is not subject to political changes. The present arrangement is preferable, in my view.

2. The Board of Control, not the Commissioner, should have its present powers and duties, including the determination of policy. The "right of visitation" hardly does this.

The term of Board members should, in my opinion, be eight rather than four years. This ensures sufficient tenure and independence, so that policies may be carried out with some continuity. Thus a Governor would not during one term be able completely to replace the membership of the Board.

3. Senate Bill 2260 will eliminate citizen powers regarding policy and relegate Board members to the role of advisors. The terms "review, advise, recommend" in the proposed legislation emasculate citizen power. There will be negligible authority left and it will therefore be difficult or impossible to induce citizens of the necessary calibre to serve on boards as they do at present.

4. To substitute a basically new law, without intensive study and evaluation of the fundamental principles now existing under Title 30, would be a grave mistake.

I should like to make two further points.

The unique and distinctly stabilizing influence of the existence of the citizen boards of managers and control has had on New Jersey institutions an impact that has attracted international interest. Individuals from such countries as Japan, Belgium, Italy and the United Kingdom on field trips to the United States have expressed intense interest in the stability afforded the treatment and handling of persons in need of institutionalization in New Jersey brought about by the citizen board system, and have returned to their own countries greatly impressed by the vast network of established citizen boards in New Jersey.

Mr. Paul Cornil, former Secretary for Justice in Belgium and a frequent visitor to the United States, and to New Jersey in particular, often remarked that he had attributed many of New Jersey's innovative programs to the ability of the Department of Institutions and Agencies through its citizen boards to carry over, from one political administration to another, programs of merit while dropping programs with greater publicity appeal but of no real value.

Mr. Minoru Shikita, former Officer in Charge of Social Defense Section of the United Nations, pointed out in 1970 that although his country, Japan, had 50,000 volunteers working in the field of correction, much more could be accomplished if strong and authentic citizen boards could be developed in Japan similar to those in New Jersey.

The Social Defense Section of the United Nations felt so strongly about the greater involvement of citizens in the administration of criminal justice that it devoted one-quarter of the entire agenda of its 4th Quinquennial Congress on the Prevention of Crime and Treatment of Offenders, held in Kyoto, Japan, August 1970, to this very topic.

At the same time, New Jersey, through Senate Bill 2260 would diminish citizen participation, while other

countries in the world are strenuously seeking to increase citizen involvement.

A sound principle has been demonstrated by the long history of political interference with state correctional systems and institutions, and is now widely accepted in America, although many institutions and services have not yet been able to win freedom from political domination.

That principle is that the best way to insure continuity of policy and administration, unbroken by changes in Governors, is to have a board of citizens appointed by the Governor for staggered terms with policy-making powers and a Commissioner or Director appointed for an indefinite term by the board. The Commissioner should appoint subordinate personnel, with the approval of the Board, and participate with the Board in policy-making.

The need of such an administrative structure is doubly apparent when, as in New Jersey, corrections are combined with welfare and mental health in a highly complex, multi-service State Department of Institutions and Agencies.

For these reasons, I strongly urge that Senate Bill 2260 not be passed.

May I add, Senator, that in all fairness some members of the Board of Control, on which I serve, do not agree with my views.

Thank you.

SENATOR HAGEDORN: Thank you very much for your statement and your interest and contributions to New Jersey.

Are there any questions for Mrs. Baird?

Thank you.

I will now call upon Mrs. Philip Iselin, another member of the Board of Control.

M R S. P H I L I P H. I S E L I N: Senator Hagedorn, thank you for giving me this opportunity. My name is Betty B. Iselin and I have been a member of the State Board of Control since August 1961. I consider my appointment to

this Board a great honor, and a great responsibility. I have tried to the best of my abilities to fulfill my obligations. I have visited every institution in the State, attended their board meetings, and have missed very few meetings of the Board of Control. And Dr. Nanno notwithstanding, I visited Marlboro many times and I've taken a special interest in the children's unit there and I was very concerned about the delay in its opening. We had trouble getting some of the security screens and it took a long time to get it open.

I'm sure we all know what is done to help the unfortunates must be done in a large measure through government and by professionals; but for the past fifty years New Jersey has believed that these tasks are done best when citizens actually participate with authority under the law. New Jersey's care of its people will always continue to require active citizen participation. Professional administration will function best when it is supplemented and supported by laymen. It's interesting and I would like to read from the March 18, 1971 minutes of the Board of Managers of the Trenton Psychiatric Hospital, especially after the excellent testimony of Mr. Levy and Dr. Mecray.

"Mr. Levy informed the Board that he received a survey of conditions in this hospital as of about one year ago. He conferred with Mr. van de Velde and they concluded that while the task might be overwhelming to the staff, particularly in light of present conditions and developments, the Board would be remiss if it did not require a detailed and adequate report by the staff in regard to the numerous items raised in the report. The Board was informed that each section chief is presently reviewing his area as it relates to the report.

Mr. Levy requested that copies of this survey be sent to all members of the Board and that the staff prepare and submit to every member of the Board their answers to the report. Dr. Weinberg noted he has gone over the survey in

detail and will also present to each Board member a report of his own. Mr. van de Velde included in his comments the fact that we should emphasize in these reports that there is understanding of the criticisms in the survey, awareness of the deficiencies that exist, and that attempts will be made to correct them. This report is to be presented to the Board at the May meeting.

It was the feeling of this Board for some time that the continuing vacancies on the Board of Managers have made it difficult to continue the operation of the hospital as we have known it and from time to time have urged appointments or reappointments to fill all vacancies. We note with a high degree of pleasure the reappointment of Dr. Mecray and the appointment of Mrs. Missimer. However, we urge that the remaining two vacancies be filled without delay, which we believe to be in the best interests of the hospital. In addition, we respectfully urge the reappointment of Mrs. Schick who has served with a high degree of devotion and ability and has contributed in the work of the Board."

The enactment of S-2260 will end citizen leadership and community participation. It will hamper the continuity of programs and professional competency because the department will no longer be free from partisan changes. It will take away the department's protection from political and other improper interferences. It will reduce public confidence developed all these years through the knowledge that independent citizens leaders have been supervising the programs conducted by professionals.

Thank you.

SENATOR HAGEDORN: We thank you very much, Mrs. Iselin.

Are there any questions for Mrs. Iselin?

Is Mr. Austin MacCormick in the room? (No response)

Mr. Merrill, who is connected with the New Jersey Neuropsychiatric Institute. I would like to ask him to testify at this time.

M R. E. I. M E R R I L L: Thank you, Senator, for the privilege of testifying. I have not had the opportunity to read S-2260. I am, however, here at the suggestion of our Board President, Mrs. Marie Gemeroy, who could not attend this hearing.

Although not prepared to discuss S-2260, I believe it incumbent upon me as a citizen Board Member to support or possibly refute some of the discussion heard this morning.

What I have to say are my own views but I am confident that these views are supported by a majority of the Neuropsychiatric Board of Managers.

The NJNPI Board is in a state of alarm. Control of this institution has, in effect, been removed from our hands by increasingly restrictive budget action over the past four years to the point where (a) the Institute is the only State Hospital not accredited; minimum standards for patient care are not being provided; (b) nursing personnel are so few that the administering of drugs to patients is performed by unqualified attendant personnel in violation of State law; lack of male attendants to restrain psychotic patients jeopardizes the safety of other patients when psychotic incidents occur; (c) shortage of food handling and attendant personnel creates hazardous situations on night shifts and dehumanizing conditions for the patients, such as delivery of unheated food; insufficient personnel is available at night to evacuate patients in case of fire; (d) morale of personnel has deteriorated seriously.

These and other conditions too numerous to detail here compel me to report to you our inability to direct the operation of this Institute in a "scientific, economical and humane manner" as we are supposed to do.

Our Medical Director, in his monthly reports, has become increasingly pessimistic. Much of what he has reported is confirmed in Institutions and Agencies's report survey, NJNPI, dated May 1970 and received April 21, 1971. My assignment to study this report resulted in a special

meeting of the Board on May 4, 1971, which, in turn, has resulted in a memorandum entitled Conditions at the New Jersey Neuropsychiatric Institute prepared by the Board of Managers. I will read this memorandum:

MAY 1971

CONDITIONS AT THE NEW JERSEY NEUROPSYCHIATRIC INSTITUTE

PREPARED BY THE BOARD OF MANAGERS

1950 1. SNAKE PIT

In the early 1950's, Dr. Guertin, Superintendent of the "SKILLMAN VILLAGE FOR EPILEPTICS" in despair publicly characterized his institution as a SNAKE PIT.

1953 2. N. J. N. P. I. CREATED

The effect of Dr. Guertin's action was the creation of the "New Jersey Neuropsychiatric Institute" in 1953 using the grounds and facilities of the "SKILLMAN VILLAGE FOR EPILEPTICS." The Institute was authorized by Public Law 30:4-177.12 thru 177.19 to become a productive research tool for seeking out the causes and cure of dysfunctions of the brain. This legislation is possibly the noblest legislative act in New Jersey History in its consideration of the needs of man to overcome the most baffling of his illnesses.

1954-

1963 3. N. J. N. P. I. IN SERVICE

The changed program and infusion of new personnel resulting from the creation of N. J. N. P. I. greatly improved the morale of patients and personnel. The forward momentum continued with the approval by referendum in 1963 of a Bond Issue including six million dollars for the construction of a Neuropsychiatric Institute which would carry out the charge of Public Law 30:4-177.12 thru 177.19. The Board of Managers was justifiably proud of this culmination of the planning of Institute and Central Office personnel and Board members.

1967 4. NEW INSTITUTE FACILITY TRANSFERRED

Completion of the design and a ~~full~~ scale model of the New Institute created added inspiration for those who could now better visualize the purpose of the Institute. The passage of S-253 in 1967 transferred the facility from N. J. N. P. I. to Rutgers University. From this point on morale at the Institute declined.

1969 5. BUREAU OF RESEARCH

The first director of research - Dr. Nolan Lewis - was retained in 1955 by the Board of Managers. However, budgetary consideration kept the Director of Research at N. J. P. I. P. under Board of Control jurisdiction. The Bureau of Research came into being and was located at N. J. N. P. I. but jurisdiction was retained by the Board of Control. In 1969 after 14 years of delay - the Board of Control transferred the Bureau of Research to N. J. N. P. I. A faint glimmer of hope revived at the Institute - Research was finally a part of its destined responsibility.

1971 6. BUREAU OF RESEARCH - TRANSFER NO. 2

The Board of Control has established a committee to effect the orderly transfer of Bureau of Research activity to Rutgers Medical College at New Brunswick and Newark campuses. Morale of Bureau of Research personnel which had brightened in 1969 flickered out again. Completion of this move will finally reduce N. J. N. P. I. research into the causes and cure of brain dysfunction to an extremely low level.

1971 7. "SURVEY - NEW JERSEY NEUROPSYCHIATRIC INSTITUTE"

This report documents many of the ills referred to above. It has many recommendations for improvement. The major recommendations 1, 2 and 3 are quoted below:

General - In view of the years of struggle to convert this institution into a modern and genuine neuropsychiatric institute, and especially in view of the numerous reports, evaluations, memoranda, investigations, recommendations, made by representatives of both the institution and by Central Office, it is suggested that a new effort be made to remove the roadblocks to accreditation and further developments. These roadblocks mentioned above are:

1. Overcrowding - Every effort should be made to accomodate certain patients in other institutions, thus freeing the N. P. I. for intensification of its clinical specialties and research.

2. Personnel - While all institutions present similar problems as to personnel, special effort should be made to secure a baseline of personnel differentiation compatible with N. P. I.'s objectives as a specialty and research institution. A review of the Frederiksen and Butler reports should aid in this orientation.

3. Earliest possible remediation should be achieved in reference to basic capital improvements and repair.

COMMENT ON RECOMMENDATIONS:

1. The first recommendation proposes that excess patients be transferred to other State Hospitals so that the Institute can function as intended by carrying out its clinical and research functions.

This is not a surprising recommendation. It has been the keystone of Institute planning since 1954, when the first step of the new administration was the medical and psychiatric classification of all patients to permit logical transfer to other institutions. Board of Control reaction has been sympathetic but over the years the large chronic population has remained because of Board of Control inaction.

2. If the chronic patients can be moved and personnel made available for ongoing clinical and research programs - one more action is required for carrying out recommendation No. 2; namely, retain the Bureau of Research at the N. J. N. P. I. campus with proper funding. New Jersey lags far behind neighboring states in Mental Health research. There is enough backlog in this area for several research institutes. The Board of Managers strongly endorse the Survey recommendation that the Institute be given a chance to operate as intended by the founding legislation and further recommend that the present research program be continued and augmented to a degree more appropriate to the 7th ranking state in the nation in per capita personal income.

The Board of Control, upon receipt of the survey report I have just mentioned, invited the Board of Managers, by letter of May 3, to meet with them to discuss the report at its May 26th meeting, which was yesterday. The concensus of the Board of Control, as summed up by Mr. Wescott, was to ask Commissioner McCorkle to update the 1970 survey and report back to the Board of Control. Mr. Wescott was also not optimistic about obtaining added budget funds.

On the subject of boards, which has come up for discussion today, I would like to call attention, as has already been done, to the fact that, prior to the establishment of the present legislation under which we operate, patronage was a very bad thing in New Jersey. There was much scandal and the career possibilities for professional and other employees was extremely minimal.

Now, from what I have heard today, it seems that

it's very easy to condemn a system. Sometimes it's harder to look at how an existing system can be improved. But, with careful analysis, it seems to me that a system that has worked so well over fifty years may be improved by proper analysis of what's wrong.

There is another feeling that I have had for several years, and it has been expressed here today, and that is the nomenclature of the Board of Managers implies to most people that the Board will act as managers, whereas in actuality the professional director of the Institution is supposed to run the institution on a technically correct basis, subject to the overall human and logical consideration of the lay board.

It has been adequately brought out today by Mr. Alexander that lay boards can be counted on to come up with good, common-sense recommendations. I might add that the APA Report, which has been quoted today, recommends a very strong professional setup. I see no reason why an equally strong professional setup could not be had still under overall guidance and wisdom of a cross-section of New Jersey citizens.

One of the points which I think should bear attention in any scrutiny of the existing system is the relation between boards. I believe this needs a more careful spelling-out. I would suggest some such language as the following, which would govern the relationship between boards:

Any proposal which would significantly change the objectives, direction, manner of operation, or other characteristics of an institution shall be initially approved or disapproved by the local Board of Managers. Such action will be final unless countermanded or modified by the State Board of Control within six months. Should the Board of Control at a later time desire a change in the Board of Manager's action, the subject shall be introduced to the Board of Managers by the Board of Control

or its representative as a new matter, thereby requiring initial approval or disapproval by the Board of Managers.

Should the Board of Manager's action not be in agreement with the Board of Control intent, the Board of Control may exercise its higher power and countermand or modify the Board of Manager action within six months.

The six months time element is not used herein as a limitation on the Board of Control, since the Board of Control has power to make a final determination in any Institutions and Agencies' matter; rather, it is used to define subject matter for Board of Manager action.

In effect, it classifies all business coming before the Board of Managers as new business which should receive initial action from the Board of Managers, except action subject to change by the Board of Control within six months.

This self-imposed control will prevent the State Board of Control from initiating any action which would significantly alter the operation at an institution. It recognizes that any such change in an institution operation is primarily a subject for local Board of Manager action. Should the Board of Manager action not be in agreement with the Board of Control thinking, the Board of Control has the power to make a final determination, but this determination will follow Board of Manager action, thereby giving the proposal the benefit of consideration by both boards before final action takes place.

My thinking, in making that suggestion, is that the legislation under which we operate sets up two boards, each with broad responsibilities. If there had been no intention to have a separate board with responsibilities, then, presumably, legislation would have been carried out by the Board of Control only. But the fact that a local board was established, with certain legal powers, has always been, to my mind, an authority that the local board had which should be exercised.

I have one more point which relates to the present system. Again, I would point out that I think the present system can be made to work. But one that has hamstrung both the Board of Managers at the Neuropsychiatric Institute and, apparently, the Board of Control, has been the budget process. We ask for adequate funds, the budget goes to Trenton, the Board of Control, and they frequently support our requests, more often than not, but then the axe takes place in the Budget Bureau and we wind up without what we ask for to carry out intelligent programs for mental health care. In effect, the budget process has left us with the responsibility for running institutions but not the authority to make them go.

Thank you.

SENATOR HAGEDORN: Mr. Merrill, early in your presentation you recognized that the Board of Managers was in a state of alarm with respect to certain conditions at the New Jersey Neuropsychiatric Institute, and you outlined some of the conditions with respect to personnel and budget matters. To what do you attribute these conditions?

MR. MERRILL: Primarily to lack of funds. There has been a problem for several years in hiring personnel, particularly attendant and food worker personnel, due to low wage scales, especially during the recent period of prosperity. This situation hasn't eased. The lack of personnel means that more work falls on those that have remained; morale is poor. These conditions I report but they are also documented in the survey, a copy of which I will leave with the Stenographer.

SENATOR HAGEDORN: Another item that you mentioned was a report that was made available on May 19, 1970?

MR. MERRILL: This is the report I refer to.

SENATOR HAGEDORN: And apparently it has only gotten the attention of the Board of Control on May 26, 1971? Would you agree with that?

MR. MERRILL: Yes. We received it on April 26th.

SENATOR HAGEDORN: Which means that probably a year has gone by without any attention given to this by our present structure. Is that true?

MR. MERRILL: I am not absolutely sure of it. The Report is dated May, 1970, and it may be that the survey was carried out in May of 1970 but the writing took some more time. I could not tell you about that.

SENATOR HAGEDORN: Well, it is conceivable then that the process under our present structure moves at a very slow pace. Would you agree?

MR. MERRILL: Yes. With this, I agree.

SENATOR HAGEDORN: Would you also agree that possibly a restructuring and a streamlining of this organization could focus more attention on the financial needs of each institution?

MR. MERRILL: Yes. I haven't thought this out but it might even be that the budget process should be revised so that the local Board is responsible for the budget going directly to the Budget Bureau.

MRS. ISELIN: May I ask a question?

SENATOR HAGEDORN: Yes.

MRS. ISELIN: Mr. Merrill, remember at our meeting yesterday Dr. Mendelson stated that he had asked the Bureau of Budgets for \$200,000 to equalize the amount of money that the attendants would get and that they got \$20,800.

MR. MERRILL: Right.

MRS. ISELIN: And this was done for the last three years. I mean, it had been in the budget. You were asked if they definitely needed this amount of money and only \$20,800 was granted.

I think so many of our problems stem from the fact that we just can't get the money, it just isn't there. I think that is one of the main reasons for many of these problems.

SENATOR HAGEDORN: Well, of course, I would like to disagree with that to some degree. I feel in other areas money is being made available, in transportation, in

education and welfare, and it is my hope that through restructuring of this organization we can focus attention upon the Budget Bureau and upon the Legislature so that we do provide the funds.

I recognize that most of the testimony Mr. Merrill gave was with respect to the Institution and not with S-2260, except that I think he does focus attention upon one problem that I think is very evident and that is that we don't have a streamlined command that would bring about decisions. I think one fact about the report that it took a year before it got any consideration is a very good piece of evidence of the need to move ahead with decisions.

MRS. ISELIN: Mr. Merrill, when did you get this report?

MR. MERRILL: At our last meeting which was April 26th, 1971.

MRS. ISELIN: We didn't receive the report before that either.

MR. MERRILL: In other words, I can't say what happened to it in that time but when you did receive it Mr. Wescott promptly asked for a meeting with our Board on May 3d, which I thought was fairly quick action there, and we came to their next meeting which was yesterday.

SENATOR HAGEDORN: Are there any further questions?

MR. ALEXANDER: Mr. Merrill, do you think it's possible that the inadequate response to your budgetary request at NPI may be due to the overall inadequacies of funds that the State has, in that they are insufficient, rather than to some structural peculiarity?

MR. MERRILL: Mr. Alexander, I am sure that the shortage of funds is always with us, it has been for years, but when we ask for funds to carry out certain recommended programs by technical people for proper care of the patients, this is as far as we can go. I feel again that the real crux of our problem with the present system is allocation of funds. Maybe the public needs to know more about this

than they do.

MR. WESCOTT: Mr. Merrill, is it not true, for instance, in the area of State money spent on mental health, New Jersey ranks fairly high among the fifty states and, for instance, in the area of higher education we're probably 48th or 49th, in the area of medical education we're probably 50th. Does that not signify that the Department has gotten even for these programs considerable support from the legislative body?

MR. MERRILL: My recollection of the last APA Report is that New Jersey is seventh in income but in spending for mental health purposes it's quite well down the line. I forget the figure, but it's in the order of 20 or 25, in that vicinity. It's quite high.

SENATOR HAGEDORN: Are there any further questions for Mr. Merrill?

We thank you very much for your contribution and your interest.

Are there any other persons who would wish to testify or make comments at this time?

May we have your name and would you use the microphone, please.

M R S. H E N R Y E. M A H N C K E: My name is Mildred Mahncke. I live here in Trenton, New Jersey and I am here to speak as an individual citizen, not as a representative of any one of the Boards or Agencies on which I serve as a member. I think, however, it might be well, for the purpose of this meeting, to state those positions in which I now act.

I am a member of the Board of the New Jersey Welfare Council, where I was President until two years ago, for a term of office, and I have been a member of its Legislative Committee for several years.

I am a member of the New Jersey Association for Mental Health, statewide Board. I am Chairman of the Mercer County Mental Health Board. I am a member of the

Research and Development Fund Board of the Bureau of Research in Neurology and Psychiatry, which is located at the Neuropsychiatric Institute. I have been, until a year ago, a member of the Advisory Council for the Graduate School of Social Work at Rutgers, and I am presently a member of the Medical Assistance Advisory Council of the Department of Institutions and Agencies, Division of Medical Assistance and Health Services - that is the program which is responsible for Medicaid.

I have been, for more than twenty years, a volunteer, a volunteer who regards herself as a professional volunteer. I began in another state, moved to New Jersey fifteen years ago, and continued my interest and activities there.

In these various capacities, I have had an opportunity to contrast activity in various fields, as well as in the two states. I have seen how citizen boards behave and what their level of effectiveness is when they are given the responsibility for the supervision of a program, authority for programmatic management, and I have seen also how they behave and how effective they are and are not when they function in the capacity of an advisory board only.

I have also attended, over the years, - and I think, in light of a good deal of what has been said previously, this might be significant -- I have attended hearings on budgets from the level of the smallest division within departments up through the level of the State Treasurer's Office.

Again, however, I would say to you that I speak here as an individual and not as a specific representative of any one of the agencies with which I am associated.

Now, it is my understanding, on reading this bill, S-2260, which is for discussion today, that it has two purposes in mind. One of those is the obvious purpose of restructuring the Department of Institutions and Agencies. This it would attempt to accomplish through the direct appointment of the Commissioner of I&A by the Governor, and

a concomitant reduction of the powers of the State Board of Control and the Boards of Managers from their present situation, the present obligations that are laid on them, - a reduction to that of an advisory capacity. And that, secondly, this bill apparently aims at something which is nowhere stated in the bill but which has been referred to so consistently by those who testified today, and without any question of it I presume I must accept that this is its intent, - that is, it's second objective is apparently in the long-term there would be established a separate New Jersey Department of Mental Health which will grow out, in some way not defined here, from the present proposed S-2260 bill. I am not sure how that would eventuate but it seems to be taken as for granted.

It seems to me that S-2260 is essentially the substitution of a structural change for a true increase in the effectiveness of a program which is, throughout the Department of Institutions and Agencies, by the statute required to be concerned with the care of those persons who cannot entirely care for themselves in the face of our current economic and social situation, and that such a structural change would substitute shadow for substance, would allow the State of New Jersey to believe that a mere administrative structural change would make a change in the care of persons who are silent, who cannot speak for themselves, and who are the responsibility of the Department of Institutions and Agencies.

It is stated by this bill that the Commissioner would be appointed by the Governor and that the State Board of Control would be changed to the State something or other, essentially an advisory board. The bill as proposed, however, neglects to lay on the Commissioner a requirement which is laid under the present statute, a requirement which I consider a most important one. The present Title 30 requires also that the Board act "to the end that they, the Institutions and Agencies of the State, shall be humanely,

scientifically, efficiently and economically operated." The Commissioner has not this responsibility laid on him under the proposed act. And while it might be argued that this is implicit in all of the law, I believe that an open statement of it is necessary to his activity. I suggest to you an examination of the situation in other states contiguous to New Jersey and comparable with it.

There have been many references today to the report of the American Psychiatric Association.- I have read it - and to other reports, most of which I have read. But I would draw your attention to some rather salient characteristics of the programs in some of the other states.

In Massachusetts, which was referred to in laudatory terms by the APA Report, it was possible to produce a movie which is called The Titticut Follies, which many of us have seen. This was not only produced in Massachusetts, it was filmed in Massachusetts at one of the institutions there. It would not be possible to produce such a movie in any of New Jersey's institutions. Massachusetts has a Commissioner appointed by the Governor.

I notice further that in the New York Times there are recurrent reports of the level of suicides in New York's correctional facilities. The Commissioner of Corrections in New York State is appointed by the Governor. The level of suicides in the New York correctional facilities, while it may be in part due to other factors, is also in part a responsibility of the Commissioner who is given the authority to supervise the program. We do not have that level of suicides in New Jersey.

This is one index, it seems to me, to the effectiveness of New Jersey's institutions, in that field.

I would mention to you also that in New Jersey, where we do not have a Governor-appointed Commissioner, the Federal Department of Health Education and Welfare has made, as a response to the New Jersey Medicaid Program, a statement that it is one of the outstanding ones in the

Country, and that no criticism of that program has been leveled by HEW.

In other departments in New Jersey, the Commissioner is appointed by the Governor and my acquaintance with them, insofar as they are departments which are concerned with human lives, is that they tend to take a strictly constructionist view of the law; they give a limited implementation to it; and their actions are restricted as to the humane perception of human beings as humans with human needs.

I believe, and I have seen a great deal of evidence for this in my rather vigorous life as a volunteer, that these good situations which we find in New Jersey are extensively resultant on the active involvement of citizens in citizen boards. To reduce the responsibility of citizen boards to involvement only as an advisory capacity would be to lose much of what is good. Let us look a little at what is needed here in New Jersey.

First of all, it has been stated over and over again that the wealth that New Jersey possesses is far disproportionate to its expenditures. What New Jersey needs is to spend more money, not spend it thoughtlessly but spend it with thought and care on its program for human beings. Probably it needs to spend money in other ways. You, yourself, mentioned the effectiveness of the transportation and the road programs in New Jersey. Certainly, they are effective. I have been on various committees and one or two commissions where I have had to tangle with people who represented the transportation groups and the manufacturers group. It has not always been a happy entanglement, from my point of view. They are more vigorous. They can speak more loudly and they have a great deal more money to back up their points by studies.

I think that there ~~are~~ needed also, good, effective, responsible lay boards in connection with New Jersey's Institutions and Agencies, and that they should have authority, more actual than that which is implied by the

advisory capacity assigned to them by S-2260.

Further, there is needed a basic consideration of the problems, admittedly many, if we are to concern ourselves, as Dorothea Dix said, to New Jersey's Legislature a hundred years ago, "It is for your own people that I ask you to concern yourselves."

I would recommend that S-2260 not be passed by the Legislature. I would further recommend that an examination of Title 30 be undertaken, having as its purposes, first, a codification of the laws which, by the way, are pretty much a patchwork; second, that a thorough examination by the Legislature, supplemented by a dialogue between the citizens of this State and the Legislature, - a thorough examination of the citizen role and its meaning, in a department devoted by statute to the care and supervision of those who cannot speak for themselves, be undertaken; and, third, that there be devised a system which would retain the substance, not the shadow only, of the meaning of the present statute.

Thank you very much.

SENATOR HAGEDORN: Thank you very much, Mrs. Mahncke. Are there any questions for Mrs. Mahncke?

MR. WESCOTT: Yes, I would like to ask one.

You mentioned Massachusetts and is it not true that Massachusetts is now moving to merge its Department in with other social services?

MRS. MAHNCKE: I understand this is so but I do not know how fast that proposal has moved and I am not adequate to comment on it beyond the statement that I recognize that it is a question under examination or it has been under examination and may be further moved than examination.

SENATOR HAGEDORN: Are there any further questions?

We appreciate your great interest and recognize that you are a very busy lady and have made many very outstanding contributions.

MRS. MAHNCKE: Thank you.

SENATOR HAGEDORN: Is there anyone else who wishes to testify at this time? (No response)

If not, we will adjourn the hearing with an expression of appreciation to all who have testified. I feel that it has been very worthwhile. I think it's very obvious that there is a great citizen interest in the issues that confront us and, hopefully, through this hearing that we can continue to promote a better mental health program and also expand the operations of our Institutions and Agencies Department.

Thank you.

(Hearing concluded)

JUNIOR LEAGUE OF MONTCLAIR, INC.

411 Bloomfield Avenue
Montclair, New Jersey

February 9, 1971

The Honorable William T. Cahill
Governor of New Jersey
Trenton, New Jersey 08625

Dear Governor:

The ten New Jersey Junior Leagues reactivated their State Public Affairs Committee on an ad hoc basis last spring to "study the problems of abandoned, abused and neglected children and work toward the goal of changing the state laws affecting these children where necessary." The work done by our task forces on adoption, child abuse and residences for hard to place children has made very clear to us the great need for reorganization of the Department of Institutions and Agencies. Consequently, we were greatly heartened by your First Annual Message which confirmed our views that the "decision making process for the institutions is often too slow and confusing because of the dual authority structure which pervades the Department," and that "communications and planning are hampered since Bureaus and individuals performing related functions are in different divisions."

The recent controversy over the regulations for purchase of adoption services illustrates the confusion bred by this dual authority. It was not until you authorized your administrative aide, Nicholas Hell, to meet with groups interested in writing regulations that would be clear and devoid of the usual ambiguities present in department regulations, that the intent of the original participants was achieved.

Our experience with the plans for the four units for hard to place children authorized under the 1968 bond issue has been a similar exercise in frustration. We are pleased at your interest in the purchase of the 50 bed site in Denville, but we are discouraged that the negotiations for the site have dragged on from August to February. We also are discouraged that more than two years after the bond issue, plans have not been finalized for new construction despite countless hours spent by hard working staff members on what they believed to be the optimum plans for programs. We sincerely hope that the current deadline of April 1 for bids on the plans for Ewing Township will be met and that the four units promised by the 1968 bond issue will be insured this year with the purchase of Denville and the beginning of construction on the other three promised units at Ewing, Vineland and Essex County.

Our attempts to make a judicial study of budget requests for BCS also have been constantly frustrated. We were told that no figures could be released until the budget went through the Department. Mr. Hell told me that he had checked with the appropriate cabinet officers and was advised that public hearings were held on the budget, but that no minutes were taken at the hearings and no copies of the budget are available at

February 9, 1971

this time. This was confirmed by Mr. Hofsegang at the Bureau of the Budget although he said the budget was a matter of public record. We believe that material designated as public should be readily available and not require extensive tracking by interested citizens. We hope that interested citizen groups will be notified of public hearings in the future and that copies of public documents will be readily available for public inspection.

We are interested in advance notice of these budgets because we are most eager to see improvement in New Jersey's children's services. We are especially eager to see an expansion of the state's adoption services, a 24-hour answering service for all BCS district offices, and extensive training program for BCS case workers and the introduction of social work aide trainees. We also would welcome the type of computerization envisioned by your Management Commission.

We are aware that these proposals cost money, but we also are aware that New Jersey, one of the wealthiest states in the nation, ranks near the bottom of the 50 states in state aide to children. Certainly we can do better than that -- especially since additional AFDC funds now are available. We understand that the state already has received \$7 million AFDC reimbursement for the period January, 1969 to September, 1970 for services to children who are former and potential AFDC clients and that as much as \$6 million will be received from this source during the current fiscal year. We believe this money should be used to increase and improve our children's services. We are particularly interested in services to youth because we believe that if there is ever to be a halt to escalating welfare roles, the problems of children in need must be met. The neglected youth of today are the future inmates of mental hospitals and prisons as well as the parents of tomorrow.

We wish you success in your attempts to increase the efficiency of our services to youth and to attain the capabilities necessary to help these children.

Sincerely yours,

Sally Orr

SO/ds

Sally Orr (Mrs. Michael F.)
State Public Affairs Chairman
New Jersey Junior Leagues

cc: Mr. Nicholas Heil, Administrative Aide

JUNIOR LEAGUE OF ELIZABETH-CRANFORD

Mrs. Joseph Schembre, 432 North Chestnut St., Westfield, N.J. 07090

JUNIOR LEAGUE OF ENGLEWOOD-RIDGEWOOD

Mrs. Edwin M. Trayner, 9 Royden Rd., Tenafly, N.J. 07670

JUNIOR LEAGUE OF MONMOUTH COUNTY

Mrs. Charles R. Berry, 24 Ridge Road, Rumson, N.J. 07760

JUNIOR LEAGUE OF MONTCLAIR

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February 9, 1971

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Mrs. Michael Stroukoff, 153 Carter Road MCR 11, Princeton, N.J. 08540

V. TERRELL DAVIS, M. D.

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(609) 924-1392

May 25, 1971

Senator Garret W. Hagedorn
210 Vreeland Avenue
Midland, New Jersey 07432

Re: S2260

Dear Senator Hagedorn:

Due to the fact that other commitments will make it impossible for me to be present at the hearings on S2260 on Thursday, May 27, 1971, I am taking this opportunity of conveying to you some thoughts I have had in connection with my study of this proposal. I will be pleased if you can include them in the committee hearings on this proposed legislation.

As you know, for nearly 14 years I was intimately involved in attempting to make the present system of overlapping levels of authority and responsibility function in an efficient and effective manner. I feel that the knowledge thus gained may be useful to you in the deliberations of Senator Maraziti's committee.

1. The question that has been put to me most frequently about this proposal is "Doesn't that give too much power to one individual?" I have replied that this proposal would not give the Commissioner any more power than he currently has. On the contrary, it would make the Commissioner accountable for the exercise of that power. Under the present system, it is possible for the Commissioner to avoid being accountable for major administrative or policy decisions by pointing out that the ultimate decision was that of the Board of Control.

2. It appears to be the intent of this proposal that each separate program division within the department be under the supervision of a qualified expert to whom the Commissioner will delegate most of the authority granted him under the statute for program operation within the broad policies mandated by overall program needs of the department and fiscal resources available to the state government. Experience has shown that very often individuals with organizational and administrative skills find it difficult to delegate authority along with responsibility and accountability. I believe

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it would contribute to the better operation of the department and thus to the public interest for the wording of this statute to mandate the delegation of appropriate authority to the division directors.

Changes in the proposed statute are suggested to accomplish this.

(1) In line 15, Section 5, page 3 the designation of division chiefs in 30:1-9 should be amended to designate these individuals as associate commissioners with delegated authority to perform such services and exercise such powers at such times and places as the Commissioner shall prescribe. Also change terms in Section 5, line 19, page 4.

(2) The term Associate Commissioners should be included in Section 1, page 1 under the definitions in 38:1-1. "Associate Commissioner" means a qualified expert appointed by the Commissioner with the approval of the Governor to supervise a division of the Department of Institutions and Agencies.

(3) The Associate Commissioners of the department as defined should be included with the Commissioner of the department and the Commissioner of Health in line 11, Section 20, page 11 as ex-officio members of the State Board of Institutional Trustees.

3. In order to further eliminate the tendency to nurture feelings of omnipotence of the Commissioner, the word "exclusive" in line 25 of Section 8 at the top of page 5 should be eliminated. In actual practice he does not have "exclusive jurisdiction."

4. Several minor technical changes in wording would be in order.

(1) In line 19 of Section 5 at the top of page 4, the words "Associate Commissioners" would be substituted for "Division Directors."

(2) The word "humane" would be inserted before the word "efficient" in line 7 of Section 19 on page 11, inasmuch as the word humane is being eliminated from RS30:1-7 as amended in Section 3 on page 2.

(3) The italicized word Commissioner in line 8 of Section 10 on page 5 should be eliminated and the brackets should be removed from the word "board" since the use of the word "Board" in this context does not

refer to the Board of Control or the State Board and therefore should not be replaced by the word commissioner.

(4) In lines 13 and 19 of Section 15 on page 8 is the specification that the department transmit requests for appropriations "to the state budget commissioner." It is presumed that the intent here is to provide for the commissioner to transmit his budget proposals to both the legislature and the executive branch, based on an appraisal of what the program needs are, and with the understanding, in accordance with the New Jersey Constitution, that the Governor will have the primary responsibility for setting budget priorities for all state programs consistent with anticipated revenues. The requirement of the Governor's office should not deny the public at large and their representatives in the legislature full knowledge of the best judgment of the Commissioner and his staff of the services needed to provide for the total needs of the state.

5. One of the most significant aspects of this bill is the delineation of duties and powers of the local board of trustees. In a clear and concise manner, this proposal sets forth important and specific functions which could only be performed by such a board of trustees and which, if performed by the Board of Trustees, would significantly augment the ability of program administrators to provide efficiently and effectively the services authorized by the legislature.

6. The delineation of the duties and powers of the state board of institutional trustees as spelled out in Section 21 on page 12 does not go far enough. It would perpetuate some of the existing conflict in roles and functions in that the wording leaves some policy determination and some administrative functions to the state board of institutional trustees in direct conflict with the statement that the board shall not administer the department or its individual institutions and in direct conflict with the revision of RS30:1-12 which states in line 5, Section 8, page 4 that the commissioner "shall determine all matters of policy." Specifically the words "and the policy" in line 2, Section 21 page 12 should be eliminated. In addition, the two phrases beginning with "established" at the end of line 5 and ending with the word "institution" in line 7 of Section 21 on page 12 should also be deleted.

The increase in size from 9 to 12 members and the decrease

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of terms of appointment for 9 to 4 years are strongly supported.

7. I would like to take this opportunity to commend you and the other sponsors of this bill for proposing a simple and direct approach to a major administrative problem which has a direct bearing on the provision of services to several hundred thousand citizens of this state. You have proposed a system in which it is possible to delegate authority commensurate with the responsibilities and to expect accountability to the public in return. Under the present system, the Board of Control has the supreme and final authority but they do not have the responsibility and they can not be called to accountability because of the nature of their terms. On the other hand, the Board of Managers share responsibility with the division directors and the chief executive officers of the institutions but do not have commensurate authority to carry out this responsibility. Nevertheless, under the present system the boards of managers, like the division directors, are held accountable by the Board of Control.

Therefore I would anticipate that the Board of Control would vigorously resist any diminution of their authority, and the local boards of managers would welcome a reduction in their administrative responsibilities and an increase in their authority to speak both within the department and to the public with a degree of authority derived from their first-hand knowledge of the conditions within the facilities.

Under this proposal public policy would be made by the Commissioner in consultation with the Governor, the administrators will have the advantages of guidance and assistance from the functions of the several boards of trustees and the patients and taxpayers will benefit from the continuing program appraisal and review that these boards of trustees would provide.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "V. Terrell Davis". The signature is fluid and cursive, with the first name "V." and last name "Davis" clearly legible.

V. Terrell Davis, M.D.

VTD:jl

JUN 27 1985



