

**Testimony of Kevin Ryan, Child Advocate for the State of New Jersey  
Before the Senate Health, Human Services and Senior Citizens Committee  
Monday, March 1, 2004**

Good afternoon Mr. Chairman and members of the Committee.

Thank you for allowing me to testify today.

Last June, many of you voted to create the Office of the Child Advocate, and I pledge to honor your intentions by working as hard as I can to be an effective voice for New Jersey's children.

The Office of the Child Advocate is an independent agency, charged with monitoring public systems that serve children who are at risk of abuse and neglect. Our jurisdiction includes the public and private agencies within the state's child welfare system; its juvenile justice system; the public health system; schools; day care centers and mental health facilities.

We have two primary tasks. The first is to discern systemic and individual problems throughout state government with regard to the care and support of children and youth at risk of abuse and neglect.

The second task is to solve problems. As we identify systemic deficiencies, we must foster the development of solutions and champion their implementation within and across government agencies.

I would like to acknowledge Senator Allen. Senator, I think your persistence in securing the language that charges the Office of the Child Advocate to collaborate with other State agencies to "...ensure maximum effectiveness and efficiency in the provision of services to children" is invaluable and can only result in good outcomes.

The Office of the Child Advocate is equipped with broad powers, including the power to investigate government agencies; the power to subpoena; the power to sue state government; the power to demand corrective action; the power to hold public hearings; the power to disclose our findings publicly; and most vitally, the power of independence.

I would like to introduce my senior staff to you today, in the hope that my colleagues and I will become great partners with you over the years to protect children. Sitting with me today is Jennifer Velez, First Assistant Child Advocate. Jennifer brings tremendous government experience to the office, having worked for Governors Whitman, DiFrancesco and McGreevey in the Governor's Counsel's Office. Jennifer has repeatedly shown her commitment to children in New Jersey by playing a key role in the architecture of several landmark bills promoting child welfare, including the Safe Haven Infant Protection Act, FamilyCare, the creation of a Kinship Legal Guardianship status, New Jersey's implementation of the Adoption and Safe Families Act and others.

Our Chief of Staff, Arburta Jones, brings a veteran's eye to a brand new agency. Arburta served as Assistant Commissioner of Program Integrity and Accountability in the Department of Human Services and was responsible for launching significant reforms in the areas of licensing, investigations and quality assurance.

She brings to the advocate's office 19 years of child welfare experience working with children and families in peril.

And finally, let me introduce Kathleen Crenshaw, who oversees our communications and administration. Kathleen is a former teacher and substance abuse counselor whose work with adolescents and children of individuals with addiction issues spans the disciplines of education and mental health.

We also have on staff a multi-disciplinary team of professionals whose backgrounds include law, the non-profit community, social work, government and journalism. These varied backgrounds are what create the Office of the Child Advocate and embody our steadfast advocacy for New Jersey's children.

We intend to do our work for children through investigation of government agencies as well as policy and practice innovation. We are not a "Gotcha" squad. Our ambition is to make these systems better for children, so we aspire to expose problems and help government to solve them.

Since beginning our work on October 14<sup>th</sup>, we have embarked on four main investigations that initially examine the following:

1. The conditions of care for children at the Arthur Brisbane Child Treatment Center in Wall Township;
2. The conditions of overcrowding and other systemic deficiencies at four juvenile detention centers in Atlantic, Camden, Essex and Union Counties;
3. A related inquiry into the tragic suicide of Edward Sinclair at the Union County Detention Center last May; and

4. The severe malnourishment of the Jackson children in Camden County, and the role of DYFS in the lives of those children over 12 years.

Our inquiry into certain juvenile detention centers has revealed conditions that are appalling and inhumane. Many children in New Jersey are in detention and secure facilities not because of the nature of their crime or the danger they pose to the community, but because there is no alternative place to house them. This very day, children whose worst transgression is chronic truancy are locked up with children accused of double murder. I have toured detention centers where the overcrowding is severe, in some cases 6 children sleeping in one 8 x 10 cell, as many as 4 youth per room sleeping on the floor. However, physical plant deficiencies are not the only problem. Children in these facilities often do not receive the education, mental health, and physical health care they need. I have spoken with Howard Beyer, Executive Director of the Juvenile Justice Commission, who shares my concerns and is committed to making these systems safer for children and youth.

I cannot go into greater detail until our investigation is further along, but I can report to you that this week we are expanding our probe to include all of the State's juvenile detention and secure facilities.

In addition to those four projects, we have a statutory responsibility to monitor and evaluate the Institutional Abuse Investigation Unit in the Department of Human Services. This is the unit that investigates abuse and neglect within DYFS' own placements, and I can assure you that we intend to be an aggressive watchdog of the quality and timeliness of investigations.

We are also embarking upon a new investigation: our Children's Health Initiative. In this investigation, we will examine two programs: Early and Periodic Screening, Diagnostic and Treatment service (EPSDT), and FamilyCare.

EPSDT is essentially a broad based entitlement for poor children and foster children to receive an array of screening and mental and physical health services, including immunizations and primary pediatric care. New Jersey is required to inform all Medicaid-eligible children and youth of the availability of the EPSDT services and to provide for services and treatment.

We are concerned that in New Jersey generally, children and families often are uninformed of their rights and overall access to health care for these most vulnerable children is poor. One-half of the children under the age of 6 who have spent their lives in DYFS foster care do not receive any immunizations. When we conclude our investigative work and are prepared to make recommendations, I would welcome the opportunity to be back before you to present them personally.

As for New Jersey FamilyCare, the program has been successful in enrolling approximately 80% of eligible children in families earning up to 200% of the Federal Poverty Level but has only enrolled approximately 25% of eligible children in families earning between 200-350% of the Federal Poverty Level. We intend to investigate the barriers to enrollment as a core component of the project, but we also intend to determine whether enrolled children have real access to pediatric and specialized pediatric care as promised under law. Again, when our work is concluded, I would appreciate the opportunity to share our findings and recommendations with you.

Senator Vitale, I recognize your unwavering commitment to health care for the uninsured through the FamilyCare Program. Thousands of parents and children continue to receive health care because of your advocacy and I both invite and welcome your participation in our Children's Health Initiative.

We have a special responsibility to monitor efforts underway at the Department of Human Services to ensure genuine child welfare through its reform plan. As with our preliminary report in the case of the Jackson children, we intend to be thorough, fair and candid. And when necessary, we intend to call government to a higher standard.

On February 18, 2004, the Department of Human Services released its Child Welfare Reform Plan.

In many respects, it is an ambitious blueprint for change. It contains many solid advances in child welfare, including a centralized abuse and neglect hotline; caseload caps for DYFS workers; a comprehensive training academy; integration of other state agencies; a plan to expedite court processes for children; and investments in child abuse prevention.

This blueprint is more comprehensive than any child welfare reform plan I have ever reviewed, including the plans that are guiding New York City, Washington, D.C., Cleveland and Connecticut. It brings together the Department of Human Services, the Department of Community Affairs, the Administrative Office of the Courts, the Public Defender and the Juvenile Justice Commission in an unprecedented collaboration for children and families.

The sections of the plan that deal with teenagers in the foster care system, including homeless youth, suggest that the Department has aimed not merely to fix DYFS but to make New Jersey a national model in youth protection and welfare. As someone who worked with homeless teenagers for nearly ten years, I read those pages of the plan with excitement and hope. For the past twenty years, there have been more beds for homeless teenagers on one block in New York City than in the entire State of New Jersey. The Department's plan commits to change that by investing \$3.25 million for new transitional housing for teenagers, and that money will make a world of difference for youth living on the streets. DYFS promises in its plan to keep foster children's cases open until they turn 21, becoming just the second large-scale child protection agency in the country to adopt a birth-to-21 policy for every child, and the first agency to do so voluntarily.

The plan is presently under review by an independent panel of experts who will make a determination in two weeks whether to accept the blueprint, reject it, or, as I hope is the outcome, require modifications. While this plan is the most intrepid declaration of support for children and families from state government in many years, it will benefit greatly from additional thinking in some key areas. I do not want to occupy your time with a lengthy distillation of these, but I would raise a few of our core concerns:

1. There is not yet a meaningful mention of schools, day care programs or the education system at large within the plan. Teachers can serve as the eyes and ears of a coordinated government response to abuse and neglect. Real advances in child protection could come about more readily through linkages between local child welfare offices and school districts.

2. The plan should call for the Department of Human Services to begin a national accreditation process sooner than 2009. The pursuit of accreditation by a public agency, while a challenging task, ultimately can become a major contributor to the improvement of an organization's overall operation. While not a "silver bullet," accreditation helps build, over time, a quality service system providing a foundation and framework upon which to assess an agency's current practice and subsequently improve practice.
3. Our investigation in the Jackson case revealed that DYFS management often did not understand or follow its own policies. The reform blueprint sets forth new policies and practices, but it remains unclear how DYFS will ensure that its own policies are clearly articulated, understood and followed.
4. The caseload caps are smart, though they are not yet sufficient. The proposal to cap permanency workers to 15 cases, with no more than 10 children in out of home placement, fails to set an overall cap on the number of children in a worker's caseload. A "case" in New Jersey equates to a family. The average DYFS case includes 2.2 children in the same family, so the plan to allow workers to serve 15 cases will actually mean caseloads of 33 children for the typical worker. This is where DYFS was, on average, in late 1999 and 2000. The reform blueprint should set a ceiling for the total number of children in a caseload at a time, and we urge that number not exceed 25 children. In New York City, the number is half that for most workers, so our advocacy is neither wild-eyed nor a pursuit of the optimal.
5. There are hundreds of children waiting for DYFS residential placements today, including children in distant out-of-state institutions and in New Jersey's juvenile detention centers. Two years ago, an independent task force chaired by child advocate Julie Turner, reported that there were 492 children waiting for DYFS residential placements. Today, the Department



reports that there may be as many as 1,000 children waiting. No one will convince us this is not a crisis right now in our state. The plan commits to match children to appropriate placements in the least restrictive setting possible, which over time should mean families for more and more children. But the reality is that we do not have adequate residential capacity today, plain and simple. And the blueprint does not address this immediately.

Some have expressed concerns about the cost of the reform. Less than half of the \$125 million is earmarked for DYFS and new staffing; most of this money will create an array of child welfare services well beyond DYFS, such as immunizations and coordinated health care for children; mental health services for children and youth; substance abuse recovery services for families; domestic violence initiatives; and day care programs. This is the strongest part of the plan: investments in our communities to keep children safe and families strong.

In 1996 the City of New York, in response to a tragic child death, created an independent government agency, the “Administration for Children’s Services” (ACS). Since its formation, the child welfare agency in New York has undergone many remarkable changes. In 1997 ACS had a budget of \$1.694 billion. Between 1997 and 2003, that budget increased to \$2.358 billion. That is a 39 percent increase over 6 years. During this same period, New York City created a neighborhood-based child welfare system; reduced the foster care population from nearly 43,000 children at the agency’s start to approximately 23,500 today; reduced the average length of time children were in foster care; shortened the wait for children between placement and adoption; and sharply reduced the number of child fatalities. If those are the outcomes we want – and they are – it will require political will and a financial investment. And I can tell you as a child advocate

who was on the ground in both New York City in 1995 and New Jersey in 2004: the New Jersey system is far worse today than New York City's was in 1995. The DHS reform plan smartly invests in the building blocks of real child safety and well-being: prevention; accountability; and services based on risk factors. If the death of Faheem Williams and the starvation of the Jackson children do not awaken us from our slumber and secure a commitment to fully fund reform, then how many children must be put to the sword before we wake up?

I think it is very important to acknowledge that reform is possible. It has happened in New York City, and is still happening. It has happened in Allegheny County, Pennsylvania, and is still happening. We must insist that it happen in New Jersey too.

The role of concerned legislators is critical. Our children need your commitment, your continued oversight and your support. Again, I would like to thank you for the opportunity to introduce you to the Office of the Child Advocate. I look forward to working with you to make New Jersey a better place for its children.