

Public Hearing

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before

SENATE WOMEN'S ISSUES, CHILDREN AND FAMILY SERVICES COMMITTEE

"Examination of community-based services available
for children and their families throughout the State"

LOCATION: Auditorium
Madison Junior School
Madison, New Jersey

DATE: October 21, 1992
9:20 a.m.

MEMBERS OF COMMITTEE PRESENT:

Senator Leanna Brown, Chairperson
Senator Bradford S. Smith, Vice-Chairman

ALSO PRESENT:

Michele Leblanc
Office of Legislative Services
Aide, Senate Women's Issues, Children
and Family Services Committee



Hearing Recorded and Transcribed by

The Office of Legislative Services, Public Information Office,
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NOTICE OF A PUBLIC HEARING

The Senate Women's Issues, Children and Family Services Committee will hold a public hearing on the following issue:

Examination of community-based services available for children and their families throughout the State

The meeting will be held on Wednesday, October 21, 1992, beginning at 9:00 A.M. in the auditorium of the Madison Junior School, Madison, New Jersey. The committee intends to hear from individuals and representatives from public and private agencies and child advocacy groups for the purpose of obtaining information which will aid in identifying and addressing the problems which have hindered the availability, delivery and the monitoring of services provided by the State for the children entrusted in their care. The hearing will also afford the public the opportunity to comment and offer suggestions on existing legislative proposals, including Senate Bill No. 374, which establishes an Office of the Ombudsman for Children.

Address any questions and comments or requests to testify to Michele Leblanc, Committee Aide or Felice Astor, secretary, at (609 292-1646), Legislative Office Building, Trenton, New Jersey, 08625. Those wishing to testify are asked to submit eleven copies of their testimony on the day of the hearing.

Issued 10/6/92

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SENATOR LEANNA BROWN (Acting Chairperson): While we are waiting to call this hearing to order, we are very privileged to have some students up in the balcony. Maybe all of you could sort of stand up and project and tell us all who you are, representing Madison's finest. (indiscernible response from students) Do you have names? (children call out their names; indiscernible) What grade?

RESPONSE FROM STUDENTS: Eighth grade.

SENATOR BROWN: Super. We are going to introduce the Superintendent for a word of welcome and a word of introduction. I am State Senator Leanna Brown, and I am just delighted that all of you have taken time out of your busy lives to really focus on the people in the balcony. If anyone in the balcony has an idea about how we here in the State of New Jersey can advocate causes that are dear to your interests, for heavens' sake, either come forward to testify-- It is not that hard to do. Just fill out a white slip up here and we will fit you in. We are going to be here until about 2:00 today.

Secondly, you can tell your teacher, as you discuss with the class-- You can pretend that you are a State Senator conducting a meeting that is after the interests of young people, and how you would do it better or worse. I really hope that this isn't just a free period for you; that you are really going to take some notes on this.

As your State Senator, I specifically request some input from you on this whole question of: How do we advocate, how do we improve, how do we increase the visibility of young people in the State of New Jersey, so that you have the tools to become the leaders that we will need here in the future?

With that, I am going to turn this over to the Superintendent of Schools. Larry, would you introduce yourself and your staff? We are most appreciative.

LAWRENCE S. FEINSOD, Ed.D.: Thank you very much. I am Larry Feinsod, Superintendent of Schools here in Madison. It is a pleasure for us to host this State Senate Committee. Senator Brown asked me perhaps to make a comment or two about the facility you're in.

This facility was opened in 1926. It was Madison's first original high school. Many people in the State of New Jersey tell us that the acoustics in this room are among the best in the State. In fact, it is the home of the Colonial Symphony, and many other organizations utilize this room as well.

During the course of the day, students in our Social Studies classes will look on, as we have a class right now in the balcony. I think it is an excellent idea so that the students will have an opportunity to see State government in action. Certainly that is better than anything they can read about in the textbooks.

We really appreciate this opportunity to host you. I am also indebted to the building Principal, Dr. Florence Senyk, on my right. Dr. Senyk is certainly an educational leader of great esteem. She has opened her facility to us today, and we are certainly indebted to her. Dr. Senyk, thank you.

I certainly wish Senator Brown, the Committee, and those who are testifying a good day. If there is anything we can do to make your day better here in Madison, it is certainly a pleasure to help you.

Lastly, I would also like to extend a warm welcome from the Madison Board of Education and from Mayor Don Capen and the Town Council. Again, welcome to Madison.

SENATOR BROWN: Thank you, Superintendent. Again, I am Senator Leanna Brown. I live in Chatham. This is the first time that I have represented Madison since I was a Freeholder in the '70s. Certainly, the "Rose City" is a city that adds

much to the quality of life in New Jersey, and I am very proud to have an opportunity to showcase it here today.

We, in the Senate-- There are 40 members and we have 14 Standing Committees. The Chairman of this Committee is Senator Cafiero. He lives down in Cape May, and he was responsible for the naming of the Committee. We have had a Children's Committee thanks to the efforts of a couple of us. This year we changed it to be the Women's Issues, Children and Family Services Committee. This again shows that the problems of our young are integrated, obviously, into the family network, etc.

Senator Cafiero sends his very best. He does live in Cape May. One of the other members is Senator Gormley from Atlantic City. We are expecting Senator Brad Smith. He lives in southern Burlington County. Senator Wynona Lipman is a member of the Committee, and for many years, from Newark, has really advocated the cause of women and children. We will always be indebted to Senator Lipman. Needless to say, another member of the Committee is Senator Menendez, who at this moment is trying to become a member of the United States Congress from Hudson County. So if he is not here today I think that is very understandable.

I don't want you to think that just because there is only Senator Brown up here-- We are very pleased that this is being recorded. It is being taped. We do want to have this be a work session today, with a great big "W." Michele Leblanc here-- Michele, stand up, because everyone is going to wonder who you are. Come over here and just explain to people how you fit into the system.

MS. LEBLANC: I am the Committee Aide for this Committee. I work through the Office of Legislative Services, and I provide support services to the Committee and to the members of the Committee. That is basically what I do.

SENATOR BROWN: How many years have you had?

MS. LEBLANC: I have been doing this for about three years.

SENATOR BROWN: So Michele is used to working with all Senators, all Assemblypeople, regardless of party.

I want to give special thanks to Peggy Nelson from my office. She represents your taxpayer dollar over in Florham Park, trying to give good constituent service. She was really responsible for putting this particular function here today. She also prepared a few remarks for me, which in order to maximize Peggy's good efforts, if I don't just quickly run through them, I will not be doing her good work justice.

What S-374 is really all about is-- We are talking about safeguarding our children's welfare. I put this bill in back in the early '80s and, of course, it always takes a while to have a bill surface. I am very proud, on the ballot, to have a sidebar. There is going to be a discussion of whether we want State takeover of the courts. This is something I championed about 10 years ago. It is finally coming to the forefront. Of course, always when we talk about services in Trenton in order to be responsible, not only how are we going to organize an ombudsman, an advocate for children, how are we going to bring it into the local level, but also, of course, the big question is: How are we going to pay for it?

I'm sure that those of you who are testifying today are going to speak to the financial aspects of whatever it is that is your particular aspect. I have become increasingly convinced that the solution to the problems of the young and the old particularly, lie in the neighbor-to-neighbor relationship in the community. Another idea I have had since the bill was introduced-- You know, years ago we had consumer advocates in each community. Then it got harder to find the volunteers, and it went on to the county level. Now it is fairly well centralized out of Newark. Is this something that we could expect to have happen? Could we expect to have a

municipal advocate for children who might serve in a volunteer capacity for two years, and then go on and do something?

We have a model of our Emergency Manager Coordinators who do just this, and sometimes these responsibilities-- In Madison, for example, the Emergency Manager Coordinator might be dovetailed with another responsibility of a local volunteer or a local paid official.

The goals of my legislation are similar to the goals that every parent has for his or her child. As parents we all want to see our children grow in a safe, healthy, and nurturing environment; an environment free of illness as much as possible, and abuse and neglect, and filled with love, opportunity, and discipline.

So, I want this to be most informal here today. As I say, the vehicle, the excuse for this meeting is S-374, but there are other pieces of legislation in the hopper. Rose Heck, Frank Catania, and Wayne Bryant have all had various versions of how we can showcase structurally down in Trenton. We have a Division on Women. We have an Ombudsman for the Institutionalized Elderly. We have a very good Division of Youth and Family Services, and we are going to hear from Mr. Waldman today. I am very pleased that he has come here.

I guess what I am asking you all to focus on-- This is not back in the '80s when I first came up, and was the first legislator to have any bills in the hopper to affect young people in this way. It is now 1992. Times have changed; needs have changed; terms have changed. I looked "ombudsman" up in the dictionary today -- I had looked it up when I first put the bill in -- but was not pleased that ombudsman language sort of fit 1992 and my concept of what we wanted to accomplish.

I also want to say, again following up on the Superintendent's very good opening remarks, I think it is very symbolic that we are having this meeting in a school, because we, as legislators, have dumped all of society's problems on

the schools. I think what we are trying to do today is build bridges from the schools outward, so that the schools can be-- Then we blame the schools because all of the students can't necessarily read and write, when we have put on the schools all the responsibility of feeding the young people and disciplining the young people.

This is a very, very polite class that has just come in. Do you all want to stand up and get some applause. You did that very nicely. Stand up. (applause) Thank you for taking the time to join us today.

With this we are going to be a little bit different -- with the order of witnesses. I would like to start with Linda Seeley, because Linda represents the grass roots and what is going on. Also, by the time she is finished, we may be able to hear from some of our State figures. I do know that Judge Thomas Leahy has to leave, so maybe, Judge, you would follow Linda, and then we will take it from there. Okay?

Linda Seeley. Linda is Director of Morris County's School Based Youth Services Program. Welcome.

L I N D A S E E L E Y, M.S.W.: Good morning. Thank you for the opportunity to come here and speak on a program that is extremely close to my heart.

I go to work every day, and I love my job. The reason I love my job is that as Director of School Based Youth Services, I get to interact with children in a number of ways. The School Based Youth Services Program is the first statewide program in the nation. It came into existence in 1988 in New Jersey. At that time, there were 29 School Based Programs, a minimum of one in each county. We are the only School Based Program in Morris County. We service children between the ages of 13 and 19 in the Dover School District.

Each School Based Program in the State is unique to the community and its needs. Each has basic core services: mental health counseling, employment counseling, and also

medical outreach. Several, in fact most of us, do have a large recreation component. The philosophy of School Based Programs is basically that we graduate healthy -- physically healthy and mentally healthy -- students that are either able to go on to employment or can go on to further education. We do this in a number of ways.

Each School Based Program-- What happened was, the research that developed this program showed that at-risk children were not accessing social services. So the idea behind it was to get social services within close proximity to the school. Many of the schools were able to put the School Based Programs right within their buildings. Some were within very close proximity. The Dover School Based Program is on school grounds. We are in a double wide modular that has five spacious offices, a conference room, and a reception area.

We are open 12 months out of the year. We close for approximately 12 legal holidays. The interesting thing is, although we take students out of class, we also have hours that they can come after school, and we are open two nights a week. We are open from 9:00 to 5:00, and on Tuesdays and Thursdays we are open to 8:00. Certain times over our year we do do recreation on Saturdays, but that is the unusual.

Out of approximately 700 students, we have over 400 involved in our School Based Program in one way or the other. All students that are involved must have a consent form in order to use our services, including recreation. They fight for our T-shirts. We design them so that kids want them. We have a consent form and then they get a free T-shirt. They are then eligible to use any of our services.

Our mental health staff is supported by a full-time M.S.W. who is bilingual. We have a full-time, all but her dissertation in clinical psych, with 20 years experience -- clinical psychologist. We have a 25-hour position, all but her dissertation, which she will be getting in December from

Rutgers -- clinical psychologist. And we have a Ph.D. clinical supervisor who supervises our staff. I have a degree in Business and am also a M.S.W.

We serve kids. The drawing card of school dates and their mental health services, I believe, is confidentiality. This is the first initiative that really interfaced the Department of Human Services with the Department of Education. As anything that develops for the first time, people are frightened. There are turf issues. But I must say that after four years, we have become a very integral part of the school, and are called on to utilize our services constantly.

We do individual and family counseling. We even do some marital counseling, because although we serve students between the ages of 13 and 19, we also include their families.

Our employment counseling is a part-time position which is only 15 hours. We have a wonderful woman who is doing that job for us. It is not only a case of-- Most of us, when we went for our first job, knew how to dress, knew how to shake hands, knew what was expected. Oftentimes, youngsters do not have those skills. (a pause as bell rings) Very familiar. We teach our students not only how to shake a hand when they come in. We test them in a variety of areas to see what are their real skills, what are their interests. If they plan on just going on to-- If they plan on, not just, but going on to college, we test them in a whole variety of ways. It is totally free of charge. We have kids batting down our doors they are so intrigued with this.

Kathy Flarity also goes out into the community to get jobs for students. They can come to us. We talk to the employer beforehand. We have a full idea of what the employer wants. The student then goes for the job after he has written a resume. It doesn't matter how mundane the job is. We want them to learn the skill of resume writing. We have an on-line

computer with the resume of every student who comes to us for employment counseling. They can come at any time and have it updated.

They go for the job; they get the job. We check with the employer on how they are doing. Some of the students think that we who are in the 40-and-above bracket-- They think we are really old and they have to kind of work those relationships out. The employer feels free to call us, and does call us in any number of cases.

We also developed, through the employment counseling, a volunteer program. Because of our great need for bilinguals, we have a collaboration, affiliation with the Dover Free Clinic. The majority of people who go there are Spanish. They need interpreters, so we have students who volunteer their time to go in and do this interpreting for us.

SENATOR BROWN: Linda, let me just interject here. For the sake of all of us, the funding for your program comes from where?

MS. SEELEY: From the Department of Human Services.

SENATOR BROWN: And what is your budget?

MS. SEELEY: It's \$214,000.

SENATOR BROWN: Has this stayed pretty stable throughout the--

MS. SEELEY: It has been stable. We are the only program that was not cut last year.

SENATOR BROWN: How many School Based Programs are there?

MS. SEELEY: There are 31 at this point.

SENATOR BROWN: Are you the only one in Morris County?

MS. SEELEY: We are the only one in Morris County.

The medical outreach-- We send students either to the Dover Free Clinic or to the Dover General Hospital. We are in close contact with them at all times. The other day I got a call. A student had a severe toothache. "Well, what do we do, Linda?" So I picked up the phone, I made a couple of calls,

and through the Dover Free Clinic we were able to get free dental services. As most of you know, free dental services in the State of New Jersey are a rarity, but we are able to do this through collaborative efforts.

Recreation is our drawing card. We have an extensive recreation program. We feel that some students are not identified that need services. Some students are sitting in class getting average grades, presenting very well, but are troubled youth. They are not quite sure what to do or where to go; nor are they comfortable in going and doing. So we use staff. Through the high school, we have five part-time recreational advisers. Our recreation program consists of: three nights of open gym; two nights of weight room; two nights of a photography club, where we supply all of the cameras and film. They learn how to take the pictures, and also how to develop them. We also have an art studio that is run two nights after school. Right now, the kids are into pottery and sculpture. We are changing it every few weeks.

SENATOR BROWN: How did you qualify? In other words, what is the definition for a school system being able to participate in this program?

MS. SEELEY: RFPs were sent out in 1980.

SENATOR BROWN: Requests for Proposals, right?

MS. SEELEY: Right. Requests for Proposals were sent out in 1980, and it was to be a collaborative effort within the community. Several were received from Morris County, and the State decided that Dover would be the one that would get this program at that point.

SENATOR BROWN: Obviously, the State we will question later, but the State is limited by funding for how many centers it sets up.

MS. SEELEY: Exactly, exactly.

SENATOR BROWN: I would like to just introduce the Vice-Chair of this very important Committee, Brad Smith, who

has made all the effort to come up to Morris County from Burlington County.

Brad, do you want to just say a word or two at this moment? I think we will wrap up very shortly.

SENATOR SMITH: Thank you, Leanna. I want to apologize for being late today. I had no idea how long it would take me to get here. I didn't realize that there would be long delays on the Turnpike this morning because of construction.

SENATOR BROWN: It's putting people to work.

SENATOR SMITH: Your Turnpike dollars at work.

I want to thank Leanna, first of all, for organizing this hearing today. I think it is a very important topic. I wanted to be sure I was here, because the work that this Committee does really is so important to the people of this State. I want to thank each of you for coming today to give us the information that you are going to provide us with.

I won't delay the hearing any longer, since I am already a half-an-hour or more late.

SENATOR BROWN: Linda is very brave to be our first witness. We will speed things up, because I know there are a lot of you who want to have a word or two. Linda represents the 21 School Based Services, Senator Smith, throughout the counties. I don't know how many you have in Burlington, but we only have one up here. There is one in Burlington where?

MS. SEELEY: I'm not quite sure where it is, but there is at least one down there, I believe.

SENATOR BROWN: From the standpoint of the subject here today of having an ombudsman, or an advocate, or somebody outside the school system to focus in on the needs of children, do you think this is duplication? Would you enjoy a further--

MS. SEELEY: No. Maybe what I could do is give you one example of a case that we have dealt with over the last couple of years. What I feel is needed is definitely

transportation. We need an increase in bilingual therapists, and also a collaborative effort between agencies. I see that a lot of times we are working in isolation, instead of doing a more collaborative effort. I feel that School Based is the beginning of a collaborative effort, because we hit upon so many different people in trying to join, so that we are not duplicating services.

SENATOR BROWN: Thank you very much, Linda. We really appreciate this.

Moving along, Judge Thomas Leahy is here. Both Senator Smith and myself serve on the Judiciary Committee, as well as the Children's Committee. We started, Judge, to become very tough when people came before us. We wanted to know whether Family Court is the most important Court and whether the causes of young people and women and so on really get as much attention from judges as judges give to other constituents who come before them. Wasn't that diplomatically phrased? It took a long while to get that out. Obviously, justice is blind. Right, Judge?

J U D G E B. T H O M A S L E A H Y: Well, it is supposed to be blinded by us, but not blind to fact. Let's put it that way.

SENATOR BROWN: Tell us a little bit about yourself and how you are nice enough to come here today.

JUDGE LEAHY: All right. Perhaps I can cover that in my disavowals.

I come here today as a private citizen, despite my 22 years experience as a Judge in this State. I retired 18 months ago and I am wallowing happily in retirement.

SENATOR BROWN: The press always likes to know where you live.

JUDGE LEAHY: I live in Bound Brook. I spent 16 years on the bench in Somerset County, and five in Newark.

SENATOR SMITH: No addresses, no addresses.

JUDGE LEAHY: Pardon, sir?

SENATOR SMITH: We don't want any addresses.

JUDGE LEAHY: Despite that service, despite having served as President of the National Council of Juvenile and Family Court Judges in '83 and '84, and as one who has served on the New Jersey Juvenile Justice and Delinquency Prevention Committee since its creation in 1976 and as been Vice-Chairman of it for 15 years and Chairman since early this year, and one who has been involved in various aspects, I do not speak for the judiciary. I do not speak for the National Council. I do not speak for the Juvenile Justice Committee. I speak for myself only.

I feel very comfortable in this room, by the way. I was happy to hear that it was built in 1926, because the auditorium in the high school from which I graduated in Bound Brook was built in 1925, and that explains why it looks so much like this. The same columns on the side; the same stage; the same slope; the same balcony; even the same color curtain.

SENATOR BROWN: You notice they managed to get one woman up there, Nightingale.

JUDGE LEAHY: That's good. In '26, I think that was probably forward and advanced. Over our stage it said, "Enter to learn; go forth to serve," instead of, "The foundation of every state is the education of its youth." But I think both are worth remembering.

I want to compliment you for putting your finger on a very real need in this piece of legislation. I think it is needed both systemically and individually. Systemically, I mean systemwide, and, as most of us recognize, too often the needs of children, youth issues, children's problems are put on a back burner by the decision makers. There are a lot of reasons for that. Children are not yet voters. Those most in need of services frequently are part of families which are so besieged that they can't be actively involved in government or

community affairs, and they are in no position to apply pressure on their governmental decision makers.

Other elements are far more organized, far more able to make their desires heard. Highway builders, the Tavern Owners' Association, chambers of commerce, the Taxpayers' Association, etc., all make themselves heard far more readily than do children. Creating an ombudsman for children I think will help to focus, which is, of course, the word used in the draft Act -- focus the attention of decision makers both in the executive and the legislative branches and in the community; the shakers and the movers, focus their attention on children's issues.

Now, on an individual basis, I think it is very needed because though the government recognizes and creates many programs and services for children and youth, frequently the children who are entitled to these services don't always get them. The reasons why, again, are many. Those charged with the responsibility to make sure that they are provided don't always fully understand who is entitled to what. Sometimes a desire to protect a dwindling budget or a shrinking staff causes decisions to come down on the side of denial, rather than on the side of provision.

Having addressed the fact that I think this is a good idea, I would like to address a sense of unease I had reading the Act. I couldn't tell whether its focus or its purpose was broad focused, or whether it was aimed at children in facilities. There seems to be a broad declaration in the second paragraph of the findings statement at the beginning, and later, under section 6, the copy I had, promoting, advocating, ensuring the adequacy of caring services, etc. Those are very broad.

Then as it goes on, it seems to hone in on the investigatory reporting, etc., with regard to facilities -- children in facilities. My personal hope would be that it is

not limited to children in facilities and that it is a broad-brush-stroke focus, and that the ombudsman and the Office of the Ombudsman would be available to children and youth who need attention whether they are in or not in out-of-home placement.

SENATOR BROWN: May I just interject here, Judge?

JUDGE LEAHY: Sure.

SENATOR BROWN: This is definitely where I was coming from. Here again, one gets a little discouraged sometimes in Trenton that things will ever move, so that when the original language comes out, it does need to be revised. Senator Smith is an attorney and so on. This is why we are having this hearing today.

Does it make any difference to you what this person is called and where the office is located?

JUDGE LEAHY: No. I don't think that is within my province or area of expertise, quite frankly. I would want to avoid any ambiguity by use of the word "advocate" in two different places in our State government, unless you ultimately intend to put it in the Advocate area. I wouldn't want two advocates, because people would confuse one with the other. But that is just sort of common sense, as far as I am concerned.

As long as you asked me a question about language, etc., one personal request I would like to make is: At one point you distinguish between natural parents and adoptive parents. My personal background indicates to me that there is nothing unnatural about loving and caring for children, no matter whether they are adoptive or biological, and I would suggest to you that the words "biological or adoptive" would be more comfortable for some people than "natural or adoptive."

One point I would like to make based on sitting in delinquency cases for 22 years, which was part of my responsibilities all the way: I found that there were, in my judgment, two kinds of delinquents out there; two kinds of

defendants who appeared before the juvenile court, or the juvenile part of the Family Division. One group were the ones who made one or two mistakes because they were immature, they were inexperienced, they were young, and the young are expected to make a few mistakes before they are fully mature and all-knowing the way we are. The other kind are those who adopt a delinquent life-style, and those are the ones, Wolfgang's cohort, etc., the 4 percent or 6 percent who cause 60 percent or more of the offenses, etc.

That latter group, the ones who have adopted a delinquent life-style, had a common attribute. I read, probably, 1000 juvenile presentence reports a year over the course of 20 years, and the one common attribute I found of the young people who adopted a delinquent life-style, was lack of self-esteem; lack of pride, personal pride. When you and I stop at a stop sign at 2:00 in the morning, I suspect we don't do that because we are afraid we are going to be caught. We know there aren't that many police out on the streets. And some of us even don't do it because we know it is the right thing to do. We do it because of the fear of being embarrassed if, God forbid, we should be caught and have to go to court, and stand up there and have that funny feeling with the hair at the back of your neck when you have to admit that you did something wrong. We have sufficient personal pride that we don't want to be embarrassed.

These kids didn't have that sense of self, that sense of pride, that self-esteem. They had gotten a message over the course of years that they weren't worth the powder and shot to blow them to Hades, and they have come to believe it. The primary cause that I found in all of these reports was school failure. Sadly, if a youngster needs perhaps a particular type of help, perhaps an individualized education plan, as provided in what we used to call at least the Beadleston Act, they become an academic misfit. Academic misfits then become social

misfits. They begin to get the message that they are not good; they are not behaving; they are not performing, and they translate that into, they're bad. Once having gotten the label, they live with it, and they decide they are going to be the best at what they are, and they become the best bad, and they become an annoyance to the rest of us, and a burden.

SENATOR BROWN: We have a class that has just come in, so I hope you are taking these words very, very close to heart, and will leave with more self-esteem than when you came into this auditorium. Okay? Excuse me, Judge.

JUDGE LEAHY: That's okay. Frequently, certainly the youngsters themselves have no way to know that they are entitled to more help perhaps than they are getting, and frequently they come from families that don't know how to handle the system. Their parents don't have a couple of graduate degrees or a couple of college degrees and a combined income of 100 grand a year plus, and they don't maneuver the system as well as some others, and they don't get services that, in good faith, government has mandated they are entitled to. This would be a perfect place for an ombudsman to be available to turn to who would understand the system and could pick up a telephone, or with a quick letter get things done.

SENATOR BROWN: You have experience with juvenile conference committees, obviously with your experience. What do you think about trying to get into the local community with a volunteer representative of the Ombudsman Office? This person would obviously have a broader scope for the child; that is the potential of doing good, of picking up the letter, of helping the older people across the street that these kids represent, because we need their people power right now. We can't afford to do all the things that some of these young people can help us with to stretch our dollars. We need these kids in the back visiting the nursing homes. We need to use their positive

capabilities, and not just think of young people as people who steal signs or go through traffic lights, or whatever.

By the way, any of you who have older brothers or sisters, I warn you, we are passing some very tough legislation about joyriding and auto theft. So, be warned. That is passe.

My question to you is: What do you think of having somebody in the community, like we used to have, you know, consumer affairs people, at the local level?

JUDGE LEAHY: Well, certainly, if this concept is going to work, if it is going to function properly, it can't be isolated in Trenton. Trenton isn't available to Newark; it isn't available to Atlantic City or Camden or even to the folks here in Madison, etc. So it is going to have to reach out. If it is going to provide services to children and families in the community, it is going to have to be available to them. So, in that frame of reference, I think you're getting there.

SENATOR BROWN: Maybe we could pick up some saving, Senator Smith, from the amount of time that some of the people have to put in on the criminal justice side of the thing to finance this program.

Judge, we appreciate your coming. Are there any final words or any questions that Senator Smith has for you?

SENATOR SMITH: No, but thank you for being here.

JUDGE LEAHY: All right. I appreciate the opportunity. Good luck.

SENATOR BROWN: Have a good day.

I think it is now very appropriate to call, according to rank, our one Cabinet officer here today. It is a great privilege to introduce the new Advocate, who comes from Bergen County. I am going to let the Public Advocate introduce herself. Welcome to District 26. This is what, your second month on the job?

PUBLIC ADVOCATE ZULIMA V. FARBER:
Yes, it is.

MS. LEBLANC: Excuse me. Could you please state your name and your position for the transcriber?

PUBLIC ADVOCATE FARBER: I am Zulima Farber, and I am the Public Advocate and the Public Defender for the State of New Jersey. For the record, I come from Hudson County, even though I live in North Bergen. People think North Bergen is in Bergen County. I come from Hudson.

First, I want to congratulate Senator Brown for her perseverance. She stated at the beginning of the session today, and she had told me at our private meeting we had on this bill a few days ago, that she began with this idea of creating an Office of the Ombudsman in the early '80s, and here we are in 1992 and she is still at it. So I applaud your initiative and your perseverance. I stand ready to work with you to make it happen, about 12 years after you started.

I thank the Committee for the opportunity to appear before you today to discuss this topic which is of the utmost importance to the children of this State, and therefore to all of us; namely, the establishment of an Ombudsman for Children, an office dedicated solely to advocating for children's interests and rights.

Senator Brown's bill -- S-374 -- is a fine example of the kind of legislation that will make clear to the people of this State, and especially to those who work for agencies responsible for serving children and their families, that there is no more important governmental function. We believe strongly that an entity such as Senator Brown has proposed must be established; that the need has never been greater than at the present time, because of the incredible pressures on agencies providing services to children because of the lack of funds.

As I mentioned before, I had an opportunity to discuss this bill with Senator Brown, and have indicated to her my belief in the importance of this office. I have also suggested

-- and suggest to the other members of the Committee -- methods to strengthen this bill. I believe that the Ombudsman for Children may prove to be less effective than it can be if it is located, even for administrative purposes only, in the Department of Human Services. The reason for my belief is that the Department of Human Services has responsibilities for providing direct services to children. I believe the Department of the Public Advocate is a more appropriate home for the Ombudsman for Children, and I believe so based on our independence from all of the service agencies, and our experience throughout the Department's history in advocating for children.

As you may know, the Department of the Public Advocate started representing children even before it was called the Department of the Public Advocate. Immediately after the United States ruled that children facing charges of juvenile delinquency had a constitutional right to a lawyer, New Jersey law designated the then recently formed Office of the Public Defender to represent children whose families could not afford counsel. Each year since then our Public Defender Offices throughout the State have represented tens of thousands of children involved with the juvenile justice system, as well as many of those in juvenile family crisis cases.

When the Department of the Public Advocate was created, we began to represent children in other contexts as well. For example, the Division of Mental Health Advocacy represents children in commitment hearings, and over the years has taken important action to reform the mental health system for children in this State. That Division, within our Department, has been a leader in the development of standards, rules, and laws for the commitment of children, and has also investigated countless cases based on allegations of inappropriate treatment of children in our State's mental health facilities.

The Department of the Public Advocate has another Division that advocates for children who suffer from developmental disabilities. That Division -- the Division of Advocacy for the Developmentally Disabled -- as its name implies, acts on behalf of developmentally disabled children and adults, and seeks to eliminate physical and legal roadblocks to their achieving as full a life as the able-bodied.

In addition to the advocacy for children in institutions and those in need of, but not receiving services that would free them of unnecessary restraints and restrictions, this Division has a special emphasis on children in its work in the field of special education. We not only advocate for individual children with local educational facilities to get them the most appropriate educational plan, but we also have been outspoken on the State level with regard to the development of special education rules and regulations so that children throughout the State are assured of the best possible quality education. This Division has also emphasized the need for adequate care for children suffering from AIDS.

Two pillars of the Department of the Public Advocate, as initially created, were the Division of Public Interest Advocacy and the Division of Citizen Complaints and Dispute Settlement. Literally thousands of children have benefited from the work done by those units. Each year, the Office of Citizen Complaints reported on the numerous complaints it received regarding the Division of Youth and Family Services, for example. In addition, that Office received significant numbers of complaints regarding the other agencies in government that deal with children and youth.

Before funding for this Office was eliminated from the Fiscal Year 1993 budget, the Office was able to resolve many of those complaints and, perhaps more importantly, get straight answers for thousands of parents who had difficulties with the children's services bureaucracy. Based on trends developed

from individual cases, that Division -- the Division of Citizen Complaints -- was able to issue reports to DYFS and other agencies which fostered reform of certain practices and policies very much along the lines Senator Brown proposes in Senate Bill No. 374 for the work of the Ombudsman for Children.

The Public Interest Advocacy Division focused attention over the years on issues of great importance to children, including the quality of public education for all children throughout the State; conditions faced by children in county juvenile facilities; and the sufficiency of economic support for underprivileged children.

In 1975, shortly after the Department was created, we became responsible for the representation of youth and neglected children in cases where the State seeks to take custody of them, or seeks to intervene in some way on their behalf. Our Law Guardian Program within the Department of the Public Advocate is one of the premier agencies in the country in the representation of children's interests. Every day, lawyers and investigators from our office are in court or at work with agencies, foster parents, therapists, and family members to be sure that whatever is done in the name of protection of children recognizes those children's rights and the harm that might occur if progress is not made appropriately and in a timely fashion.

The Law Guardian Program in the Department of the Public Advocate also has served on a statewide level to advocate with agencies and other governmental bodies on behalf of the thousands of children involved with the child welfare system. For a short period of time in our Department's history, we actually had what was known as the Child Advocacy Program. It was affiliated with our Law Guardian Program.

This child advocacy group consisted of a small staff paid for with Federal funds. It directed its attention to children throughout the juvenile justice system. In just three

or four years, we pressed corrections officials to enforce the laws that mandated removal of juveniles from adult jails; advocated on behalf of juveniles incarcerated in State facilities, so that they could receive more appropriate and effective rehabilitative and educational services; moved to have some of the most dangerous and mismanaged juvenile facilities closed; and provided much needed expert support in the representation of juveniles throughout the State whose troubled lives had led them into brushes with the law, but who, through appropriate intervention and services, could be turned into contributing members of our society.

Even though our Child Advocacy Program went out of existence shortly after the Federal funds terminated in the early '80s, people working with children still look to this Department for expertise and for advocacy for those youth, because the work we did had such a tremendous impact on the entire system.

We believe that this history of commitment and accomplishments on behalf of children makes the Department of the Public Advocate the most appropriate home for the Ombudsman for Children. The need for such an office is obvious to all who work in and around children's services in our State. The Legislature should make every effort to establish a visible and significant Child Advocacy Unit.

Perhaps the toughest roadblock to accomplishing this worthy goal in 1992 is the question of funding. Needless to say, no department of our State government is in a position to absorb the costs of such a new program in light of the current fiscal realities. However, I believe that our in-house expertise in the Department of the Public Advocate, the legal resources and experience in child advocacy matters we have, would allow us to take on this additional responsibility at far less of a cost than would be possible for the Department of Human Services or any other existing agency.

With regard to funding, I urge this Committee to consider as a possible funding source the Catastrophic Illness in Children Relief Fund, which was created--

SENATOR BROWN: Excuse me. The Senate President has just come in. Because we have children up in the balcony-- The Senate President is being very bashful today, and he is going to have to leave after he testifies -- Commissioner, after you -- but I think the young people cannot see the Senate President. So, if the Senate President would be kind enough to come up here so everybody could stare at him while the Commissioner is talking, I think it would be much more Senate friendly.

Senate President DiFrancesco, could we have you join us up here? (applause) While he is coming up, Commissioner, would you be willing just to stand up so the young people can see you and see what a strong champion they have? (applause as Public Advocate complies)

SENATE PRESIDENT DONALD T. DiFRANCESCO: Why don't those kids come down here?

SENATOR BROWN: Well, because they have their own schedule, just like you have your own schedule, and they prefer to be up there. To continue-- Excuse us.

PUBLIC ADVOCATE FARBER: I was making a suggestion for a possible funding source for the Office--

SENATE PRESIDENT DiFRANCESCO: Yes, you got me real nervous when you said that, I'll tell you. (laughter)

PUBLIC ADVOCATE FARBER: I know I did.

SENATOR BROWN: Just so everybody knows, the Senate President has been responsible for legislation establishing this Fund, so your timing is perfect as far as opinion. If we could whip through the formal part of this so that we can get some dialogue back and forth, that would be great.

PUBLIC ADVOCATE FARBER: I'm almost finished. The Catastrophic Illness in Children Relief Fund was created at the

initiative of Senator DiFrancesco. It's P.L. 1987, Chapter 370. It's N.J.S.A. 26:2-148. As I said, it was created through the efforts of Senate President Donald DiFrancesco. The Fund, fortunately, has received significant financial support. The funds are earmarked exclusively for the benefit of children with catastrophic illnesses. Our information is that the Fund has grown since its creation, and that several million dollars are available. The Fund also collects interest. Although the statute that created the Fund makes specific reference to the desire that it be used in cases of catastrophic illnesses, we believe that its general purpose was to benefit children, and that the creation of an ombudsman is clearly a mechanism designed to prevent the problems faced by children across the State from having a catastrophic impact on their lives.

By way of example of another use of this dedicated Fund, we note the recent decision to fund the restoration of the Family Day Care Registration Program in the Department of Human Services, which is another vital benefit to children.

I thank the Committee for the opportunity to address it this morning on this issue. I would be delighted to answer any questions you may have. My Department is available to provide any information you may require. Thank you.

SENATOR SMITH: Commissioner, the piece of legislation we are talking about for the ombudsman gives the Ombudsman's Office the power to investigate complaints, refer civil matters out, refer criminal offenses out. There are provisions for subpoena power. There are provisions that provide for absolute confidentiality with respect to the identities of complainants, witnesses, and other persons. If someone discloses the name of a witness, that is a disorderly person's offense. There is also an absolute privilege granted to complainants.

PUBLIC ADVOCATE FARBER: Absolute immunity.

SENATOR SMITH: Pardon me?

PUBLIC ADVOCATE FARBER: Absolute immunity.

SENATOR SMITH: No, it doesn't say "absolute immunity." It says: "Any complaint or information made or provided in good faith by any person is absolutely privileged, and the privilege is a complete defense in an action which shall allege libel or slander." So it applies to civil actions.

How do you view these kinds of provisions, and what, if any, recommendations would you make with respect to them? If you haven't had the opportunity to specifically review them, I wish your office would.

PUBLIC ADVOCATE FARBER: I have had the opportunity to review the bill. I think those provisions are absolutely essential, if the Office is going to have any teeth. I believe that those provisions and the provision on page 7 of the bill, which I believe is section 15 c., which gives the Office of the Ombudsman the power to bring suit in a court of competent jurisdiction -- that those are the real power that that Office would have. I think those are essential, if the Office is going to be effective.

SENATOR SMITH: Well, I appreciate your reviewing this and giving us your thoughts on it, because I happen to have great confidence in the Office of the Public Advocate, Public Defender--

PUBLIC ADVOCATE FARBER: Thank you.

SENATOR SMITH: --with respect to your opinions about protecting individual rights. I appreciate your looking at that and testifying here today.

PUBLIC ADVOCATE FARBER: I am also very comfortable with the idea of making the Office in, but not of, the Public Advocate Department. I think it would assure, at least the appearance of what we intend to do, which is to make it a truly independent Office. So, I agree with that provision.

SENATOR BROWN: May I just ask one question, and I really appreciate your taking -- being so generous with your

time? If it is all right with the Department of Human Services, we will put Senator DiFrancesco on next. But, I would just like to ask-- Judge Leahy did raise the question of hoping that this bill would be a broad-brush bill, an advocate for the children in the balcony, as well as those who are out on the streets at this moment in time. How can we be assured that the prestige that the young people in this State deserve would be associated with an operation that was in, but not of, your Department?

PUBLIC ADVOCATE FARBER: I think what you are referring to is the misconception that the public may have that the Department of the Public Advocate serves only the poor. I say that that is a great misconception. When the Public Advocate has taken action with regard to education in this State, it has not done so simply with regard to children in the inner cities or needy children. It has done so on behalf of all the children of this State.

I truly believe that your concern, which I think is a true concern because there is a misconception out there, is not the reality. I think the Public Advocate should be given the opportunity to demonstrate that, in fact, it represents all of the people in New Jersey, and that in all of the services we presently provide for children, we do so for all of the children, not only for the poor children.

I refer, for example, to our Division on the Developmentally Disabled. You need not be poor to be developmentally disabled, and we have been a champion for children with developmental disabilities in this State since our creation.

SENATOR BROWN: Thank you very much, Commissioner. We appreciate your coming. I am a little apologetic that there is not a photographer from a major newspaper here to take your picture. When Attorney General Del Tufo testified about auto thefts, you know, the cameras were out there, and I just think

the job you are doing is terribly important, and the dignity you have brought to a very difficult Office. You will gain a reputation, and I predict in a year you will have the photographers flashing every time you appear anywhere.

Thank you very much, Commissioner, for coming here.

PUBLIC ADVOCATE FARBER: Thank you, Senator. I just want to say to Senator DiFrancesco, I hope you weren't caught by surprise with my comment, but our information with regard to how much is presently in that Fund, and how much interest it has been collecting, indicates to us that spending \$250,000, which is the appropriation in Senate Bill No. 374, would be money well spent, which might very well prevent children from having to use the Fund when they get into a catastrophic situation.

SENATOR BROWN: Thank you again.

In introducing the Senate President, you may not all realize that he lives in Scotch Plains, which is Union County, but he does represent two towns in Morris County, so we welcome him. Chatham Township and Passaic Township. We have many of your constituents here this morning, Mr. President. You have long championed the cause of young people in this State, and it is very fitting that with all of your many responsibilities you changed and rearranged schedules so you could be here. We await your pearls of wisdom.

SENATE PRESIDENT DiFRANCESCO: Thank you, Senator. If you can't hear me, I will speak up. I want to just say to Senator Brown-- Actually, I have to correct her. The two of us, for quite awhile -- and she has been in the Senate since the '83 election -- have been working on the very same issues. I think the point that she made about the focus on children's problems, albeit-- You know, we read so many other things today, and even this political debate we have going on right now has been focused totally on economic issues, on jobs. I know I am guilty of saying that a lot, too, that we have to

have jobs. We know the economic issues are important, but this hearing, and I agree-- This hearing should be on television. We need to continue to focus on the problems associated with children's issues. That is why I am here, just to discuss this bill and this concept and these problems.

Let me just quickly talk about a few things that have popped into my mind as the Commissioner spoke. I am very proud to have-- We speeded up the process because we wanted her in this position as quickly as possible, because I am fully aware of her fine capabilities.

But let me first say about the Child Care Provider Act, I would agree that our Legislature, for whatever reason, omitted it from the budget. The same day that we voted on the budget I introduced a bill to put it back into the budget, and that bill passed the Legislature. But the Governor didn't want to sign it, because the money wasn't available, he said. So it was my idea, over the objections of the people who kind of oversee the Fund, to take the money from the Fund because this was a valuable program that was needed around the State, and we, at least in the Senate Majority, didn't want to see that program go for lack of funding. So we did concur with the Governor's recommendation, which was really my recommendation that I gave to him to find the money to fund this Child Care Provider Act.

With respect to the Catastrophic Fund, we will be introducing legislation to broaden the eligibility requirements for that Fund, so that more people who have dramatic medical bills can be eligible to tap into the Fund for the benefit of the family, their children in particular, where the eligibility requirements are pretty stiff. Perhaps we could reach more families in need by broadening those eligibility requirements. That legislation is prepared and is being introduced with the support of the Fund -- tomorrow, as a matter of fact. I plan to -- I'll make people shiver a little bit -- reintroduce my

Medical Leave Act within the next couple of weeks, which passed the Legislature several years ago, but never actually got passed the Assembly and into the Governor's Office.

So, there are a number of efforts we are working on to try to, once again, help kids in need, whether it be economically or healthwise. We will continue to do that, because we know how important it is to the future of this State, and how important it can be to economics later on, because these kids are the future citizens of our State.

I recently took part in a press conference at which the latest report card on New Jersey's children -- Bill, you were there -- was released by the Kids Count Coalition. The report card was basically conducted by the Kids Count Coalition, and the survey had kind of a mixed outlook on our children. The good news was that more babies are getting prenatal care and death rates and teen pregnancies are down. The bad news is that New Jersey's children are 14 percent more likely to be on welfare than they were in 1990. The number of abused and neglected children rose 1 percent, and the rate at which juveniles were committed to detention facilities rose by 14 percent. So there was good news and bad news, and we will continue to address both issues. We want it to be better news, and we want the bad news to turn into good news.

These statistics, as well as the additional information that is being reviewed today by this Committee, lend an urgency to the need for us, as legislators, to focus our attentions on the many children and families in crisis. We need to continue that focus. I know I don't have to tell that to anybody who is sitting here, because all of you are focused on that need. Certainly Senators Smith and Brown are, too, or they wouldn't be here.

I would like to emphasize the importance of the family, for just as we see our children as the links to our future, we must also view the family units as the building

blocks to every community. Healthy children and strong intact families are what help communities to grow and what will enable this State to prosper in the future. Without that, the State cannot prosper.

We know that in order to help these individuals we need to provide a multitude of support services ranging from nourishment programs and medical screening for children to alcohol counseling and job training for their parents. It takes more than just having these programs develop. Without the proper coordination and delivery of services, these programs may never reach those who need them the most. Certainly their effectiveness can never be maximized nor monitored. We even see that with the Fund, in that we believe the Fund could be more effective if we could maximize our efforts in some way.

In order to improve upon this current situation, Senator Brown -- and she is persistent about these things, as everybody in this room knows -- introduced Senate Bill No. 374, which would establish an Ombudsman for Children in the Department -- I was listening to the argument -- in, but not of, the Department of Human Services, and your recommendation, I guess, is that it be placed somewhere else. Let me just leave that for a moment. (bell rings) I guess we should have these bells in the Senate. (laughter)

I'll move along more rapidly. S-374 is one way by which the administration and the Legislature could further the State's ability to provide the services we were just talking about to children and families. It recognizes that there are a number of good children's programs in New Jersey. Helping to make these programs become more available by eliminating the obstacles and increasing their visibility, like increasing the visibility of the Fund so that more people are aware of it, is one way to guarantee that these programs will not go unused. Mary Ann (referring to one of the witnesses) is smiling, but I

know people say to us, "This program" -- and I always say it-- "This program with its children's Fund is underutilized, because people are not aware of it." Or, what are the other reasons? This is a way of perhaps capturing all of the resources together and finding out how we maximize these programs that some people say are underutilized.

Like its title implies, Ombudsman for Children, it has the potential to serve as the government's own child advocate. The ombudsman could play a critical role as the disseminator of information and in building awareness, both in government and in the public, of the various services provided to children and families. As the bill indicates, there is also a need to develop long-term plans for the delivery of key services, analyze and track trends in the children's services arena, and develop a more sensitive, responsive approach to the resolution of complaints.

We know that the problems facing our children, including child abuse, poverty, drugs and alcohol, AIDS, and unwanted pregnancies can be found throughout the State from the cities to the suburbs to the rural farmlands. We are facing a statewide crisis, and thus we must provide a statewide response. It is my hope -- really our hope -- that today's hearing will illuminate the need to encourage other proposals that support the programs that are currently working to help our children. The programs that are working can serve as a model for a more coordinated approach to children's services. I personally have been a large supporter of the work conducted through Family Preservation Services in DYFS. They would like to see the program, which puts its emphasis on keeping families together, be expanded to all 21 counties, and I know the Department would like to do that, too. I know it is a matter of money, and we will work on that.

Another initiative I am proud to be a sponsor of is Senate Bill No. 1110. I credit Senator Gormley, a member of

this Committee, for taking the lead on this bill, which has already received bipartisan support. This will help facilitate the delivery of social support services for children and their families by establishing family centers at sites at or near schools -- the link with the school. We are going to be talking about this all year as the Majority, as we get closer to educational funding. The link with the school is important, as it links the delivery of social support services with the education community, as was achieved in the program after which this initiative was modeled; namely, the successful School Based Youth Services Program, which was discussed earlier.

This is an area we will be talking about, because we feel very strongly that in our special needs districts particularly, where we spend lots of money, we should have this kind of a coordinated effort. We have to mix the social services with the educational programs in order to really help our children. This is what we think-- We must try to be better, to make it better, to have our children perform better. We shouldn't have hungry children in school. We need to provide the kinds of support services in our schools so that they can learn, and they can learn the way all other kids learn.

This proposal is one of the many good ideas of this Legislature. It is forwarding our efforts to improve conditions for all New Jersey children. I just want to say, I commend this Senate Committee for taking the time to come up here to Madison. Close to me; close to Leanna. Brad, unfortunately, you had to take a ride to see this lovely Morris County area that she is always talking about.

SENATOR SMITH: It was a beautiful drive.

SENATE PRESIDENT DiFRANCESCO: I think it is important that even in troubled families, we find, really, that there is hope. This is the kind of hearing I like, because it provides the kind of hope for children and families and the kind of focus I am looking for in this Legislature, so we can all work

together. I have always said, it is just a matter of putting it on the table. People will jump on board, but you have to educate the legislators; you have to make them aware of it; you have to bring it to the front burner. I find legislators are eager to help in the area of children.

So, Senator Brown, I commend you for doing this, and for inviting and having me here. I appreciate that. I really look forward to working with this Committee in continuing to develop these ideas and solutions.

That's my pitch.

SENATOR BROWN: Thank you, Senator. Before the Senate President assumed his responsibilities, he was a member of this Committee, so he has a long track record. We appreciate your taking the time out of your busy schedule to come.

SENATE PRESIDENT DiFRANCESCO: Let me say this, Leanna. I just want to add something: I am a member of this-- There is a group called the Legislative Leaders Foundation from around the country. They are having, I think, most of the states-- I think we are much further ahead in the area of children's programs than a lot of other states. This group of legislative leaders from around the country -- Assembly Speakers, Senate Presidents -- are having a conference at Yale -- I think you have heard of that school, Senator Brown -- in March. They are going to talk about this very thing: How do we encourage every state -- every state -- to have a single department-- You know, their goal is to encourage every state to have a single department for dealing with children, Senator Brown. So it is very timely. It is important that New Jersey take the lead on this; that we show them what we have done. I plan to take to that conference much of the information and the legislative ideas we have worked on for years.

SENATOR BROWN: Thank you. I gather that this means-- Again, I made it clear at the beginning, Mr.

President, that this was a democratic hearing -- with a small "d" -- because we didn't have all the solutions. But I am also committed to working very fast after this hearing. So, with the support of the Vice-Chairman of the Committee, Senator Smith, we can really get a package-- I am sure that the Chair of the Committee, Senator Cafiero, will be willing to have us roll on this. I think it is appropriate that it should be a Senate initiative.

Thank you, again, for showing up.

We have just one other person who told me in advance that there was a time problem, and then we will go according to the schedule as outlined. Is Mr. Mathe here, who has a problem -- from the Department of Health? (no response) Maybe he had a problem, so he is not here. Then we will go with Bill Waldman.

Thank you very much, Don. I know you have a commitment. And please, there is coffee up here if any of you want to refresh your brains, or keep the caffeine going while Bill Waldman speaks. I'm sure he won't mind people moving around so that you're comfortable. We have tried over the years to upgrade the chairs, as you see in the auditorium, but they may still not be the world's most comfortable. I just think we all hear better if we are comfortable.

We are very, very pleased to have Bill Waldman here today, who has served government at the county level. Bill, tell us about your background in Middlesex County and throughout the Department of Human Services.

We have a class that is coming in here now. I want to have you all able to see. The Senate President did come in to Madison High School. He is up here talking to Senator Smith. You may think that this looks strange, but this is now business takes place. If you try to get the Senate President on the phone, his lines are always busy, or he is out at hearings like this. So, Senator Smith has to take this opportunity to plug

his agenda with the Senate President. This is how business is done. They don't always tell you this in Social Studies classes, but it is very important that we be able to get to the Senate President from time to time, to say, you know, this needs to be done or that needs to be done. If you want to grab him on the way out for anything you are advocating, this is your opportunity. Okay?

Thank you, class, for coming here. I would like to have Mr. Waldman stand up and have him say hi to you, so you just don't see his back. (Mr. Waldman complies) Thank you, Bill. Your show.

D E P U T Y C O M M . W I L L I A M W A L D M A N : Since you gave me the opportunity and the children are here, I would like to put in a little plug for a career in human services and social work. That has been my career interest and my life's work, and I think it is very rewarding; it is very productive.

You gave me a little opening to just speak for a minute about my own background. I started as a caseworker, a social worker, in the County of Essex, in Newark, and through my career had an opportunity to direct human services at the county level in Middlesex County, and direct the Division of Youth and Family Services. Currently I serve as Deputy Commissioner of the Department of Human Services.

Senator Brown, Senator Smith, thank you very much for inviting me to be here today on an issue that has been very high on my agenda throughout my own career in public service. I would like to also express my appreciation to you, Senator Brown, for your long-standing, abiding interest and advocacy for families and children in the State of New Jersey. I have worked with you the whole while and I appreciate that, and I wanted to publicly thank you for it.

I don't know if Senator DiFrancesco is also still here, but I would like to express my appreciation to him. His legislation to restore family day care funds, his support of

School Based Youth Services, his Bring the Children Home Act, have all been very, very important. They are all around goals that we mutually support.

I believe that the best hope for the future of human services in New Jersey continues to be the quality of community-based services for children and families. We only have to scan the newspapers any day to find some area in which families or children are at risk.

As you know, and as Senate President DiFrancesco mentioned, on October 8, the Governor and the leaders of both parties in New Jersey met to release the second annual "Kids Count" report. I won't highlight it again, because the Senate President did hit some of the findings, but I think one could conclude that although there was some good news, there was some bad news. Obviously, tough economic times also mean some tough times for children and families.

Your Committee's focus on this issue is not only timely, it is essential to New Jersey's future. The Department of Human Services wants to work with you to identify the gaps in services and work on a coherent plan and pattern for providing services to those in need.

We also believe that we have some programs -- some which have already been mentioned today -- and initiatives that can help you in your efforts to ensure coordinated community-based services for children and families. My goal is to provide a kind of broad overview of some of those needs and perhaps make some suggestions for the work of a future ombudsman, if you will.

Although I don't have extensive comments on the bill, I just wanted to indicate my support, and the support of the Department, for the comments of the Public Advocate as to the organizational placement of it. We think it would be better placed in the Department of the Public Advocate. It would give the appearance, as I think was indicated, of potential

conflict. Also, the in, but not of, in our Department for something like that would be somewhat difficult. So we definitely support that approach.

The programs that I wanted to touch on just briefly to give you a sense of what some of the needs are, what some of the more state-of-the-art programs are in those areas, and some of my own ideas for how to uniquely package some for the future, are in a few areas: child care; health care for children; services in the schools; services for children with special emotional needs; support for families; and support for communities.

I hope to give you an overview of these key programs, and let me start with child care. Just think for a minute. We know that the "Leave It To Beaver" family is not today's prevailing norm. Today, New Jersey families don't fit the old stereotype of two parents, one wage earner. Rather, many families need two incomes to survive. Other families have only one wage earner who is the sole parent in the home. All of these families need quality child care.

The Department's recent child care efforts have included the New Jersey Cares For Kids program, a statewide child care voucher subsidy system that makes subsidies of up to almost \$500 per month for income eligible families. This approach promotes parent choice and family options.

We know that despite the initiatives and the many ongoing center-based, family-based, after-school programs we have, there are still enormous numbers of unmet needs in child care. New Jersey has two million women in the workplace today, and we expect another 400,000 by the end of this century. More than 75 percent of school-age children have a mother in the work force, compared to 62 percent just 10 years ago. More than 55 percent of younger children, up to age five, have a mother working, compared to about 39 percent a decade ago.

With these kinds of numbers and trends, we cannot afford to turn our heads and pretend we can meet needs with our present resources. We face an increasing gap in services if we don't begin to concentrate resources in this area.

I just want to say from my own work with corporate CEOs in this area, it is not just an issue where we believe that this is something nice, or something desirable, or a nice amenity. Many corporate execs I have spoken to see adequate, accessible, and affordable child care as essential to New Jersey's competitive place in the world economy.

We know that there are waiting lists in communities across the State for child care for infants, toddlers, and school-age children. We realize that there is also a need for child care in our rural counties, as was indicated by a previous speaker, as well as in our urban counties. New Jersey's rural counties cannot meet that demand either.

The Department of Human Services recognizes that part of the success of child care is working with children who are strong and healthy. That is why we have expanded, with your help, our Medicaid program to serve pregnant women and children up to age one whose family income is up to 185 percent of the federally defined poverty level. As of September of '92, this program was providing coverage to about 1800 pregnant women and about 1100 infants. We have also expanded Medicaid enrollment to include children up to 19 who were born after September 30, 1983. This expansion provides coverage to those children when their family income does not exceed 100 percent of the Federal poverty level. As of September '92, the program was providing coverage to almost 2400 children.

One very important approach with health care is the Garden State Health Plan. We have expanded enrollment in that by 300 percent. We have the only Medicaid-operated HMO in the country. That achieves really two goals for us. As you know, we have difficulty maintaining a sufficient supply of Medicaid

providers throughout the State, and that is somewhat related to the rates we are able to pay. We also have difficulty with access to primary physicians and others. The HMO does two things: It provides that access, and it caps costs in such a way that it is actually less expensive than the basic Medicaid program.

To give you an idea of an innovative approach, we worked with the Jersey City Department of Health and we started a program to vaccinate preschoolers from AFDC welfare families in Jersey City. We have been successful in vaccinations for over 6000 of those children, and we hope to be able to expand unique partnerships with cities and counties like that in the future.

These are some relatively modest initiatives we have done as a State, and there is much more distance to cover in the area of health care. I would say to you that this is also tied to the overall issues of health policy and health financing that I know the Senate, the Legislature, and the Governor are grappling with today.

Just as we need healthy children and the child care to meet their needs, we also need a continuum of services in our schools. One way the State is doing this is through a program called FamilyNet. FamilyNet develops links between urban schools and community agencies -- links in health services, social services, employment and training, and avenues to higher education. We have committed staff to work in three regions of the State to develop these collaborations -- these partnerships -- at the local level.

Another program that the Senate President mentioned -- and it was mentioned by your first speaker -- is School Based Youth Services. We also think a great deal of that program. We served more than 19,000 children in the '91-'92 school year. We have offered, through that program, a whole variety of on-site local health and human service programs for these

children. But you know, we still only have it in 37 schools out of over 2200 schools in this State, and only 30 districts in the State out of over 600 districts in our State.

We would like to expand the successful elements of that program. We now operate primarily at the high school level. We have begun to break into the middle and elementary school levels, and there are many miles to cover in that particular area.

Another way to supplement both family and school based services is by expanding the use of local schools for delivering health and human services to children and families. Schools are really community centers, if you look at it that way. We could provide incentives to providers of health and social services through some of our existing contracts, rate mechanisms, and reimbursement schemes. These incentives would make their services available to neighborhood schools in the hours that the schools are not being utilized -- in the late afternoon, in the evening, and perhaps even on weekends.

Neighborhood schools are often vastly underutilized as community facilities. This kind of an initiative would keep those schools open for things like: maternal and infant care; parenting education; counseling; health screening; and similar health and human services.

We know at times the children we work with in our schools exhibit emotional problems which schools cannot cope with, and which all too often become community problems. Our Youth Incentive Program helps some of these kids. This program improves multidisciplinary planning across the various service systems in each county. It expands core community services; reduces the need for institutional care, especially that out-of-state; and provides for time-limited services that are appropriate -- tailored services for children and youth.

This program, I have to say, was developed in cooperation and partnership with the Children's Coordinating

Council. They provided us with some leadership, some invaluable guidance and advice, and some of the members and leaders of that group are here today, and I suspect they will be testifying later. Our first Chairman was Mary Wells, who directs a Family Service Agency in Burlington County. Joan Mecklin is currently Chairman, and there are many very important people in the audience today who helped us to do that and kind of kept our feet to the fire to make sure that we did it right.

Our Youth Incentive Program provides funding to each county. We require that they set up a County Interagency Coordinating Council that deals with broader planning and systems issues for the county, and also a County Assessment/Resource Team. I believe we have one established now in each county. The County Assessment/Resource Team provides, I think uniquely, a multidisciplinary, or interdisciplinary approach with each child and family that comes before it, so that the health needs, the social needs, the educational needs are all considered. I think the unique part of this program is twofold: One, it individually tailors a package of services to keep that family together and to avoid out-of-home residential placement; and two, it provides a sense of shared ownership for those problems among the State, the county, and the professions.

Although we are just starting and we have a long way to go, we have seen some very unusual successes with that particular program.

I am going to zip through, because I know time is a consideration for many. I think that others will speak about the kind of youth and service program we have today.

One concept that is a part of that program and another initiative we have taken, is the idea of "wrap around" services. In the past, the Department, through its funding, through RFPs and other things, had funded agencies to develop

specific kinds of programs. We have about a half a billion dollars as a Department in health and human services contracts. What we decided to do, knowing that not one size fits all, that not every family needs the same service, we invested in a concept called wrap around. So that, without being designated in large amounts to agencies, has the flexibility to empower families and children to get the services they need. I think other people will testify about that approach, as well. We also found it very successful in reducing out-of-home placement and keeping families together.

The Senate President mentioned Family Preservation Services. We agree very strongly with him and support his legislation. This has been a national movement, a success in this State and in others, that has demonstrated, with intensive time-limited in-home services, at time of crisis you can avoid the deterioration of families, the escalation of problems. It works. It is around the State. We have one model of it that has been very successful, that is modeled on the Home Builders' Program, but I would say that is only one type of Family Preservation Service. There are many other types that are directed-- There are other witnesses in the audience today who can probably elaborate more on the other types, as well.

My written testimony has more details on the specifics of programs that we support.

I would just like to perhaps throw out a little bit of a new idea today, something for consideration. In the presidential debates and a lot of the discussion we have heard about a concept called enterprise zones. In human services, as well as business and industry, we have areas of the State, remote rural areas and urban centers, where it is difficult to get the services that our citizens in those areas need. I would just put out for consideration the idea of health and human services enterprise zones, where we provide incentives somehow to providers and special breaks through rates and other

mechanisms to reach out to those areas where we know there is unmet need in the State. An interesting concept, and it kind of capitalizes on some of the thoughts today.

One of the key areas for us as a Department in expanding this whole area, is the partnership we have developed with community based agencies. We feel very strongly that the future of our Department involves strengthening and expanding that base. We propose this year for the next year in the preparation of our budget to include those needs in the very base of our budget, because we feel that the direct services that are provided out there are equally important with those that we provide.

I guess in closing, we certainly welcome these hearings. We commend you for having them. These are very important issues. We would like to work with you on the bill. I made the one comment already about organizational location. Like you, we share a concern about the resources. You know how strapped we are. I have no magic wand that I can point to a particular funding source for it, but it is an idea that is worthy of consideration and worthy of development.

Thank you for the opportunity to be with you today. I would be delighted to answer any questions you may have.

SENATOR SMITH: Deputy Commissioner, I was interested to hear that you agree that this program would be better under the Department of the Public Advocate. I had always had the impression that State agencies were in competition for programs and would take whatever they could get their hands on. But it is good to see a different kind of attitude prevailing here.

Since you raised the issue about enterprise zones for human services -- and I think that is very interesting -- what kind of incentives are you thinking of with respect to this kind of a project?

DEPUTY COMMISSIONER WALDMAN: Again, let me just put the resource issue aside. One thing, just giving it some

thought, the idea-- For example, we have standardized rates for certain services throughout the State. Basically, in the many child care center programs we fund, there is a basic rate that everybody gets, depending on the different types of care that are provided. For Enterprise Zone B, I would add on-- My suggestion would be to give an incentive on each type of rate, so that more is paid for infant care, more is paid for center care, or family day care, in those particular areas. So it then would become more attractive to the provider, and would also recognize the special expenses that one may incur in either remote rural areas or in urban centers.

SENATOR SMITH: You mean more assistance from the State?

DEPUTY COMMISSIONER WALDMAN: Yes, in that way as well. Also to develop partnerships. I mean, if we could work something like that with the idea of using an urban school as a site to cut down on the rental costs, or occupancy costs for those agencies. Quite honestly, we have not fully developed the concept. It is just a relatively new idea that we think might have some merit and may be worthy of some further exploration.

SENATOR SMITH: Okay, thank you. Senator Brown pointed out that I was trying to get my own agenda here by talking to the Senate President as he was leaving. She is right to a certain extent there.

I want to check on my personal agenda with you for a second.

DEPUTY COMMISSIONER WALDMAN: Sure.

SENATOR SMITH: How many employees do you have in your Department, approximately?

DEPUTY COMMISSIONER WALDMAN: We have slightly over 20,000, but we are in the process of concluding our layoffs. By the end of this current fiscal year, we will have dropped, and we are projected to have about 19,400 roughly.

SENATOR SMITH: I would hazard a guess that there is a fair number of employees in the Department of Human Services who actually live in Burlington County, where I'm from?

DEPUTY COMMISSIONER WALDMAN: Yes, I believe so.

SENATOR SMITH: Okay. You mentioned that healthy children are very important, and I agree with that. I have been the Burlington County Chairman for the March of Dimes since 1986, and we are always trying to get teams together for the team walk in April. I am going to call upon you today to check with your Burlington County employees in the Department of Human Services and get them together to walk as a team in Burlington County. Would you do that for me?

DEPUTY COMMISSIONER WALDMAN: I will do that for you, Senator. It will be a pleasure. It is a worthy cause.

SENATOR SMITH: Thank you.

SENATOR BROWN: I have just one question: I want to get clear today that government has a major responsibility in this area. But one of the reasons we are in Madison, one of the reasons the volunteers are here -- are out there, is that all of us, whether we are in the system or not, have a major responsibility. I was concerned that as we were talking, the young people-- Very frankly, we were not hitting them. Whether it was because our lingo became very much governmentese-- I guess a concern I have as we upgrade the services, is that we don't let anyone think that the responsibility isn't right with us.

I just have a sidebar: A number of years ago, my husband and I were at a meeting in Novosibirsk and, of course, in the old Russia there was a very good day care center, and so on. We were amazed that the guide who was responsible for us spent her whole time trying to have her child taken care of by family members and escape the child care system that had been so elaborately and efficiently set up.

So I think we are going to have to realize that, again, the answers are just not all with government. Somehow we have to do what we're doing as in a manufacturing center, i.e., get more maybe decision-making processes into the caseworker, so the caseworker doesn't have to go through so much bureaucracy. We're seeing that when we manufacture, the person's machine that breaks down, instead of having to go through a whole hierarchy to get it fixed, they have the ability to bring in a person who can repair the machine. This streamlining, so that we don't hear this figure of 80 percent of the costs for foster care, for example, are in administration in one way or another, that Representative Nancy Johnson used when she was in the State of New Jersey just this week.

I just think that, you know, it is fine to talk this lingo, but I am hoping before the end of the day that we will have a young person who is brave enough, because he or she has sat up in the balcony, or down here, to come forward and use the mike. It doesn't bite. We're talking about young people and how we can help you, and I think it is very important that you say a word or two. I am very impressed with the Madison school system that has been having classes come in and out to see how we actually work. It is interesting to see the eyes glaze over of the very kids that we want to help.

Bill, thanks for all your efforts. Thanks for being here. We are going to upgrade the attention and focus here in New Jersey thanks to the good efforts of people like you and people in your Department who not only work 9:00 to 5:00, but work round the clock to help children in need. Thank you.

DEPUTY COMMISSIONER WALDMAN: Thank you, Senator.

SENATOR BROWN: We will whip along now, if that is all right, according to the order of anyone who has taken time out of his or her busy schedule to testify and who has a commitment. Otherwise, we shall go according to the list, which shows me that Marshall Bord is next.

M A R S H A L L B O R D: Yes.

SENATOR BROWN: Marshall is Assistant Executive Director, Association for Advancement of the Mentally Handicapped.

MR. BORD: As I walked to the table, the melody from the tune "Fools Rush In" was serging through my ears. I am very glad that Deputy Commissioner Waldman strongly recommends that the Department of Human Services does not house the ombudsman -- or ombudsperson, as the case may be. I think the move toward the Public Advocate's Office is a step in the right direction. I would like to see the next step taken, as well, should this Office -- when this Office is created -- and that it be made as independent as possible. Recognizing that no office created by the State is going to be totally independent, but it should not be housed in any single department; should not be seen, even perceived, or even misperceived, as the wing or extension of any Commissioner or Deputy Commissioner or Division Director, but should be as independent as it can possibly be.

That is with all due respect to the good Commissioner who was sitting over there from the Public Advocate's Office, with whom we have joined hands and filed companion cases on behalf of several developmentally disabled people. I see them in a most positive light. I have worked with them in the past, and will continue to do so. It is not the Public Advocate, per se, that I object to, or I am concerned about, but any department or any division being the home for hopefully this new Office of the Ombudsman for Children.

A small quibble, too, if I may. Very obviously, I and my agency are very supportive of the bill and the concept. There are so many-- There are a number of activities, some of which have been alluded to by people who have already testified, that begin to indicate that the problems of children obviously cross divisional lines and obviously cross

departmental lines. Some service components are now beginning to be developed in New Jersey that acknowledge this, so that we have the School Based Services; we have the Youth Incentive Program, that Bill made mention of; we have the CART at the county level -- the Case Assessment/Resource Team -- made up of DYFS, sometimes DDD, and special education, and juvenile corrections, the private providers, etc., etc., because it is merely -- or, it is often an accident that determines which system the youngsters we are talking about happen to be located in. They might be picked up, if you will, by the school system, and then they are labeled or categorized as special education or learning disabled. They might well be picked up, as the Judge indicated, by the cop on the beat, and then they are in juvenile corrections; or a complaint may go into DYFS and they are then abused and/or neglected under DYFS supervision.

Those are just some of the agencies that are involved. Vocational rehabilitation in the Department of Labor; the Department of Health with some of its drug and alcohol dependency programs; and on and on the list goes. So, children's needs, wherever they may arise, might well be reflected in this Office of the Ombudsman in a manner in which simply doesn't exist today.

My own personal history here, if you will-- Personal history is perhaps too strong a term. My own activity here-- I have worked with youngsters who were at risk of aging out of the DYFS system; that is, when they hit the magic age of 18, historically DYFS has tended to close the case. I have a drawer full of letters and responses to those letters, indicating -- sent out to DDD, sent out to the Division of Mental Health and Hospitals, the so-called adult systems that are there to deal with the needs of adults with problems and difficulties in New Jersey. Unlike DYFS, they are very specific; whereas DYFS is generic, they are categorical.

A number of times I have heard from DMH&H that, "Yes, this youngster who is about to leave DYFS has a problem, but the problem is basically one of, oh, perception or developmental disability. Why don't you try that Division?" At the same time I wrote the letter to DMH&H, I also wrote a letter to DDD, and the response from DDD has too often been, "Yes, this person may have some developmental disability, but the primary problem is that of mental illness. Why don't you address this to the Division of Mental Health and Hospitals.

Meanwhile, this kid gets lost. This kid leaves DYFS; this youngster leaves DYFS; this young adult leaves DYFS. Neither of the adult systems is either willing or able to pick up the service needs of that person. This person disappears into the cracks for a while. I guarantee that nine times out of ten, that person is going to reemerge on welfare, among the homeless, in the adult correctional system, in some substance abuse program, or in a mental hospital. Those are just some of the-- Or, in the morgue, as the case may be.

So, unless we begin to deal with these youngsters as early as possible -- and 18 is far too late, I think-- Wherever they may be, whatever program they are in, if they are under State care, whether it be education, developmental disabilities, DYFS, juvenile corrections, whatever-- Wherever they may be, there should be some mandate, some requirement, by law perhaps, that they receive transitional services; that they begin to receive some of the tools that will enable them to function as competent adults. So often what we have now is approximately 2000 youngsters leaving the State systems every year. They go back to each one of the 567, I think, municipalities across the State of New Jersey. We all have some of these youngsters at or near our doorsteps.

The remarkable thing is that some of them actually make it. Why, I don't know. Their resiliency is absolutely astonishing. You go through the records of some of these

youngsters and they are replete with multiple placements -- 10, 12, 15. They are replete with abusive and negligent parents, the absence of medical care, the absence of dental care, the absence of emotional care, and yet, somehow, these youngsters survive and, in some real instances, actually thrive.

We have the raw material here, I think in many situations, to actually help some of these kids. The good Judge earlier mentioned self-esteem, and I don't know how you instill self-esteem, a sense of worth, a sense of self-value to these youngsters. Some sense of permanency is obviously important; some sense that somebody there, somebody around here, cares about me, thinks I am valuable enough to care about, is probably also a significant component.

With that in mind, I would suggest that the earlier we can develop permanency planning for the kids that are taken out-of-home, the better off we are all going to be, including these kids. If we don't deal with these problems as early as possible, we are going to continue to pay for them, and pay very heavily, as they emerge into the adult system.

SENATOR BROWN: You are the first person here who represents the nonprofit sector. Is that correct?

MR. BORD: I'm sorry?

SENATOR BROWN: You represent the nonprofit sector?

MR. BORD: Yes, ma'am, I do. I also hope I represent the kids.

SENATOR BROWN: Yes. I just wanted it crystal clear that up to this point we have had everybody who has been paid for by our taxpayers' dollars, and that you represent somebody who is paid for--

MR. BORD: Well, if I must be totally honest, part of my salary is also indirectly coming from taxpayers' dollars, because my agency is under contract with several divisions within the Department of Human Services, among its funding sources. So, in that sense, I am "tainted."

SENATOR BROWN: Thank you very much for taking time out of your busy schedule to appear here today. We really do appreciate it and we look forward to working with you.

MR. BORD: Thank you very much for the opportunity to speak before the Committee. Thank you.

SENATOR SMITH: May I say something?

SENATOR BROWN: Sure.

SENATOR SMITH: I would just like to say I think your comments with respect to transition problems are well taken. I have seen, in my experience in Burlington County, with students at the special services school, once they get through the high school program, things sort of drop away. Now, that school district has done things to provide programs following high school, but they are extremely limited. I think that if we have an Office of Ombudsman, as we are talking about with this bill, that could certainly be an issue under the broad parameters of this legislation, that the Ombudsman could investigate and make recommendations on.

MR. BORD: (speaking from audience now; no microphone) But I had one more final point: If that age 18 could be extended to 21, or if the definition could say, "All children under State care, that's DYFS' children, youngsters of 18, 19, 20, 21, the preponderance of the learning disabled and the developmentally disabled may stay in school up until their 22nd birthday--" I would love it if your bill would include those conditions.

SENATOR BROWN: Lots of you have many areas of expertise. Could we just have a show of hands? When we are talking about an ombudsman for young people, is there consensus on what the age -- the cutoff age should be? The suggestion of 21 has been made. Those agreeing with 21, raise a hand. Those disagreeing raise a hand. (audience complies)

LYDIA KIRSCHENBAUM: (speaking from audience) I would like to suggest that the cutoff point be anyone under

22, because that is when the traditional systems cut off. You would be cutting them off under 22, so they would be covered into the 21st year.

SENATOR BROWN: Hopefully, we are going to have--

SENATOR SMITH: I would like to take this opportunity to introduce Pam Anderson, sitting to my far right, your far left. She is with the Senate Majority Staff, and is our link -- or the person who assists us on the Senate Women's Issues, Children and Family Services Committee. She has done a great job for us this year, and I just want to acknowledge her being here.

SENATOR BROWN: Thank you, Pam, for all you do. As you know, Senator Smith, who up here is Vice-Chairman of this Committee-- We really appreciate him coming from Burlington County up here to Morris.

We have two people now who testify frequently in Trenton, who have done a great deal to make sure that children are visible in New Jersey. I would like to call on Ceil next; then Julie Turner; and then, if it is all right, Mary Ann Whiteman, who represents the Catastrophic Illness in Children's Relief Fund, since we have had some discussion of that particular operation. Then we will return to the list with Kay Gellert.

Ceil, tell us a little bit about the Association for Children of New Jersey, another very distinguished nonprofit organization.

C E I L Z A L K I N D: Thank you. The Association for Children has been in existence in the State since the mid-1800s. We date back to when we originated as the Newark Orphan Asylum; then became the Child Service Association, a foster care and adoption agency; and we combined, in 1978, with the Citizens' Committee for Children of New Jersey to form our current entity, the Association for Children. We are a statewide, nonprofit, independent child advocacy organization. By independent I mean that we receive no State or Federal

funding. We have, from time to time -- at one time had a small Federal grant for our foster care project, but we are completely independent, which puts us in a unique position in terms of commenting on children's issues. In fact, some of the things we do, because they are part of our program or because we are asked to do so because the need is so great, are very similar to some of the things you have outlined in your bill, which gives us a particular perspective in terms of the comments we have to offer on that bill.

I want to thank you very much for holding this hearing today, and say how much we have enjoyed our long relationship in working with you. I am pleased to see you are wearing your Kids Count button. ACNJ is the administrative agency for Kids Count and the publisher of the "Kids Count Report."

In calling this hearing, my sense is that you had two purposes: One to talk about services, and one to specifically talk about your bill, and I intend to address both very briefly, because I know there are a lot of people to testify, and I think many service issues will be addressed this morning.

I want to raise a very specific area of service need, a current project that we are working on that we think is absolutely critical. Marshall Bord alluded to it in his testimony a moment ago. It is one that is taking a look at what happens to children who enter the foster care system, and whether there are services in place to prevent unnecessary placement. There are children who do need foster care placement because their problems are severe and their parents' problems are so severe, but we believe there are many children who enter foster care who do not have to enter foster care. In fact, there are about 6000 children in foster care placement in New Jersey, and we are very concerned about permanency in the broadest sense, for these children.

In this year of what seems to be family values, permanency for these children means having a family, whether

that is having the services to remain with their own family, or to shortly move on to an alternative permanent family, such as an adopted home. We have undertaken a recent project to take a look at what our State has done in terms of its obligation under State and Federal law to provide services to prevent unnecessary placement.

We know that the State has made some efforts. Bill Waldman alluded to the Family Preservation Program and the development of the Wrap Around Service Program, all positive efforts. Our concern, however, is that they are not all that is needed; they address one part of a continuum of care; and that the children who are at risk of foster care placement are not really being addressed. We are very concerned about looking at the critical need for development of relevant services, as well as coordination of services among departments.

We have undertaken a recent project with a small grant from the Fund for New Jersey, where we convened a group of people who are involved in placement, either in representing parents, representing State agencies, and advocating for children, or providing services to examine this whole system, to do an assessment of whether New Jersey is meeting its obligation to prevent placement; what services are needed if we were to design a continuum of care; what that continuum would look like; and whether any changes are needed in legislation or regulation.

We would like the opportunity to come back to you at a later time to talk about this project. It has, in fact, become more critical than ever. Some time ago, this Committee looked at two termination of parental rights bills, one sponsored by you, Senator Brown. At that time, we asked that the bills be held because of a pending Supreme Court decision. Well, the New Jersey Supreme Court decided those two cases on June 30, and the outcome was one that we have a lot of concern about. The cases appropriately look at what the State's obligation is

to prevent placement to families. There is much language in the case around the agency's obligation to provide services to families. However, we are very concerned that it takes place in the context of termination. With children who have been in foster care for a considerable period of time -- six years in one of the cases -- considerable bonds develop to another family. So our concern is to shift the focus to have this discussion on placement prevention at a time when it will benefit, and not harm the child.

Our second issue around services is one that we have addressed before, and I raise it because I think you are going to hear a lot this morning and this afternoon about need. We want to talk a little bit about accountability. The State does provide a tremendous amount of services through all of the State agencies to children and families. We are concerned about accountability for that funding. The Division of Youth and Family Services, for example, is responsible for millions of dollars in contracted services, its own contracts to assist its clients, as well as administering the Social Service Block Grant funds which are distributed to the Human Services Advisory Council.

We think it is very critical to have some evaluation of what is happening with this funding. What services are being provided, and how effective are they? We have some questions that we think are critical to explore. One is: What is the level of service being provided in these contracts? Most contracts do provide for some level of service that the agency must meet. We would like some look at whether the program is actually meeting -- these programs are actually meeting -- doing what they promised to do. We would like some information about what the quality of service is. Is it effective? Are positive outcomes, measurable outcomes resulting for children and families?

We would also be concerned to know if the service is meeting a client need, especially for DYFS-contracted services. Does the program serve Division clients? Is it addressing a critical problem? Is it addressing risk to the child; placement prevention? We think these are critical issues in view of shrinking resources and the need to set priorities. In fact, we think it is a strong part of accountability, both for how State dollars are being spent, as well as whether clients are actually benefiting from these services.

Now my specific comments about your bill: As you know, we have been strong supporters of this bill since you introduced it some time ago. We have had some concerns about the bill, and our concerns remain. Primarily, the bill is very broadly drafted; puts many functions in one office. We are not so sure that one office could handle all of the functions that are outlined in this bill.

We have come to feel very strongly that this kind of a program, whether it is called an Ombudsman or an Office of Child Advocacy, is now more critical than ever. Some of the existing resources that would provide some of the parts that this bill recommends have been lost in budget cuts. You have heard about some of that already this morning. The Citizen Complaints Line in the Office of the Public Advocate was always a resource to families which were having problems accessing State services. The DYFS Director's Action Line, although still in existence, has lost some funding, and we fear will not meet that need. The Governor's Committee on Children's Services Planning, which looked at broad program issues and broad needs, has not-- It is still in existence, but does not undertake that kind of a role any more. So the need is there.

Our concern, though, is about making the bill as strong as possible. As I mentioned, our major concern is the issue of how broad it is. It puts a lot of functions in the

office. We are not sure that it can be done. In fact, for the funding that is provided, I think it would be very difficult to put all these responsibilities in one office.

In looking at the bill, we feel that sections 8 and 9 are probably the strongest elements of the bill. Section 8 really creates a complaint line, a referral and resource network, where the office is responsible to receive complaints from individuals who are having trouble accessing systems; to identify which State agency is responsible for that service; and to help the client access services through that State office. We think this is a critical function. We, as an independent child advocacy organization, have received an increasing number of case advocacy calls just like this; clients who cannot access services from the State. So we feel that this section of the bill is absolutely critical

It would serve two purposes: It would enable the client to have access to someone who can identify, who can help and follow through on whether the service is provided, as well as then use that information to keep track of the complaints they have received, to get a picture on broader issues about what services exist or are lacking in the State.

We also think section 9 is a very appropriate and important section which gives this office the ability to conduct investigations. Facilities investigations, for example, which have been mentioned in prior testimony, are very important to ensure conditions for children, and are appropriate.

Our sense is that if the bill concentrates on these two elements, it would be workable and manageable. We agree with prior testimony that the probable appropriate place for the bill is the Office of the Public Advocate. As you know, that was one of our earliest recommendations when we commented on this bill some time ago.

We would be glad to work with you further on this bill. It might be interesting to take a look at how other states have created offices of child advocacy and how broad their role is. You might want to look at how this relates to how the Ombudsman for the Elderly operates in New Jersey. Is this very similar to the functions that that Ombudsman has had, and whether their experience can guide the development of this bill? We would certainly be glad to help in any of this.

SENATOR BROWN: Your usual professionalism, Ceil. Thank you so much.

Michele has volunteered to get for the Committee, if the Vice-Chairman and the Chairman wish, knowledge of what is going on in other states, which I think is terribly important.

SENATOR SMITH: Just a comment: With respect to your concern about the broadness of the legislation, I think if you are going to have an ombudsman, it needs to be broad. You have to have the broad scope of authority available. It does not necessarily mean it has to be used, because you're right. If this ombudsman is trying to do everything within the scope of this bill, I mean, it would be an unmanageable job. But at least it allows that office to pick and choose the areas that they feel need to be looked into most importantly.

You talked about establishing priorities. The breadth of this legislation allows that office to establish priorities, and allows it to pick and choose. I think that's good, and it has to be maintained that way.

MS. ZALKIND: I think that is very appropriate. In fact, parts of the bill do suggest that the ombudsman could access other resources for assistance; access other agencies for help, which perhaps might address that issue of the broadness of it.

Thank you.

SENATOR BROWN: Thank you.

Julie, if you don't mind, come up here and be on board. But before she loses her nerve, we have a student here, and I would very much appreciate your allowing Ann Marie to come down and introduce herself. We're talking about young people, and have not heard from a young person. I know we have sprung this on you, but I am really very pleased. You live at 16 Crescent Road in Madison. Just come up here, and tell us who you are. Sit down at the mike and tell us your full name, what grade you're in, and so on, and what you think the situation is about your friends. Do you need any help from government, or are we just wasting our time here?

A N N M A R I E F I G E N S H U: Well, my name is Ann Marie Figenshu, and I am in the eighth grade.

I think that pretty much you don't need very many things. Like you don't need whole corporations of things. You just need, I think, a place where kids can go, where they can have just a positive influence. I know a lot of kids in this school, and in a lot of places, they just don't really care about a lot of things that I think they should. So they just need a place where they can just be comfortable and, you know, happy with themselves and the work they do and, you know, take pride in things.

SENATOR BROWN: How many of your friends are volunteering? Are any of you candy strippers?

MS. FIGENSHU: Yes, I have some friends who go to an old house. I'm not sure where it is; I can't think of it now. The Wick House, it is. They go and fix it up because it is an old house. Tours go through there and they help them out, and stuff.

SENATOR BROWN: Do you think you are given too much responsibility by grown-ups -- your teachers, your family -- or too little, or just right?

MS. FIGENSHU: Well, from my situation right now, I don't think I have too much responsibility. From what I hear

from the kids around school, it is sort of a mixture. Some kids think, "Oh my gosh, my mom is making me do all this stuff," or, "Oh my gosh, Ms. Fellows is giving us so much work." But you know, there are other kids that they're just right. So it is sort of a mixture, I think.

SENATOR BROWN: One last question, and then we'll see if Senator Smith has a question for you. We were talking about if we have this office, having it go up to age 22, and I guess we would have to-- Certainly it could not be an Ombudsman for Children and go up past 22. Then it would have to be youth, or whatever.

You know, when do you really look forward to making your own decisions? How many of your own decisions does your family let you make now in eighth grade?

MS. FIGENSHU: Well, right now, in eighth grade, my parents let me make a lot of my own decisions. You know, I mean, they will lay it out to me, "You can do this, or you can do this," and then they will give me some time to think about it. So I guess they give me the freedom to make my choices, but when I make a choice, they will say, "Well, you know that this will happen." You know, then I will be aware of that or not and I will make the decision.

SENATOR BROWN: Wonderful. I guess why I am pressing you this way is because I go back to Judge Leahy, who was talking about, really, the capabilities and the excitement that you represent in young people. When we have interns who come into our offices, I think Senator Smith and I always smile a little bit more, because we need your vitality. I don't want to do anything that makes it look as though people who are under 21, you know, just don't have a lot to contribute to society.

I have felt for a long time that we keep our young people young too long. We don't give you enough, you know, opportunities. If you come into my office in Florham Park now,

I will let you run my office. Peggy Nelson who is here, and Bill Cooper is here-- They would be very glad to let you handle it, and you would do a very good job, Ann. I guess I just plead that we've got to-- One of the reasons for having this hearing is to showcase the Anns and to make it crystal clear that all of you are really helping New Jersey work. You know, some of you do need the support system. Others of you we've got to rely on to help us.

SENATOR SMITH: Well, I guess it is my turn. One of the problems with being young, I think, and not having a lot of responsibility, is that when you are at that age you really don't appreciate how good it is not to have a lot of responsibility. (laughter)

But, you raise a point about providing places for students, young people, to feel comfortable and to do things. I think this is a problem that communities have faced for years and years. Each community in this State sort of tries to deal with it in their own way through after-school programs, through P.A.L. programs, through parks and recreation programs, things that youth can be oriented toward.

I think the State has more or less left those obligations up to the local communities. What we have been trying to do in the areas we are talking about here today, is to provide special help for children who really need a little more help than the average student. But you make a good point, and it is something that we in government have to be constantly aware of, because idle minds often have problems.

I want to thank you for coming here and reminding us of that.

SENATOR BROWN: Thank you, Ann, very much. You get an "A." Okay? (applause)

Moving right along, Julie Turner.

J U L I E T U R N E R: (speaking from audience) That's a tough act to follow.

SENATOR BROWN: When you are in a wedding, the bride always has to watch not to be upstaged by the flower girl. Julie is used to talking with all sorts of commotions. Come on up here.

MS. TURNER: I'm Julie Turner, Executive Director, New Jersey Association of Children's Residential Facilities.

Senator Brown, thank you for your very kind words. I would really like to commend you on your choice of your aide. Peggy Nelson and I go back a long way. We cut our teeth on child advocacy as members of the State Public Affairs Committee of the New Jersey Junior Leagues, and I think we both learned that citizens and advocates can really make a difference. For some unknown reason, we are still doing it.

I wish all the kids in New Jersey were as articulate and sort of wonderful as our last speaker. Unfortunately, many of the kids are not. We serve about 1000 children placed by the State in residential treatment centers, group homes, shelters, specialized treatment homes, and independent living programs. As you know, the Department relies on the private sector for the treatment of the majority of its most troubled children.

I would like to focus on certain policies which undermine quality care for the most vulnerable kids.

Inadequate and inequitable funding: Department policies and practices which undermine the maintenance of a viable infrastructure to care for the most troubled children.

DYFS, under the strong leadership of Nick Scalera, has recognized that existing services are inadequately funded. This year, a consultant hired by the Department of Human Services at the strong urging of the Division of Youth and Family Services, found the following:

- 1) There is little rational basis for the rates currently paid to providers. Differences in rates cannot be explained by the level of difficulty of the children.

2) As a result of the low and inequitable rates, there are significant problems that could have a major impact on the quality of care children receive.

3) DYFS does not provide full cost of care. The seven facilities studied in-depth spent \$1.8 million, providing from 3 percent to 36 percent of the budgets.

4) Many residential providers were in extremely precarious fiscal shape.

5) It is imperative that DYFS take action to level the playing field among providers. The reality is that some of the providers will, quite simply, go out of business if some of the fiscal inequities in the system are not addressed immediately.

SENATOR BROWN: Julie, let me just jump in here for a moment. Ms. Turner has put together a very good testimony.

MS. TURNER: I will summarize some of it; I really will.

SENATOR BROWN: Okay.

MS. TURNER: We know there are severe budget constraints. However, the Department of Human Services has had a de facto policy of continuing to develop new and costly services, while ignoring, and thus undermining the continuing existence of agencies which have faithfully served New Jersey children.

Recently, a Human Services capital bond has been pushed by the Department. It would develop 108 new beds, with an estimated annual operating cost of \$4 million. I do not expect that in this financial climate they are going to be able to provide an additional \$4 million. The Department says the operating costs would come from the redirection of existing substitute care funds. If they are unable to implement their own consultant's strong recommendation for a minimal funding level for existing services, how can they continue to advocate for the development of new and more costly programs?

I would like to discuss that with all of you in more depth at some other time.

SENATOR BROWN: Julie, let me just ask: How many children's residential facilities do you represent?

MS. TURNER: About 60.

SENATOR BROWN: And they are all over the State?

MS. TURNER: They are all over the State, yes.

SENATOR BROWN: And, all the facilities are fully utilized at this moment in time?

MS. TURNER: I have not seen recent statistics. A sort of confusion has sort of delayed things. But generally, they are full, yes.

SENATOR BROWN: How would you like to make the State different, because you have taken the time to come here today?

MS. TURNER: In one group home they are paying minimum wage and they are operating at a deficit, because they couldn't, once the minimum wage went up--

SENATOR BROWN: This is in Morris County?

MS. TURNER: Yes, ma'am. There should be a minimum-- They should follow their own rate-setting consultant's reports and recommendations. They should not be developing new programs, without looking at how you maintain existing programs.

Second is the real question of how policy decisions are being made, and I think this fits very much into your bill, because I really have some concerns. Unfortunately -- and this is a quote from a national article, and I have it in that big packet of information-- "Some of these decisions seem to have been based more on ideology and mythology than on evidence about the impact of policies on children." This quotation was from an article in "Public Welfare," questioning family preservation. As the author notes, "The deficiencies in the policy-making process characterize the development of other policy preferences as well. The lack of information about the

impact of intervention on children makes it difficult to develop sensible policy."

They note -- and I think it is a well worthwhile article to read -- that if the goal of family preservation is prevention of removal and a child not being seriously abused and neglected, it is a success. However, most programs make no effort to remedy the basic family problems that place the child at risk of poor school performance or peer relations and problematic emotional development.

SENATOR BROWN: So the problem with the bill is what?

MS. TURNER: I am supporting several parts of this bill, because I think the systemic is the real critical issue.

Let me raise a couple of real radical questions.

SENATOR BROWN: Good.

MS. TURNER: Okay.

SENATOR BROWN: It's getting near lunchtime, so people should be woken up.

MS. TURNER: Between 1984 and 1992, in New Jersey, kids placed in out-of-home placements fell slightly. That is contrary to everything else across the country. Across the country, placements have increased by about 50 percent, as a result of substance abuse, crack, a whole range of issues. Federal studies have looked and said, "Kids are in a lot worse trouble."

They note that there is an increasing number of severely emotionally disturbed children entering foster care. A recent New York Times article talked about 50 percent of foster kids suffering from behavioral, developmental, and emotional problems. Every other state has said that there are significant needs for these kids, but New Jersey seems to say, "We don't even need a psychiatric hospital for kids under 10." New York has 747 this year.

Senator DiFrancesco mentioned that the number of children in one year, from '89 to '90, went up in Corrections

by 14 percent. Is it a coincidence that in that same period of time the number of children in residential group home care declined by 14 percent?

SENATOR BROWN: So your basic point is that we must not lose sight of the fact that there is need for residential treatment for young people?

MS. TURNER: I think there are two points: One, I think that there is this need. But secondly, you can't go just on these sort of fairly good assumptions. I think you have to look at the hard facts. I think you have to get the facts. If there is one thing-- I have listed a whole group of very serious statistics that raise serious questions: Kids that don't get into a CCIS unit, the number of kids. There are a number of facts that I think you, as legislators, need to have brought to you and you should ask the hard questions.

The strength-- I think probably my favorite parts of this bill relate to some of the system issues, of bringing those system issues to the public and doing the hard analysis. It is interesting, as I heard the Public Advocate talking about the days when there was an Office of Child Advocacy -- I had sort of forgotten, and I asked Marshall and he reminded me-- One of the people who did that -- and she is no longer alive -- was Marsha Richman. She did what I think you want, and I want. She asked the hard questions; she got the hard facts; and by gosh, she fought for kids.

SENATOR BROWN: Thank you, Julie, very much. Really, there is more meat in this particular piece of testimony than I have seen in a long time. So we are going to take this home and study it. I think the Senate Chairman of this Committee would be very interested in this, because I think you raised some questions that the Committee needs to pursue, as opposed to just simply focusing on this bill.

So, thank you for taking your time.

MS. TURNER: I also made copies-- You know, in all your spare time as legislators, there are some things that I have written, but more importantly, there are some national articles that I think you might find of interest.

SENATOR BROWN: Thank you.

I am sorry to veer from the order you've got, but I am told that Kay Gellert, from the Child Care Policy Development Board really needs-- Come. This is super, the diversity of people testifying this morning. We really appreciate it. Let us know where you live, but not the street address.

SENATOR SMITH: Not the street address. We'll do it like radio does it.

SENATOR BROWN: May I just ask-- We are very fortunate having this tape being made this morning. Would you just tell everybody who you are and why you're here?

J O P O N T I C E L L O: (speaking from audience) I'm Jo Ponticello. I am with the Family Intervention Services. (Ms. Ponticello videotaping hearing, but her remarks were indiscernible; no microphone)

SENATOR BROWN: We appreciate very much your taking this on tape, because obviously it is important.

Yes?

K A Y G E L L E R T: Good morning, everyone. I was interested in Senator Brown's question as to whether you are from the nonprofit sector or from the government sector. I must tell you that I am from the Social Security sector. So if we are identifying sources of income, there is another one.

I have been a volunteer and advocated for child-care children and their families for more years than I care to mention. I want first to express gratitude to this Committee for holding these hearings. Combining the opportunity to comment on what is currently proposed with a chance to call to your attention current problems, is an imaginative and

constructive challenge, which I will try to answer today from the perspective of a DYFS Child Care Policy Development Board.

I have to tell you that I am mostly active these days up in the North as the Chair of the Bergen County Office of Children Advisory Board, and have just been replaced by a very active young woman as Chair of the DYFS Child Care Policy Development Board. But I still speak for them, and I care a lot about them.

As to the current proposal, I have long felt that services for children in our State should be coordinated under one umbrella, both for the sake of the children and for the sake of the maximum bang for the child services' buck. I do not know the particulars. I did not know the particulars of your bill until I got here this morning, Senator Brown, but I now do know enough to tell you that it is a great idea.

If an ombudsman is a kind of overseer of children's programs, I am all for it, and that is what I really read in this bill today. If it is merely establishing a children's complaint department, I would be concerned that we would be creating yet another bureaucratic bend in the road that children and their families must travel to get the help they need.

The real need in our State is for a Children's Department, I think, which would bring together and streamline all the child assistance programs we offer, and develop new programs to meet New Jersey's children's needs. I have to say parenthetically that I was really crushed to learn of the closing of the Office of Child Care Development as part of the budget cuts. It was a very effective body; something that will be sorely missed. I know we are all going to try to pull together, us advocates and volunteers, to do something to continue to care about the development of child care -- new child care, affordable child care for New Jersey.

Before going into the idea of something new, I really beg your indulgence to talk to you about something that the Senators need to do to rescue parents of some 16,000 kids in New Jersey who are about to be placed in a really tough position. The particular issue is of concern to 240 New Jersey child-care centers serving over 16,000 infants and children who receive subsidized care through the Social Services Block Grant contracts with DYFS. These children are from working families whose incomes are up to 75 percent of the '89 State median income.

In the recently enacted State budget, families of these children are going to have to pay a 10 percent increase in their child-care fee starting January 1. Along with this fee increase came a \$428,000 cut in the DYFS budget for Social Service Block Grant contracts, which it is presumed that the parent fee increases will cover. I am sure that you Senators who voted for this item in the budget did not realize how unfair it was. Did you know that the Social Service Block Grant parents had just gotten a whopping increase in their fees as of January 1992; increases of between 15 percent and 30 percent for most of them? It is just not fair to sock it to them again this year. I appended to my testimony a comparison of weekly fees in 1991 and weekly fees in 1992, to show you just exactly what their increases were in 1992. So, to add another 10 percent to them as of January 1, 1993 is really unconscionable.

I have with me copies of petitions that were sent to Senator Littell with over 5000 signatures from friends of Social Service Block Grant centers asking for relief from this unfair action. Here they are. I'm sure there are more, but these are the ones that were mailed to me.

Child care is the only Social Service Block Grant program that collects fees from recipients of service. The parents are already doing their share to ease the budget

crunch. I am here to ask you to please rescind the mandate that increases the parent fees another 10 percent. And please restore the \$428,000 cut in the appropriation for SSBG child-care contracts.

I heard with interest of the Catastrophic Illness Fund. I can't think of anything more catastrophic that parents having to choose between paying 10 percent additional child-care fees and going to the doctor.

You surely will hear from others, but I say that New Jersey working families need more, not less funding to subsidize the cost of child care, so we must have that \$428,000 back in the budget.

A word about SSBG child care: We are talking about communities here and what communities do and can do. Bill Waldman, incidentally, talked about enterprise zones, and I really feel that that is how Social Service Block Grant centers were created. It was kind of a creation of an enterprise zone in small communities, and we are now going back maybe 20 years to the beginning of contracting with small community child-care centers to subsidize the cost of care for limited income parents. I was a child-care director at that time -- that was in the early '70s -- and it made it possible for my small community child-care center to grow from a center for 40 children to a center for 80 children. It was because there was a contract with DYFS that helped to underwrite the cost of care for parents who needed to work, but just could not afford the full cost; a small community agency like ours, which was raising funds like crazy, and continues to do so, but could never raise as much funds as were necessary to really support those parents who had to work.

For nearly 20 years, Title IV to Title XX, and now SSBG child care contracting, New Jersey has supported development of community-sponsored child-care centers, enabling local nonprofit private groups to address their own community

child-care needs, while bringing many sorely needed Federal dollars into their communities. And, parenthetically, not as many Federal dollars anymore as there should be. However, today SSBG child-care contracts enable our 240 centers to serve 16,400 children in communities throughout the State. We think this is wonderful, and we need to continue, and, if possible, expand the concept of State in partnership with community.

The families in New Jersey whose incomes are below 75 percent of State median are having a hard, hard time making ends meet today. SSBG child care is the only source of assistance many of these families have. There needs to be more subsidy support for more centers, and more consideration for the costs to community centers to provide decent quality care. Julie mentioned about paying minimum wage for people who are working with children. That is certainly true in the child-care community as well.

SENATOR BROWN: You make your point very eloquently. Let me just interject here. The funding for these centers comes, some from the State and some from the Feds?

MS. GELLERT: That is correct.

SENATOR BROWN: Okay. What proportion comes from the Feds?

MS. GELLERT: It used to be 75 percent from the Feds and 25 percent from the State, but over the years, because there has been a freeze and a lowering of Federal funds available, I think more and more "SSBG" money has been State money. What the real figure is by now, I don't know, Senator Brown.

SENATOR BROWN: Well, we really appreciate your coming here today. Senator Smith and I were talking about maybe discussing with our Chairman that it would be fun sometime, possibly, to have a hearing in one of your centers, and get into that whole area of delivery of child care and so on, which

I think we would like to see, at least I would like to see on-site. I know what is happening here in Madison with some of the options.

I really appreciate your taking the time today to come and, one, prepare your testimony, and two, deliver it in person.

MS. GELLERT: Well, I thank you. I just appeal to you on behalf of those families that have these kids in care now, to try to help us to do something before the end of the year to turn around this increase in their fees -- in parent fees.

Yes, sir?

SENATOR SMITH: May I ask you, what generally does that amount to in dollars, when you talk about a 10 percent increase?

MS. GELLERT: Well, you can see it in my appendix. It shows the sliding scale fee that is being paid. This only goes up to the median income prior to 1991 in terms of the scale level. But let's just look at the bottom there. A family of two earning \$19,800 is currently paying \$37 a week as their copayment. Under the new legislation, they would be required to pay \$3.70 more per week. That is the 10 percent increase.

SENATOR SMITH: Okay. Thank you.

SENATOR BROWN: Thank you very much.

Let me just do a housekeeping thing. Peggy Nelson has been very foresighted and has seen that on nontaxpayers' dollars there are sandwiches up front. We are not going to break, because if we break we will not get everybody in, and the testimony, with all due respect, is of more importance than food. Please feel free to come up and get your sandwich and napkins and whatever. I'm sure whoever is testifying will understand that we want to have everybody survive until the end of the hearing.

Mary Ann Whiteman. Len Massey will be next. We never say down at the Senate which bill is going to be next, and that is a means to keep us all in the Senate. See, if we knew the

order the bills were going to be voted on, then we might make telephone calls or something. But in courtesy to all of you, I would like to have the person who is on deck next at least to know.

Mary Ann, please start by introducing yourself.

MARY ANN WHITEMAN: Thank you, Senator. Good morning. My name is Mary Ann Whiteman. I serve as the Executive Director for the Catastrophic Illness in Children Relief Fund Commission.

I want to thank you for the opportunity today to share information on the Fund with the Committee and with those present; information on the State Fund which is available as a financial resource for families whose children have experienced a catastrophic illness.

In this program, in New Jersey, the first State in the country to have such a program, catastrophic illness is defined by the economic burden which a child's uncovered medical expenses place on a family.

SENATOR BROWN: Remind us all where the funding for this comes from.

MS. WHITEMAN: The funding comes from a surcharge on employers; a dollar per employee for every employee they pay into the Unemployment Compensation Fund. So it is a surcharge on employers. It is not out of the general tax revenue.

SENATOR BROWN: All right. Senator Smith asked me earlier-- Obviously, everybody is interested in your successful Fund. Have other uses been added to it by legislation that we have passed this year?

MS. WHITEMAN: Since June 30, there have been bills introduced to amend the enacting statute for two different purposes.

SENATOR BROWN: But these have not been passed yet?

MS. WHITEMAN: I believe they are in the committee process.

SENATOR BROWN: Excuse me. Please continue.

MS. WHITEMAN: Catastrophic illness is any illness or condition not fully covered by an insurance contract or a State or Federal program, and the expenses of which, out-of-pocket, exceed 30 percent of the family's annual income. This is a financial service which helps those families with these extraordinary medical debts, by paying providers directly for the health care received by the children. For those families who struggle to pay out-of-pocket, it can also help to reimburse the family.

The student who testified before mentioned that her family informs her of the consequences of her actions so she has a choice. When she makes them, she knows what those consequences will be. When families of young children, or children under the age of 18, have a medical experience which leaves them with a financial burden, they don't go into it knowing in advance all the consequences that will hit them as a result of that. We find, in dealing with our families, that even if they knew, most of them do not feel that they have choices. They feel they must go forward and provide, whatever this financial burden is to their family.

SENATOR BROWN: So the reason you took time out to come here today is what?

MS. WHITEMAN: The reason I came here today -- and one of the things that Senator DiFrancesco alluded to -- is that more people in New Jersey, obviously more people in the Legislature, need to hear that this Fund exists and what it really means. I find, as I travel throughout the State, that many people think that catastrophic illness means cancer or terminal illness or something institutional. It can mean anything that fits the economic burden that I described, and any family literally of any income level which hits that proportionate burden to need this.

SENATOR BROWN: What did you think of the Public Advocate's idea that we could broaden the definition to include funding for an ombudsman?

MS. WHITEMAN: Today is the first time I heard that proposal, so I didn't come prepared with a comment. I certainly have not had an opportunity to go to the Commission and get their sense. But what I would like to tell you is where we are ourselves, and give you a sense of where this program is and where the funding is currently going; and also talk a little further about Senator DiFrancesco's comment about his efforts to broaden it.

In our program, by providing real relief, honest dollars for yesterday's debt, this gives families an opportunity to move forward and deal with today's medical needs for their children, and tomorrow's. Six million dollars has already been approved for families whose children meet this definition. That accounts for over 290 families in this State.

To give you an example, one of the largest awards so far has gone to a family here in Morris County. This is a family whose child died in infancy after unsuccessful cardiac surgery. Their expenses uncovered for that child's illness exceeded \$245,000. Those expenses accumulated after the cap on their major medical policy had been reached. Those expenses were insurmountable for a very average working family. Families with nowhere else to turn need this kind of support, and this money is available.

I would like to note for you today that the Commission, however, is very concerned that there are many families who call our office who express the fact that their medical bills are overwhelming to them, yet they do not qualify under our current eligibility threshold, which gets us to what Senator DiFrancesco mentioned; that he is trying to broaden that eligibility threshold and allow families to qualify at a different level.

Our Commission has been working with the Senator for several months and has made recommendations to that effect. We are now in a position, based on his words this morning, of looking forward to the introduction of that legislation this week, and working with the Legislature to effect passage of that, which will allow additional access for New Jersey families to use this fund.

SENATOR BROWN: We are really going to have to move this along just a little bit, because there are a lot of others who want to testify. But Senator Smith does have a question for you.

SENATOR SMITH: Let me ask you: What are the eligibility thresholds for that program?

MS. WHITEMAN: The eligibility threshold is in the definition. If the uncovered expenses exceed 30 percent of the family's income, and the child is under 18, and they are New Jersey residents, they would qualify for assistance.

SENATOR SMITH: What is that child has an income? Isn't there a limit with respect to income of the child?

MS. WHITEMAN: The definition we use for income is similar to that which is used in charity care guidelines. It is income before deductions and a few other items. Now, if a child has his or her own income, that would be added to the family's income. But the total income, if it falls within-- If those expenses, out-of-pocket, exceed that number, whatever it is combined, they would still qualify. There is no cutoff on a dollar value for a family.

SENATOR SMITH: I would like to talk to you more about this later on. I had a situation where a child almost drowned in a pool as almost an infant, and was severely brain damaged, did not die, and the parents were saddled with very heavy medical bills, like \$70,000 a year for care for that child.

The insurance settlement on a claim for the injury gave that child something like \$1300 or \$1400 a month in

income. That sounds like a lot, but it was nowhere near what it cost to care for that child. In effect, it put that child out of the catastrophic care category, as I understood it, and they couldn't receive catastrophic care. The injury was in another state; the suit was in another state; the settlement was in another state. But effectively what happened by settling the claim for this child for a certain amount a month-- Effectively, it really harmed that child, because then they didn't qualify for the catastrophic care aid. I would like to talk to you more about that. I think there is a problem there somewhere.

MS. WHITEMAN: Okay, we can do that separately. I just have two brief points to mention.

One is that the range in families coming to us with the kinds of expenses we are being asked to provide range from a low so far of \$500 to a high so far of \$500,000 for one individual family. That makes projections on how we will spend our money very difficult. We have a very brief history of existence to base any of this on. The incomes of the families coming to us range from people without funds who may have assets, but are temporarily -- have been unemployed and living with family for a year, to those with incomes up to \$100,000 so far. So our range of serving the public is very broad. Anyone who has a child under 18 who doesn't meet it today might find themselves without a job, without insurance, and may need it tomorrow.

The last point I would like to make is -- and a point that Senator DiFrancesco mentioned -- the Fund is not as well known to the people who need it as it should be. For every place I talk to, I usually find three out of--

SENATOR BROWN: I think this point has been made very well. Do you want to give your phone number and where your office is located?

MS. WHITEMAN: The phone number is (609) 292-0600. In honor of being in a host agency, a school, I have to tell you that one of our families came to us because a child in school heard of the Fund and went home and told his mother and dad, who were struggling with another child's problems, that they could apply, and they did. I have materials to leave for our school agency.

SENATOR BROWN: Thank you, Mary Ann. We really appreciate your taking the time.

Now, we haven't heard from the Department of Health, which also gets into the act as far as young people and so on. So, Len Massey, would you like to come forward and tell us your solution from the perspective of the Department of Health? Hopefully it is a healthy lunch.

We have a representative here today from the Madison police force. If we look at people who help with youngsters and so on, it is amazing how important the law enforcement community is in interacting with our young people. Do you want to just tell us your name and how you happened to get here this morning?

L I E U T E N A N T J E R R Y M A N Z O N E: (speaking from audience) All right. I am Jerry Manzone from the Madison Police Department. I was assigned here to see-- (remainder of Lieutenant's comment indiscernible; no microphone)

SENATOR BROWN: Our young people interact a lot with the police people. The sensitivity of the police may or may not determine whether the young people get into our more expensive correctional system.

Thank you very much for coming, Len. Please tell us who you are.

L E O N A R D R. M A S S E Y: I am Len Massey. I coordinate case management services within Special Child Health Services within the New Jersey State Department of Health.

One thing I wanted to mention, and it is in reference to that child from Burlington you were just talking about, is that my suspicion -- and it is only a suspicion -- is that that child was not necessarily found ineligible for the Catastrophic Illness in Children Relief Fund program, but was probably found ineligible for SSI, which would provide all Medicaid services for that child. We fund and provide services to all of the 21 counties through local county Case Management Units, and those case managers are available to assist children such as that child in terms of locating services and finding funding sources through all of the various programs, including State and proprietary services.

I would be happy to leave with you the name of our Burlington County Case Management Unit. They have professional nurses on board, and social workers, who could assist that family in locating all services, including the Catastrophic Illness in Children Relief Fund program, which I personally feel provides a very valuable, unique resource for families in New Jersey. Case managers are only as good as the services they are able to access. In New Jersey, we are fortunate in having a good bank of services of which families can partake. However, it is not a perfect bank, and each of the programs is not perfect. There are gaps in services which families fall into, and one of the reasons for me being here today is to identify some of those problem areas. I think that is something you are looking towards.

SENATOR BROWN: But, bottom line, would an Office of Child Advocacy or an advocate for children, in your view, help or add to the clutter of delivering and raising the consciousness of the potential of children in New Jersey?

MR. MASSEY: I have not had the ability to review that legislation either. It was not presented to me prior to--

SENATOR BROWN: But just the concept, I mean the--

MR. MASSEY: I can talk personally, rather than for the Department. I feel that would be an asset to, also, our case managers, because many times they run into barriers in which they need additional assistance to break those barriers down and to gain support.

For example, right now we have a situation in which, under EPSTP -- the Early Periodic Screening and Testing Services Program -- there are new Federal abilities to have children provided nursing services in-home. We have had difficulty working through Human Services and Medicaid in obtaining nursing services for these children. This is a critical need for these kids because these children would otherwise remain in the hospital, usually in a more costly situation and not as preferable a situation to these children.

So, under EPSTP, these children who need to be Medicaid could be discharged home. We have had barriers. Those barriers are starting to come down now, but it would have been of assistance to have somebody advocating for the children across the lines of different programs for that type of a situation specifically. So, yes.

Some of the other barriers that I wanted to mention to you that our case managers encountered-- I don't want to harp on the Medicaid program, because the Medicaid program in this State, which is an adjunct to SSI, provides a valuable resource, which in many other states is not the case. It is a comprehensive service, but the service is underfunded. Being underfunded, there are many providers who do not participate, who are dropping participation, and it is becoming very difficult to avail children of the services they need.

Children are often transported long distances and are unable to locate services. This is becoming a greater problem now than in the past, especially with the addition of a new billing agent. This has accentuated the problem because billing has become more difficult and more delayed.

SENATOR BROWN: Has this case management aspect of the Department of Health grown, stayed the same, or lessened in, say, the last two years?

MR. MASSEY: It is growing. The number of case managers that are available throughout the State-- I don't want to imply that we are the only program or department that provides case management services. We provide case management services to approximately 15,000 children of special needs in New Jersey. These are chronically ill children, children with handicapping conditions, or potentially handicapping conditions.

SENATOR BROWN: Where does your funding come from?

MR. MASSEY: Our funding comes, primarily, out of the MCH Block Grant.

SENATOR BROWN: Which is Federal?

MR. MASSEY: That is correct. It also comes from State funds, and a good portion of it comes from county freeholders -- or, county governments. Approximately a little less than half is county funds. So it is a joint funded project between the county and the State government. The county case managers are located in each of the county units; we have 21, therefore. We have, right now, approximately 50 county case managers, and we are increasing the number. We are in the process of a Request for Proposal, a competitive proposal, from each of the county units to increase that by another five.

The amount of funding in there is approximately \$2 million. There is a need for an expansion of that service. I am not saying at this point that there is a need for additional funds, but there is a need for expansion of those services. Those services are being relooked at. The Department of Education is--

SENATOR BROWN: Where are you located in Morris?

MR. MASSEY: Out of Morristown Memorial Hospital.

SENATOR BROWN: And in Burlington? Do you know?

MR. MASSEY: The Burlington County Health Department, their Public Health Nursing Agency. Ann Down is the nurse who coordinates that program.

SENATOR SMITH: I know Ann.

MR. MASSEY: I have a list of all of our county Case Management Units, which I would be happy to supply you with also.

There are a couple of other areas that I wanted to mention that are also of concern in terms of presenting problems to our case managers, and therefore to clients who might be the identified group you are targeting, those being in the charge of the State.

SENATOR BROWN: I hope everybody who is coming up has copies of their testimony. Do you have copies of yours?

MR. MASSEY: I do not have any with me, but I will present a copy.

SENATOR BROWN: Okay, because we are going to have to move along.

MR. MASSEY: Okay. Then let me, in summary, just identify quickly those areas. One is our case managers' dealings with the Division of Youth and Family Services. While services through that program have expanded and have improved over the past several years, their staff remains overworked and overburdened. We have difficulty in terms of communicating, monitoring, and coordinating services for those children who, again, are some of the most needy children in the State.

We also have two groups of children which we have now identified as priorities. One is drug-exposed children, and the other is children infected with HIV -- the HIV virus. Both of these groups of children present unique and monumental needs in terms of coordination and services. Both of them need to be comprehensively addressed throughout the State in terms of developing programs to assure that their needs are met. We are only touching the surface in terms of drug-exposed infants in a

pilot project we have, and, although we have a quality comprehensive service for children with HIV, the HIV virus -- we have seven sites throughout the State to provide services -- this does not meet the needs of that population either.

I want to just thank you for the opportunity of being able to talk with you and present what we see as problems for these children.

SENATOR BROWN: Thank you, Len, very much -- from the Department of Health.

We will now have Jane Trueax. Jane has to leave. She is an early childhood consultant. Then we will have Esther Chung. I don't want you to lose your nerve, okay? You are going to be next on board after Jane. Then we will have Lydia, because she has to leave, too.

J U N E T R U E A X: Good afternoon. I am really June Trueax. I am with Family Services of Morris County. They have a unique team there -- a child-care consultation team -- that is comprised of a social worker, a Hispanic social worker, and an education consultant, who is me.

Basically we are challenged to work with the 10 publicly funded centers in the county that receive SSBG funds. I also work with the Childhood Directors' Association in Morris County, which includes all publicly funded centers, plus the United Way and other interested centers.

We have the opportunity, in our team, to go into the centers, if it is an on-site program, and provide training and technical assistance. We work with children; we work with parents; and we work with administration in planning and promoting quality in the centers.

SENATOR BROWN: And your money comes from the Family Services--

MS. TRUEAX: It is channeled through Family Services. We have various grants, some of which are county block grant money.

The concerns I have today that I am really thrilled that you are opening the discussion to-- As we are working in the centers, we are seeing a huge increase in the numbers of children who are behaviorally stressed. I have a long-term background in child care, about 25 years, which includes work with special needs children through several agencies, besides direct service. I really don't know that I have seen so many children and families in stress in my career, as I have seen in the last two or three years.

SENATOR BROWN: Why, do you think?

MS. TRUEAX: I think there are several factors. One is that the class sizes are too large. The numbers of children have a dynamic with each other that increases the inability of children to cope with other factors going on in the classroom. I think part of it is the increase in stress in society that we are seeing. We have parents who are having difficulties meeting any of the kinds of support that are offered through the centers because of their own busy, busy lives. I think there are other factors, perhaps. I think some researchers have suggested that maybe part of it is because we are seeing the generations that have been raised outside of the home, as parents of the children we are seeing now.

That speaks a lot to what I wanted to share with you, or have you at least take note of. When we see increased numbers of children with behavioral stress, unable to cope, having difficulties with reacting to situations, basically what we are seeing are three kinds of children in the classroom: typical children who make up the bulk of the classrooms, who seem to be able to have stress in their lives and respond appropriately, and get past it with support from well-trained staff in an appropriate environment.

The next category is children who are not able to cope even with those supportive strategies. The difficulty in knowing whether or not this is somebody who could respond to

special strategies that teachers have trained in, is a matter of time. There needs to be time to observe those children to make a plan for them which includes the parents and information from them. Some children, however, will not be able to be served in a regular child-care center or a regular family day-care home. We can't tell who those people are until we have tried the plan, frequently, and we have adapted-- We have resources that we use from the child study teams in the centers -- I mean in the towns. Sorry.

Typically the kind of middle category of unable to cope, but could if they had special strategies -- the perfect environment -- is really impinged upon because of the class size. When the teacher is trying to use a really appropriate intervention strategy with a child whose behavior is disruptive, or hurtful to himself or others-- When that teacher is involved with that kind of thing and three more children are having their own problems in other areas, there just isn't the opportunity for the program to work.

SENATOR BROWN: If the class size was appropriate, would you basically be in favor of keeping these children with various problems -- mainstreaming them -- or--

MS. TRUEAX: I think until we have exhausted our supply of resources and strategies, yes.

SENATOR BROWN: Are there any other specific ways today that you think we could help you -- we being the State government?

MS. TRUEAX: Yes, there are. One would be to have teachers have the time and opportunity for meeting together and training to evaluate the children in the team process, so that they could include everybody who is working with that child in the consistent plan they have asked for, or that we have developed for the child.

Another way would be to provide salary increases for teachers so that we would be attracting the best of the crop,

and people who can have the time within their day to go for training. Our program provides on-site-- I participate with the Morris County Directors' Association in a training project design that is provided close to their sites, but it is still difficult with the lack of substitutes for teachers to get out of their programs.

SENATOR BROWN: I've got to tell you, speaking about the lack of substitutes, here we have Bill Cooper over here. He is just dying to substitute. He has a law degree. He decided to give up the practice of law, Senator Smith, in order to, you know, serve the Committee. He is just waiting. So, may I put in a commercial? If anybody wants a good substitute, there he is. Okay? Sorry, June.

MS. TRUEAX: If you want to bounce babies on your knee, I have a couple of places for you. Thanks for the tip.

The other concern we have at Family Services is that there will be an increased number of centers offering care for infants and toddlers. We have been advocating for this for some time. My work with infants and toddlers leads me to know that we really have to have a specially trained staff there. So there needs to be increased opportunities for training. There needs to be more on-site training available. I would love to recommend that you continue funding teams like ours. We are unique in this State, and currently we are unique in the country. I think the on-site part of it is the most telling part of the effectiveness of it, because we tailor the program's needs; I mean, the program that we provide to the needs of the program we are serving.

SENATOR SMITH: What is the average class size today throughout the State? Is there a number?

MS. TRUEAX: Throughout the State? There are guidelines within the DYFS regulations that suggest that class sizes shouldn't be larger than 20. Research tells us that it should be much lower for three-year-olds. It should be around

12. Basically a class size larger than 15 is too large. Most of our centers, because of the funding crunches, have increased class size up to 20.

SENATOR SMITH: Most of your centers, you say?

MS. TRUEAX: Most of the centers in Morris County that I work with.

SENATOR BROWN: And these are for children of what age?

MS. TRUEAX: In the four-year-old, three-year-old, and five-year-old categories. The recommended -- or, the licensed class size from the licensing regulations-- They recommend eight. Research tells us that six is enough. It is sort of like that law of too many people in the same space creating much more-- There is a rise in intensity.

SENATOR BROWN: So your focus and your concern is basically for the three- to five-year-olds, from your perspective at this point?

MS. TRUEAX: No, my perspective is infants to five. I see this across-the-board in the centers I have worked with that have infant services now, and toddler services. If we have a classroom this big that could have the capacity of having 12 infants, what we really should do is divide the room in half and have six here and six there. Apparently the size and the numbers of children in the room are critical.

SENATOR BROWN: I think it has become clear from the wonderful testimony here this morning that we are really going to have to get into this whole day-care center -- child-care question at a separate time.

June, we really appreciate it. Is there a last word you would like to leave us with?

MS. TRUEAX: I appreciate mostly that you are just listening to all the kinds of things you are hearing today.

SENATOR BROWN: It is mind-boggling, absolutely. Thank you so much.

We are going to follow with a reality check. Esther, will you come down and give us your name? This is your time. You don't have to have any more butterflies in your stomach. It is like taking an exam. Once you start, it is not all that bad.

ESTHER CHUNG: Hello.

SENATOR BROWN: And your name is?

MS. CHUNG: Esther Chung.

SENATOR BROWN: And you live in Madison?

MS. CHUNG: Yes.

SENATOR BROWN: What grade are you in?

MS. CHUNG: I am in the eighth grade.

SENATOR BROWN: Do you think there is more stress among your friends than there was a couple of years ago?

MS. CHUNG: Do you mean peer pressure, and to do stuff?

SENATOR BROWN: Pressure from your parents, pressure from your teachers, pressure to get some spending money, whatever leads to making you not sleep well at night.

MS. CHUNG: Well, school is pretty easy for me, so there really aren't any pressures from school. I have pretty straight friends, so I really don't have any pressure from them. My parents do not pressure me either. They look at me as an individual. They try to strengthen my good points, and try to correct -- try to help me to do better in my weaker points.

My parents really try to help me. I really admire them. The school helps a lot, too, because they have, like, a lot of choices that we can come to, to do-- Just this year we are connecting with a professional actor group so we can perform plays with them and stuff. So I guess the environment here is pretty good. We really don't have too many pressures.

SENATOR BROWN: Any questions?

SENATOR SMITH: Well, I would just like to ask you-- You came in here with a purpose, and we sort of sidetracked you with questions. Did you have a statement you wanted to make?

MS. CHUNG: I would like to say that I thought-- From what I know of the bill, I think it is a very good idea. Like someone else was saying before how if a person-- If a kid needs help, and he or she is pointed to so many different agencies that he or she doesn't really get into one agency that they can really get help from-- Then he turns 18, and he doesn't get any help at all.

I think there should be one single place, where he or she can go to that one center and they can point out which agency they can go to that they can get help from.

SENATOR BROWN: Thank you very much.

SENATOR SMITH: Thank you. A good point. (applause)

SENATOR BROWN: Is the President of DIAL, Inc. still here? (affirmative response)

We were just at a benefit the other day that was showcasing the strides we have made in society as far as being accessible to people with different difficulties. Do you need any help with the mike there?

MS. KIRSCHENBAUM: No, that's fine.

SENATOR BROWN: Would you introduce yourself as the recorder here, so that everybody knows who you are and how nice you are to come up from Trenton?

MR. WHITE (Hearing Reporter): My name is Harry White. I work for the Office of Legislative Services. We go all over the State to record these hearings, so I have learned about everything. (laughter)

SENATOR BROWN: Thank you.

MS. KIRSCHENBAUM: My name is Lydia Kirschenbaum. I live in Montville. I am the President of Disabled Information Awareness in Living, better known as DIAL, Inc. DIAL, Inc. is an independent living center whose three branch offices serve as consumers in seven northern New Jersey counties.

We receive our funding through moneys from the Human Resources Administration, through the Division of Vocational

Rehabilitation, United Way, private grantors and contributions, and minimal membership fees. We are a consumer driven organization, and our four core services are: information and referral, individual and systems advocacy, life skills, and peer counseling. We also provide recreation programs and direct case service programs, as well as adaptive aids in training, and we administer the State Attendant Care Training Program.

I would like to say that as the Vice Chair of the State Independent Living Advisory Council, one of the things that is of major concern to us is the transition period between the time that consumers leave the DD system and the high school system and are picked up by the Division of Vocational Rehabilitation. That is a very crucial period, where very frequently people are not receiving services in a coordinated fashion.

Because the Ombudsman for the Elderly-- Well, let me step back for a moment. Because many persons with disabilities -- severe disabilities -- are not able to find appropriate alternative living situations, as an organization we have called on the services of the Ombudsman for the Elderly because many of our people live in nursing homes, and sometimes in group homes that are licensed nursing homes, and if there are residents over 62, the Ombudsman has been very, very helpful to us.

Some people talk about preventative medicine. What I would like to do here today is talk about preventative advocacy. According to the Americans with Disabilities Act, people who are HIV positive, people who have had histories of substance abuse, alcoholism and drug abuse, are defined as persons with disabilities. As we know, if children are not appropriately trained in the appropriate services and guided through life, they will wind up in these categories as

consumers of DIAL, Inc., and I would like to forestall that from happening.

I would like to read my testimony: On behalf of the Board of Directors of Disabled Information Awareness in Living, I will be giving testimony on Senate Bill No. 374, which establishes the Office of the Ombudsman for Children. Given the fragmented, overburdened delivery system for children in the State of New Jersey, it is not unusual to find parents frustrated in their attempts to obtain services for their children. It is therefore necessary that this urgent issue be addressed.

In dealing with the needs of private citizens, it is especially appropriate to address those who are least able to speak for themselves -- the children of the State. Due to budgetary cutbacks, many agencies are finding themselves overburdened by enormous caseloads. This situation virtually ensures that many folks will fall through the cracks of our social service delivery system, and still others will find themselves inappropriately handled and waiting exaggerated time periods before service is rendered.

The Public Advocate's Office has also been affected by budgetary constraints. It is therefore imperative that the Office of the Ombudsman for Children be established to address the complaints and to investigate pressing concerns for this population.

Thank you.

SENATOR BROWN: Thank you so very much for taking the time. We really, really appreciate it.

Is Jeanne Warnock still here? Did she leave? (witness responds from audience; indiscernible) I know we have your testimony. You said you didn't want to testify, but I just think one of the very good things about this group, is getting everybody to know everybody better. I would like to showcase you to my colleague from the south, Senator Smith.

J E A N N E W A R N O C K: I think I met Senator Smith at the hearing for S-647, when he so graciously demanded that families be put in everywhere in the bill. Am I correct in that?

SENATOR SMITH: That families be what?

MS. WARNOCK: Put into the bill everywhere -- S-647, Bring the Children Home.

SENATOR SMITH: I think that's true.

MS. WARNOCK: That's absolutely true, sir.

MS. LEBLANC: Jeanne, would you please state your name and, you know, what you do?

MS. WARNOCK: My name is Jeanne Warnock. I am the Executive Director of Family Intervention Services, with offices in Morris, Passaic, Sussex, and Essex Counties. I am also the President of the Family Based Services Association of New Jersey.

In June of 1990, the Family Based Services Association recommended to the Department of Human Services a community-based, countywide system of care that would bring children out of institutions and back into their communities. This document was incorporated into the Statewide Mental Health Plan and embraced by the Department of Human Services. As a result of this combined Plan and a February 1991 court ruling in the Slocum v. Perselay litigation, in which the Honorable Judge Paul G. Levy ordered the formation of a countywide system of care, the Department of Human Services started moving towards a community-based, lease-restricted system of care for children and families.

I have been extensively involved in the formation and ongoing operation of this new children's system. The system is called the Youth Incentive Program. My involvement has been on a few different levels: First as the President of FBSA, which is the organization which designed the original concept of the community assessment resource teams; second as the

court-appointed monitor of Slocum v. Perselay, in which I monitored the beginning formation of the courts; third as the Co-Chair of the Committee under the Statewide Children's Coordinating Council, which was responsible for the transition from the way we treated children in the past to the system that is in development now. Lastly, and most importantly, I, along with the members of FBSA -- which is Family Based -- helped to draft Senate Bill No. 647, the Bring Our Children Home Act.

This is an Act which was sponsored by Senator DiFrancesco, a legislated, individualized child- and family-driven system of care. This bill states that the Department of Human Services must present an interdepartmental plan for an individualized, appropriate child- and family-driven system of care to the Legislature for approval.

Please understand that we are in the toddler stages of developing our new system. The commitment on the part of the DHS is commendable. They have formed a partnership with communities, and, to some extent, families. This is a new system. It will take years to develop and work out the bugs. This is to be expected. The system needs to grow and change as we gain new knowledge and understanding of the problems facing families and what they want and need from us. There are some major areas that you, as the Legislature, can ensure will be developed appropriately. You need to ensure that we go far enough in changing our children's system. It is not good enough to say we are going to involve families. How are we going to do it?

Our county teams are struggling with family involvement. There are not enough families attending. Families should hold at least 50 percent of the seats on our county teams. We need to figure out how to make our system user friendly. Do we need to meet in the evenings so parents can attend? Do we need to pay for lost wages, or do we need to pay parents as professional consultants? We do know that our

new system will not, and cannot work unless parents are considered as professional planners along with State and community workers.

Funding must stay flexible. We need to make hard decisions on how we spend; what works and what doesn't. Redirection needs to be mandated. Not only should money follow the child back to the community, but services that are not working should be changed or defunded. Available moneys should go only to creative, community-based plans that are provided in a timely fashion and are nonexclusionary, individualized, noncategorical, culturally and ethically competent, and family driven.

Unconditional care should be the rule, not the exception, and the services that should be provided should span the services from residential and nonresidential, and everything in between. You need to ensure that corrections children are not looked upon as different from others with special needs. They are the same as our DYFS and Mental Health children. While they may act out differently, they all have the same emotional needs. You need to ensure that the system is closely monitored by an independent evaluator. And lastly, you need to form an Office of Children's Services that will span all departments and ensure that all services are child and family driven.

I do have something to say about the bill you are sponsoring. I feel strongly that there does need to be an Office on Children and an ombudsman, or a monitor who will oversee the entire system of children's services. I am not sure exactly where it should sit. Having monitored part of the children's service system, it is a horrendous job. It is an incredible job. It is a very needed one in this State. I would recommend that it be in, and of, no department in this State, but if it has to sit in a department, it should sit in the Public Advocate's Office.

SENATOR BROWN: Thank you very much, Jeanne. Senator?

SENATOR SMITH: You mentioned the need for accountability; services that are not working should be changed or defunded. Ceil Zalkind also mentioned that problem with accountability.

As I understand how the system works in human services, the local Human Services Advisory Councils in the various counties, one of their functions, or jobs, is to do that; to look at programs and see if they are functioning properly, see if funding should continue or if it should be changed to some other program, etc. In your experience, how has that system been working?

MS. WARNOCK: I think, unfortunately, the system has been massively defunded, so I am not sure exactly what is happening with the Human Services Associations in each of the counties. My understanding is that that function of overseeing and evaluating may be going by the wayside because of the defunding.

I think it is a very good system, and I would just urge that people be more open when looking at services and making hard decisions. My guess is that people have a "hands off" policy on most agencies, which I think has to change.

SENATOR SMITH: I don't think there was a lot of funding involved with the Human Services Advisory Councils, because it was mostly providers, parents, users of services that sat on those Councils, I believe, and they were unpaid people.

MS. WARNOCK: I think there was a funding source that was attached to it that was cut in half.

UNIDENTIFIED SPEAKER FROM AUDIENCE: A million dollars.

MS. WARNOCK: A million-dollar cut.

SENATOR SMITH: That was to reimburse counties for administrative services?

MS. WARNOCK: The staffing, yes. I am not sure that without their staff they can do what has to be done. But there are a couple of different accountabilities in the State. DYFS has accountability, monitoring within its system. The Human Services Association has that also. Mental Health has it, and I am sure there are other divisions. I would like to see it all combined into one, so that agencies like I run aren't being accountable to 15 different sources for the exact same thing.

SENATOR SMITH: You mentioned another topic, corrections children. We have to be sure that we don't overlook them, because they have special needs, too. There is a bill in the Legislature now, I believe, to place those children under the Department of Human Services, as opposed to Corrections. Do you support that idea?

MS. WARNOCK: Yes, I do. The more you can put children into one department, the better off we all will be. We all handle corrections children right along with DYFS and Mental Health children. We have had a hard time distinguishing between them, except that some of them will be in the criminal justice system and some of them will be in the mental institutions. But we all deal with them. We see the same problems with them. I can't, for the life of me, see how you can define a child in corrections as not having special emotional needs, which is the new terminology we are using, the same as I can't see the difference between DYFS kids and Mental Health kids, but that is a personal bias.

SENATOR SMITH: Well, there is apparently more funding available if it is placed under a different department, so that is probably going to happen, I would think.

Thank you.

SENATOR BROWN: Thank you, Jeanne, very much.

Maybe it would be good to have Ty Hodanish come up next, because he specializes in some of these children who have interacted with the correctional system.

Just for my curiosity, is Gail Rosewater here--

F A N N I E B R O S L A W: I'm here representing Gail Rosewater.

SENATOR BROWN: --because we would love to hear from the local level next, if that is okay.

T Y H O D A N I S H: Senator Brown, Senator Smith: Thank you for allowing me to testify today. I want to make my testimony very short, because you have so many good people testifying. I also want to make it clear at the beginning that even though I am testifying in favor of Senate Bill No. 374, I am not testifying on behalf of the Commission, not because I think the Commission would not be very much in favor of the legislation, but simply because the Commission has not had the opportunity to take a look at the bill and vote on it.

For starters, let me spend a minute just talking a little bit about the State juvenile delinquency system, or the State juvenile justice system. I have often lately begun to refer to it as a very large and very expensive industry, and let me take you for a little walk through that system. Each year in New Jersey, we arrest about 100,000 juveniles. One in every five arrests in the State of New Jersey are juvenile arrests, and that is a very large portion, especially when you talk about a juvenile population aged 10 to 17.

On any given day in New Jersey, there are over 13,000 juveniles under the jurisdiction of probation; over 1500 juveniles under the jurisdiction of the Department of Corrections; and any number of programs that are serving juveniles. We at the Commission, for the first time in the history of New Jersey, did a cost study of the costs of the State juvenile justice system. We found out that it costs about \$350 million a year just to administer our State juvenile justice system at the State, county, and local levels, and that doesn't even include the services that are provided to

juveniles who are placed by the juvenile justice system in other components.

You probably wonder what a guy who deals with delinquency is doing here talking about an ombudsman, but let me tell you exactly why it is such an important concept to us at the Commission. Over the last six years, we have begun to find out something about how our State juvenile justice system really operates as a result of the research the Commission has done; the kinds of things that Senator Brown has been very supportive of over those years in terms of encouraging us to do the kind of hard research that had to be done in evaluation.

There is probably, despite the fact that we have come up with many reports and recommendations-- There is probably no better concept that we have come across than the concept of looking at the police, the courts, and corrections as service users. That is to say, these are the systems that must deal with the children and refer them to a service provider system; that is, to the Department of Human Services and to various State and local agencies that deal with providing kids' services. The juvenile justice system and its components do not own services. They do not provide counseling directly. Residential service is directly.

One of the major problems that the State juvenile justice system faces in dealing with that service provider system is, they have a hard time getting in the front door. That is to say, in many cases, the juveniles who need the most services in the State -- those kids beset by all kinds of problems -- have real problems accessing those services. It is here, I think, that it is very easy to see the State ombudsman can play a major role working with the juvenile justice system and accessing the kinds of services that kids really need.

To give you an idea of what the nexus between delinquency and kids' services is, one very good example -- and we talked about this just before -- is the Kids Count Report.

We took a look at the last Kids Count Report, and we took a look at the six counties that came out on the bottom of the list in terms of the indexes of well-being. We found those very same counties were the counties with the highest rates of violent juvenile crime. So, there is no question that when you begin to talk about solving kids' problems in general, you begin to talk about solving the problems of delinquency and crime among youth.

So, Senator Brown, we commend you for bringing this concept to the public forum. We think it is a good concept, and we think it could be a major contribution to the State juvenile justice system.

SENATOR BROWN: Thank you, Ty, very much.

We would love to hear from the local level at this very moment. We really appreciate all of you turning out today. This has been very inspirational.

MS. BROSLAW: Good afternoon. My name is Fannie Broslaw, and I am the Coordinator of the Family Day Care Program. I am here today representing Gail Rosewater, who, unfortunately, had a prior commitment. So I would like to read her testimony.

SENATOR BROWN: May I just, because it does say Bergen City Office for Children, is there--

MS. BROSLAW: Bergen County Office for Children.

SENATOR BROWN: Thank you.

MS. BROSLAW: The Bergen County Department of Human Services, Office for Children, provides child-care referrals to parents looking for child care, technical assistance to businesses, organizations, and individuals wishing to develop and improve child-care resources, and training to the child-care community. We also operate the New Jersey Care for Kids Child Care Certificate Program, act as the REACH/Jobs Lead Child Care Agency, manage a SSBG voucher program, and, until December 31, 1992, we have been authorized by our County

Executive to be the registering organization for family day care, in spite of the elimination of funding.

As of January 1, 1993, family day care registration will cease to exist in Bergen County unless funds are reallocated. Parents will not have referrals to family day-care providers available to them through our agency. Providers will not be regulated, monitored, or provided technical assistance, and our State will have taken a giant step backwards in failing to ensure that many New Jersey children are protected or provided with a safe, healthy family day-care environment.

The Bergen County Department of Human Services, Office for Children, asks that the Senate Women's Issues, Children and Family Services Committee do everything in their power to secure the reinstatement of family day care registration funding to the Fiscal Year 1993 budget.

It is also of utmost importance that full funding for family day care registration be included in each future year's New Jersey State budget.

Full funding needs to include a base allocation which allows each sponsoring organization to register, inspect, train, and monitor the number of providers assigned to us in the level of service in our State contracts. For example, Bergen County has received \$24,000 per year to register 100 providers and conduct 275 monitors and inspections. These tasks require three full-time employees. Twenty-four thousand dollars does not even cover one-third of the actual cost.

The family day care registration funding must be reallocated this year and increased in future years to enable us to perform the task assigned to us: providing quality family day care to those children entrusted to our care.

Child care resource and referral has existed in the State of New Jersey for over seven years. Bergen County's initial allocation has not increased over the years, leaving us

with an allocation of \$9000 to provide referrals to all Bergen County residents and employees and provide resource consultation to those interested in improving or initiating a child-care program. In addition, for this same \$9000, we are expected to provide training and advocacy, and manage and update a data base of all child-care programs.

These services require the work of another three full-time staff. Nine thousand dollars covers less than 25 percent of their salaries.

The child care resource and referral system in New Jersey is grossly and unfairly underfunded.

The Bergen County Department of Human Services, Office for Children, asks the Senate Women's Issues, Child and Family Services Committee to advocate for Child Care Development Block Grant dollars to be distributed equally among all resource and referral agencies throughout the State. These funds would provide a base for resource and referral agencies so that the needs of our communities might be met.

For your information, I have attached a summary of a small part of our services, intakes, and the technical counseling provided by the Office for Children over the past year. The need for our services far exceeds what we are able to supply. Please support this request for increased funding.

Thank you for your attention to these very important issues. This statement was signed by Gail Rosewater.

SENATOR SMITH: I think there was a bill that went through the Senate and the Assembly to reallocate those funds -- some \$424,000?

MS. BROSLAW: Yes. Well, at this point it has not gone through.

SENATOR SMITH: I believe it went through both Houses and it came back to the Senate again with the Governor's recommendations. We just recently voted on it again. I know we voted on it two times. So, hopefully that funding will be

forthcoming shortly. I think the Legislature does recognize that the need is there. As a matter of fact, I believe it is the Senate President's bill, so you certainly have the horsepower.

MS. BROSLAW: Thank you.

SENATOR BROWN: Just one quick question: How many counties have Offices on Children?

MS. BROSLAW: I think every county. It might not be called an Office for Children. They have different names in different agencies, but we are through the county.

SENATOR BROWN: Offices on Children on the county level came into operation, when? I was a Freeholder in Morris in the '70s, so--

MS. BROSLAW: I think about 10 years ago. It was originally part of 4Cs in Bergen County, which stands for Child Care Coordinating Council, and then, I think about 10 years ago, it became part of the county, and the county has taken up some of the funding for it.

SENATOR BROWN: Thank you for making the trip from Bergen County.

MS. BROSLAW: Thank you.

SENATOR BROWN: How many people left in the audience are people who would like to say something? Would you just show your hands so we can get some idea of where we are, because we would like to wrap this up in an hour or so? (audience complies)

We will move along. If someone has an urgent thing, I have been trying to fit people in. Obviously there is no completely just way of doing this. Is Neville Newton here? Neville? (no discernible response) We will continue, and if anybody wants to be inserted, I will try to accommodate things. We do want to wrap things up in an hour or so, so that you won't experience New Jersey traffic on the way home.

SENATOR SMITH: I'm for that.

SENATOR BROWN: Again, there is food up-front for any of you who may have come in late, thanks to Peggy Nelson.

NEVILLE NEWTON: My name is Neville Newton. I am the Director of the Transitional Opportunities Program, which is a program of independent living for aging-out DYFS adolescents.

Earlier, Marshall Bord made comments about the aging-out issue, so I will be brief. I don't want to repeat the things he said.

I, also, hope to see the establishment of the Office of Ombudsman to ensure the provision of services, and focusing attention on the needs of aging-out youth, regardless of which division or which department is serving them.

Most of us in this room didn't learn how to be independent through some form of classroom teaching. We learned through our parents, through watching their example, learning from their mistakes and their successes.

SENATOR BROWN: May I just ask-- I am going to do a reality check on you. We have a class up in the balcony. Are your parents, or the people you are living with, helping you all to be independent? Are you making a lot of independent judgments on your own? (many indiscernible responses from students in balcony) Thank you for attending.

Excuse me, sir.

MR. NEWTON: That is how we learned to be independent adults. Most of these young people missed out on those opportunities to learn. They were in and out of the family home, and in and out of alternative placements. Even during the time when they were at home, frequently families were not in a position to teach them the skills they needed.

I recall one young man, John. At the age of eight, his alcoholic mother abandoned him. He was passed around to a number of family members, and so he was placed in foster care. By the time he was 17, he had had six foster placements. At

18, he went out to a boarding home, hoping to be independent. Within weeks, his landlord had thrown him out. He was in a homeless shelter. At 18 he had a third grade reading level, a third grade math level, and he was neurologically impaired. He didn't know how to budget or cook or take care of himself.

Fortunately, he had a DYFS worker who was interested in him and cared about him and referred him to my program. We were able to enroll him in a vocational school. We were able to teach him the daily living skills he needed -- to cook, to budget, to take care of himself. We were able to teach him the vocational skills he needed to know how to obtain a job, how to keep a job.

When we realized that he was going to struggle out there in competitive employment, we helped him to apply for SSI. Well, John is now 24. It is three years since he left us. He is living in a boarding room; he is still working; and he is receiving a small amount of SSI to supplement his income. He is successfully independent.

If we don't help the Johns, they are going to go out unprepared, and too often they are going to go out and join the numbers of the unemployed, of those on welfare, and when that runs out, they are going to become homeless. At best they are going to survive, but they are going to have little to offer their children to prepare them better for their futures. At worst, they are going to reenter the system. They are going to come back into the mental health system or the correctional system.

If we are going to help them to avoid that, then we need to ensure that every young person receiving services in the State, every adolescent, in-home or out-of-home, is assessed to determine what skills they need to learn. Then we need to develop an individual plan for each person to ensure that we teach them those skills, and establish standardized curriculum of independent living skills training, so that

regardless of where they live in the State, regardless of from whom they receive that service, they get the same opportunity to learn the necessary skills and the same opportunity to go out and become productive citizens.

Thank you.

SENATOR BROWN: Thank you, Neville. Who funds your program?

MR. NEWTON: The Division of Youth and Family Services.

SENATOR SMITH: Where is your program?

MR. NEWTON: We are based in Union County.

SENATOR SMITH: Union County. Are there other programs like yours in other counties?

MR. NEWTON: There are similar ones. We are the largest residential -- providing some kind of residential service. We provide our services and supervise Department programs.

SENATOR SMITH: As was mentioned earlier today about the need for transitional services-- As I indicated, I think this is something that the ombudsman could look into, and, where there is a need, possibly make some recommendations.

Thank you for coming.

SENATOR BROWN: Dick Cleary.

I have given the Madison Junior School the opportunity for two females to testify. If there is a male up in the balcony-- I don't want to be accused by my fellow Senator here of being discriminatory. If there is somebody up there, or somebody coming in from another class who is male and who would like to testify, it would be most welcome.

SENATOR SMITH: You always like to put the men on the spot, don't you?

SENATOR BROWN: There are 27 Republican Senators; I am the only female. So this banter goes back and forth. Out of the 40 Senators, there are only two females.

Okay, we will move right along. Dick, we appreciate your coming. We are a little pressed for time, so I'm sure you will get right to the heart of it.

R I C H A R D I. C L E A R Y: Thank you, Senator Brown.

My name is Dick Cleary. I am the Executive Director of Safe Havens, Inc., which is a group home for children. I have worked with disturbed children in this part of the country for nearly 30 years, a number which astonishes me. For most of that time I have worked in New Jersey. I would like to say that under the current leadership of Mr. Scalera and his predecessor, William Waldman, I have seen a graciousness and friendliness and a willingness to create and support services for children that is most welcome. The manner in which these gentlemen and their people have reached out to the community has been a big help in this era of overwhelmed field staff and short funding for private, nonprofit agencies.

I want to address one specific funding issue which is very significant to small, community-based group homes such as mine. Capital bond money has been earmarked to construct new group homes for children, even though many existing homes are slowly starving for operating funds and are told that no more is available, or at least not much. Capital bond money should be applicable to buy down mortgages of existing programs operated by nonprofits who are currently serving the children in New Jersey. That is my opinion.

Safe Havens is a small, residential, nonprofit group home serving abused, emotionally disturbed girls in a community setting. These are children who, for whatever reason, can't be with a family right now. Usually they are so burned by the intimate relationships they have had, that they cannot invest in a family situation, at least for now, and usually for years. If the State directly provided this service, the cost would be at least three times as much as ours. I am working off of our budget versus the budgets of State-run operations

that I am aware of. We are mostly supported by a contract with DYFS. This mostly means that DYFS covers most of our operating expenses, but none of our capital expenses.

Three years ago, we built and moved into a home specifically designed to meet all the code and life-safety requirements for a children's group home. We moved out of a home that we had rented for 16 years. To finance the project, we mortgaged to the hilt. Our monthly payments are: \$3700 for the first mortgage and \$166 a month for the second mortgage, which is an interest only. Both mortgages have a balloon payment -- at that time in five years, now in two years.

As it now stands, we can pay the interest out of the funds we get from DYFS; the rest we must raise ourselves. This means \$2000 of money that we could be spending on a program, that we can't spend because of the interest, and \$2000 worth of energy that has to be spent raising money on the side.

In two years, we may have a far worse problem: refinancing the balloon. That has become a big deal right now. No matter how fast we are paying off the principal, property values in our area -- which is Monmouth County -- are dropping faster, so we are not building any equity. Our plan was to use the equity which we knew we would have as a down payment where you refinance. Nobody wants to talk to us. Most banks are already under pressure not to accept new real estate loans. It is safer for them to invest in the national debt -- in national bonds.

In 1989, our place appraised at \$375,000, and our mortgages were \$300,000. By 1994, we will still owe about \$210,000, but we may not have enough equity at that time to refinance. We are not the only ones in this boat. I don't know how many other people are, but we sure are in this situation. We would have to close. The State would have to discover other ways to care for the children we have. Every other option currently available to the State is at least more

expensive than we are. In fact, the extra costs per year to care for the children we have would probably cost more than our entire mortgage.

Please do us, the children, yourselves, and the taxpayers a favor: Let the capital bond money apply to the mortgages of existing agencies before constructing new group homes, for which no operating funds seem to be available at this point.

SENATOR BROWN: A very good point. Is anybody else going to testify on this subject? (indiscernible response from audience)

Any questions?

MR. CLEARY: Yes, I would be happy for any questions.

SENATOR SMITH: I have a comment and a couple of questions. First of all, I think the other service providers in this room could certainly take a lesson from you because of your statement about Mr. Scalera, which I agree with, by the way, at the beginning of your testimony, because after that statement Safe Havens is not going to have any trouble getting funding. (laughter) No, I do agree with your comments, though. Mr. Scalera has been-- I have heard a lot of good about him.

MR. CLEARY: Well, they have been nice, but not generous.

SENATOR SMITH: The question I have about the capital bond money is, if it is earmarked for construction of new homes, is there a payback on that, or is that a grant?

MR. CLEARY: I believe there is no payback unless you sell the building. If you sell the building, then you have to pay the money back. That is my understanding.

SENATOR SMITH: And you are suggesting that this money be also used to pay down mortgages to free up other funds that you have available which could be used for services?

MR. CLEARY: Correct. And we would be happy to pay back any money if we ever sold the building, which we have no intention of ever doing.

SENATOR SMITH: It sounds like a good idea, and a good way to get more money into providing services.

MR. CLEARY: Thank you, Senator.

SENATOR SMITH: The last question I have -- and this was brought up earlier today -- some group homes, for example the newer ones, are receiving \$120 a day, while--

MR. CLEARY: We are one of the older ones.

SENATOR SMITH: --the older ones are receiving \$30 or \$40 a day. Now, how does that happen?

UNIDENTIFIED SPEAKER FROM AUDIENCE: Less. Not \$30 or \$40 a day. Less--

SENATOR SMITH: Oh, \$30 or \$40 a day less, okay. Well, still the same question: How does that happen?

MR. CLEARY: If I could be more precise, it is more than \$30 or \$40 less. The older group homes are in the \$75 to \$80 a day -- \$70 to \$80 a day bracket. The newer group homes are as much as \$140 a day.

SENATOR SMITH: Well, how are those rates fixed, and why is there such a disparity?

MR. CLEARY: The rates were fixed when we came on-line. My program was originally funded almost 20 years ago, so whatever it cost then, or whatever agreements were made then -- I wasn't around -- that was the per diem. After that, there were cost-of-living adjustments that had nothing to do with the cost of living. They merely had to do with what DYFS' budget could afford in those years. If it was nothing, it was nothing. So, when our funding went up like this, real inflation went up like this. (demonstrates) A new program would come on-line and say, "Look, this is what you want me to do. This is what it is going to cost," and they would get the money or they wouldn't get the money.

Two other things happened during the course of that time, at least one thing happened. Over that 20 years, DYFS required and requested many additional services, or kinds of things to happen. Usually there was not an increase in funding to cover it. Sometimes there was, but mostly not.

SENATOR SMITH: Oh, I see. But the new homes include that in their costs--

MR. CLEARY: That's right.

SENATOR SMITH: --from the start, whereas you were not able to do that.

MR. CLEARY: When I started working with children 30 years ago, it was not unusual for one person to care for as many as 30 children at one time. Now the ratio is one to six. That is mandated by regulation, and it is a good idea. But the funding to have the extra people was not always included over the period of time.

SENATOR SMITH: Thank you.

SENATOR BROWN: Thank you very much.

MR. CLEARY: Thank you, Senators.

SENATOR BROWN: Margaret Woods, to be followed by Jeff Fleischer. I realize you all sat through everybody else being longer winded, but if we could get to the jugular as quickly as possible, it would be helpful.

MARGARET L. WOODS: Thank you, Senator Brown, Senator Smith. In the interest of brevity, I am not going to read--

SENATOR BROWN: May we have your name and--

MS. WOODS: My name is Margaret Woods. In the interest of brevity, I am not going to read my prepared statement, but I do want to make a couple, hopefully, important comments.

SENATOR BROWN: Tell us where you are from.

MS. WOODS: I am Executive Director of Independence: A Family of Services, Inc., formerly Independence High School.

We are located in Newark, New Jersey. We are a multiservice agency providing alternative education, nontraditional residential, social, and mental health services.

I would also like to state for the record that I am a member of the statewide Children's Coordinating Council and, in fact, am on the Executive Committee. I am also an officer of the Family Based Services Association of New Jersey.

I am proud to be part of the Children's Coordinating Council. I believe that hats need to go off to New Jersey because we have significantly reduced the number of our young people who are both in out-of-state placement and in out-of-home placement. While I think this trend needs to continue, let me also state that I don't think there needs to be a polarization between residential and nonresidential providers. In fact, there is a place for all of us, unfortunately, at the table.

As with residential providers, community-based organizations that are providing nonresidential services also operate at a deficit. Unfortunately, that is the reality of trying to provide services to the needy among us. There is never sufficient funds. All of us, I believe, residential providers included, must be about the business of revising how we do business and the type of services we offer.

I would like to direct the remainder of my remarks to a part of our youth population that far too many of us tend to ignore. A distressing number of African-Americans and Latino young people are languishing in our State's juvenile correctional facilities. African-American youths, who make up approximately 20 percent of New Jersey's youth population, account for at least 40 percent of the juvenile arrests for serious offenses. And Latino youths account for approximately 14 percent of those arrests. Yet combined they comprise almost 90 percent of the population in our State's juvenile correctional facilities. However, self-report data from

juveniles clearly state that white youths commit as many serious and violent crimes as do youths of color. Therefore, the degree of criminality or the seriousness of crimes cannot account for the disproportionate incarceration rate among African-Americans and Latino youths.

Minority youths are most definitely disproportionately represented in our State's most secure facilities. Many incarcerated youths have severe mental health problems. However, the State is comfortable with allowing corrections to be the mental health providers, particularly for youths of color. It is all but impossible for the correctional facilities to provide these youths with the clinical treatment they require. The correctional setting frequently exacerbates their mental illnesses.

It is a cliché, but still true that correctional facilities are the institutions of higher learning for juvenile criminals. Can New Jersey continue to relegate a disturbing number of its youths to a life of ever-increasing crime and alienation? I submit to you that if we are to continue to see ourselves as citizens of a State that upholds and adheres to the rights granted to all citizens of the United States Constitution, then we cannot, and should not, allow this form of correctional apartheid.

Let me also state that the proposed move of the Division of Juvenile Services from the Department of Corrections to the Department of Human Services will be no more than a bureaucratic change in geography, if the current lock-them-up-and-throw-away-the-key mentality does not change. We are spending millions of dollars to provide services to our most vulnerable youth, and we are doing nothing, I believe, but throwing good money after bad. We have to drastically rearrange our system of delivering services. I believe that the beginning under the Youth Incentive Program is a strong one. However, unfortunately, as you heard earlier today, it is

dealing only with a small proportion of the young people who need services. We cannot simply look at those young people who are being served by the mental health system and our child welfare system. The Youth Incentive Program needs to be expanded, I believe, to those young people who are also part of the State's juvenile correctional system.

Let me just say very quickly that I am in support of having an office that would be charged with looking after the interests of children and youth. I am not quite sure, at this point, whether it should be an ombudsman, or whether it should be an Office of Children and Family. However, I would strongly endorse, whichever is chosen, that it be an independent office in the executive branch, and not part of any existing Cabinet office.

I also would like to quickly say that I think there are certain philosophical imperatives that the State must adhere to if we are going to truly provide the services that children with special emotional needs need. I believe that all services must be family centered. The services must be provided as close to a child and family's community as possible. The dollars which pay for services must follow the child and the family. This includes young people who are in corrections. Services should be offered in a holistic, comprehensive, and coordinated fashion. The continuing fragmentation and duplication of services must end, and I believe that it is the responsibility not only of the Governor and the executive branch, but also the Legislature to ensure that that happens.

Services must be delivered in a manner that is understanding and respectful of different cultures. They must be culturally competent and sensitive, and all members of our State, regardless of their socioeconomic position or their color, must have equal access to those services.

Thank you.

SENATOR BROWN: Absolutely outstanding. This is really the exciting part about going out to a hearing. I have to tell you, as someone who served on the Juvenile Disposition Commission, I have been very, very troubled for years now about the discrepancy of who we lock up and who we don't lock up. Hopefully, by voting "Yes" for the State takeover of the courts, this may be one small way that we get a little bit more uniformity and justice in this State.

I think Senator Smith, who serves on the Judiciary Committee, and I are both very troubled by this situation. We look forward to working with you and making some changes.

SENATOR SMITH: May I ask a question?

SENATOR BROWN: Yes. A question from Senator Smith.

SENATOR SMITH: You referred to the Youth Incentive Program. Can you tell me what that is?

MS. WOODS: Yes. It is the program that is chiefly -- or, solely administered by the Department of Human Services. It is the system of community-based services that provide wraparound services for young people, and through the day you have heard references to CARTS and CIACCS, which are the local bodies that help to oversee delivery of human services and the development of highly individualized wraparound plans for young people with special emotional needs.

SENATOR SMITH: But what you're saying is that the people who are in correctional facilities -- the juveniles, etc. -- are not receiving this kind of help?

MS. WOODS: That is correct. I think the Department is to be commended for developing the plan, and initiating it. They started at a place that they thought was manageable. It is principally for those young people who are in out-of-state placement, who are at the Arthur Brisbane Child Treatment Center, and who are at risk about home placement. But that only takes care of a certain segment of young people who need

services. I believe that the next bold move needs to be including those young people who are in correctional settings.

SENATOR SMITH: Do you have any solution with respect to this disparity you are talking about, with regard to the type of people who are in the juvenile correctional system?

MS. WOODS: I think that part of it, Senator, is education. My agency works with, not only young people who are DYFS clients, if you will, but we also have, I am proud to say, one of the -- I guess now two residential programs that are part of the youth initiative out of the Department of Corrections. As Jeanne Warnock said earlier, my staff and I do not see much discernible difference between young people who come to us through DYFS and those young people who come to us through Corrections. They are still inner-city youth of color who are battling all the obstacles and all the prejudices that come with that.

I think there is a misconception that if you come to services through Corrections that you are unamenable to services; that it is difficult to serve these young people; and that the community is in danger. We do not find that to be the case. I don't mean to make this sound like it's never-never land. It is a difficult population to serve, but I think there are community agencies that are doing a decent job of doing that.

SENATOR SMITH: You seem to indicate in your written testimony the changeover from Corrections to Human Services was a change without a difference. Might not that help this perception to be done away with, that you are concerned about?

MS. WOODS: I believe that it could if we take a look at the criteria we use in determining who should receive alternative sentences and alternative placements and who shouldn't. I guess what I was trying to say, in a stark way, was that if the move is simply going to be "business as usual," then it is not going to help that population, or that group of

young people. But if the carryout or believing that community-based, family-centered services can apply to all young people, then I think the move to the Department of Human Services will be a positive one.

SENATOR SMITH: I don't think it is just for show. We have had testimony from Commissioner Fauver and Law and Public Safety to the effect that I believe they would like to see this transition take place, too. They feel they are not really capable of providing the kinds of assistance to these people that should be provided. So I think it should be looked to with an open mind and see how it works.

MS. WOODS: In fact, if I might say, Senator, the Division of Juvenile Services in the Department of Corrections has been very helpful to us as we have struggled to develop a program with them. I believe there is leadership in the Department that understands the importance of those kinds of programs. It is just difficult to see the money allocated to develop them.

SENATOR BROWN: Margaret, it was very good of you to come. There is so much we could go into. I have a personal feeling that in some cases we give more services to our young people who are in the correctional system than we give to some of them who are not in the correctional system, which is the reverse of, you know, some of the statements you are making.

So, there are lots of things we have to discuss. I really appreciate your taking the time to come. Maybe you could write a letter of Senator Cafiero and say it might be nice to have a hearing in one of your centers. Okay?

MS. WOODS: Thank you very much.

SENATOR BROWN: Next-- Connie Strand has done so much putting this whole thing together here today, and I have not yet, you know, called on her or acknowledged all she has done. Connie, please just stand.

C O N N I E S T R A N D: (speaking from audience) I would like to wait until the very end, not for just a prepared statement, but for responses to some of the questions from a lay perspective; some of the questions you all asked, not coming from a professional, but just from a volunteer.

SENATOR BROWN: Super. We are under the clock with 40 minutes, just so everybody understands the ground rules.

Jeff is here, and he has waited all this time. Tell us, for starters, the Youth Advocacy Program, Inc. is located where?

J E F F R E Y F L E I S C H E R: We are serving 19 of the 21 counties.

SENATOR BROWN: In what way?

MR. FLEISCHER: We are a private, nonprofit agency, and we provide services to families at risk -- at high risk, in both the Corrections and DYFS systems.

Not to take up time, just to emphasize a couple of points that were made -- to embellish on them a little bit: I did cross out some of the major things. A lot of them have already been hit upon, so I won't repeat them.

I would like to start off by just saying that the Department of Human Services and the Legislature and the community and parents ought to congratulate ourselves for getting the Bring Our Children Home Act passed and signed, and also for implementation of the Youth Incentive Program, which is a statewide initiative to bring our children back home.

I think it is real clear that when we bring our children home -- and it is more therapeutic to serve them close to their families -- we are also bringing jobs home. We are bringing tax dollars home. I think it is an effort where we can all say that without spending any new moneys, but by just redirecting institutional dollars to communities and families, we have really done a great job together, in a real partnership, and we have put New Jersey ahead of just about

every other state in the country. So I think on that note we need to congratulate ourselves for all the hard work over the last couple of years, particularly the Legislature for really helping, Senator DiFrancesco and others. And Senator Smith was on that Committee. It was really a great experience. Pam, as well, did a lot of work on that.

On the other side of it, it is real hard for me to relish the festivities -- the festival of Bring Our Children Back, when we are facing such horrible budget cuts. I understand there is another billion-and-a-half, perhaps, projected next fiscal year. I can't help but think it was at great cost to bring the sales tax down from seven cents to six cents. That one penny--

SENATOR BROWN: Could we just stick to-- You have in your testimony here that you want to monitor the dollars that are following the children and their families. How do you suggest doing this?

MR. FLEISCHER: Well, it is in the Bring Our Children Home Act, I think, that we have to be very careful to monitor that the dollars saved as the kids come home, and those literally millions of dollars that also come home, come back to the community and to the families directly and to the Youth Incentive Program, rather than have it go back to the Treasury or to some other angles.

I did want to just say that I think it was at great cost to reduce that sales tax.

The other thing is to emphasize, and I will leave with that-- The other thing is I am using the word, with others, "apartheid"; that New Jersey has an apartheid system of treating kids and families. I live in Newark; I have lived there for the last 12 years, and 20 years of my life. The kids who are being shot and killed right now are of real concern to me on a personal basis and on a professional basis. I think the overcrowding and the overrepresentation of minority --

Latino and African-American -- youngsters in our prison system -- our juvenile prison system, is alarming, and it is a real tragedy. I think it is going to take some real strong action on behalf of, again, parents, the community, the Legislature, and the Governor to remedy this. We can't wait too much longer on this.

We know, as Ty Hodanish said, where these kids are coming from. We know the communities and neighborhoods they are coming from. We need to target our resources, our jobs, our schools, and our services in those areas. We need to engage those community groups in a partnership.

It is also important that as we try to get this youth program together, that we include Community Affairs. That really has a lot to do with decent, affordable housing, as well as Education, when we talk about unifying our services. We can't leave out all the different forces that bear upon these very desperate neighborhoods. These neighborhoods have great strengths, and we really need to support them and target them for better support in services.

Thank you.

SENATOR BROWN: Jeff, excellent and well put together, and five points here -- pow, pow, pow. To be continued, is all we can say.

MR. FLEISCHER: Yes, I think we'll--

SENATOR BROWN: Senator Smith and I now know where you are, and we can get more into the jugular. But I think you counterbalance very nicely.

I would like to hear Eric from Madison, because I do think we have a feeling that maybe some of all our problems are just in the Newarks and so on. I've got to tell you, the first AIDS case, as far as a fatality, that I knew about, was a graduate of Madison High School. I've got to tell you that one of my son's friends living in Chatham Borough, on our street, was murdered and was found floating in the Passaic River a

number of years ago. There was also another death from a brawl at Flynn's Tavern a number of years ago. I think sometimes we think that the violence is only in one area and that we don't have violence in the rural areas and in the suburban areas.

Eric, please tell us your name. You have been brave enough to come up here, and we really appreciate it. You've got some of your classmates to back you up here. Spell your last name for the sake of the record, would you, please?

ERIC BEHRENS: Eric Behrens -- B-e-h-r-e-n-s.

SENATOR BROWN: And you live here in Madison, right?

MR. BEHRENS: Yes.

SENATOR BROWN: What grade are you in?

MR. BEHRENS: The eighth.

SENATOR BROWN: What is your feeling about being, you know, under a lot of stress? Are there more problems now for you than a number of years ago? When we talk about, if there was somebody who could help out children in Madison, in addition to the police and the teachers and the health people, and so on, would anybody use the services of that individual?

MR. BEHRENS: Yes. I think the stress has mounted over years of schooling. That's how it is. It keeps coming up every year. Kids learn to deal with it, but they could use some help in dealing with the stress, too.

SENATOR BROWN: Thank you. Is there anything else you would like to say?

MR. BEHRENS: No, thank you.

SENATOR BROWN: I really appreciate your coming. Thank you very, very much. Let's have a hand for Eric. (applause) Would that we could all be as concise as adults.

Dr. Susan Roth. You're Bonnie Brae. Obviously, we have your testimony, and I know you want more money. I would ask you, in the interest of time and brevity, if maybe you could summarize?

S U S A N R O T H, Ed.D.: I am Dr. Susan Roth, the Executive Director of Bonnie Brae, a 76-year-old residential, educational, and day treatment center for seriously troubled adolescent males. On behalf of the boys and families Bonnie Brae serves, I thank you for your willingness to see the problems that stand in the way of good availability, delivery, and monitoring of services by the State for the children entrusted in its care.

I will try to point out briefly that Bonnie Brae is one of many private facilities which contract exclusively with the State to provide children's services. Private, not-for-profit agencies provide services at significantly less cost to the State than State-operated facilities. We also like to believe that we do it better.

The availability of services to children in New Jersey is threatened. Our ability -- you guessed right, Senator Brown -- to continue to offer services is threatened by inadequate funding by the Division of Youth and Family Services, and, at this time, no funding commitment whatsoever from the Department of Human Services to fund, and therefore continue the only residential treatment service in the entire State for children who are mentally ill chemical abusers.

We at Bonnie Brae struggle to raise funds privately to provide services and to maintain an aging physical plant. We do it at this time when 1989 capital bond issue money is available, but may be designated for new, not existing facilities.

The delivery of services to children statewide is threatened by a system which does not have a full continuum of care or accessibility. As a child and his family's needs change, it is not easy to move, for example, from the juvenile justice system to the mental health system or from outside the system into it.

The monitoring of services is threatened also here by a lack of reliability and validity as planning and implementation of services for children are based on an untested assumption and a very widely held belief. This belief pervades children's services, even though there is no single statewide mission to provide services for youth and families, and responsibilities are divided among a number of commissioners and departments with no central planning, coordination, or evaluation of children's services.

The untested assumption which is the basis for funding children's and families' services is also the basis of the Bring Our Children Home Act which Governor Florio just signed. No one can argue with the laudable intent of this legislation to prevent unnecessary out-of-home placement of emotionally disturbed children and keep families together. However, I believe the Bring Our Children Home Act should be renamed the "Emperor Has No Clothes Act."

In 1841, Charles MacKay wrote a book called "Extraordinary Popular Delusions and the Madness of Crowds." He reports a number of instances which show how easily the masses had been led astray and how imitative men are. He writes about whole communities fixing their minds on one object and going mad with its pursuit. He chronicles events when millions of people became simultaneously impressed with one delusion and ran after it. He compares his chronicles to the phenomenon of the emperor with no clothes, which, for the longest time, no one noticed.

Social policymakers, government funders, and legislators are not exempt from this very human phenomenon. At this time in New Jersey, a popular delusion and madness pervades the services for children. The delusion is that all troubled children should be treated in their homes and in their communities.

What is not widely seen right now is that increasing numbers of children have no viable homes, or they have families who are so overwhelmed that they cannot provide the round-the-clock, predictable nurturing and therapeutic environment seriously disturbed children need.

An example is Bobby, whose mother left him at an early age in the care of his psychotic and abusive grandmother. Following his removal by authorities from his grandmother's care at age five, he was sent to live with his mother. He was hospitalized almost immediately when he regressed to infantile behavior, wearing diapers, no longer speaking or feeding himself. Bobby has a 10-year history of attempts at suicide and thoughts of homicide toward his mother. Bobby's mother is struggling with her own difficulty of maintaining control.

There is funding for Bobby to be treated in his home, for him to live in his community. But Bobby has no home which can provide him what he needs. His mother is overwhelmed with her own problems.

Bobby needs a safe, predictable, nurturing, educational, and therapeutic environment with protection from the varying stimuli of the larger community. He needs out-of-home placement, but because of the currently popular delusion that all children should be treated in their homes, there is insufficient funding in New Jersey for out-of-home placement, and out-of-home placement is often delayed while attempts are tried in the community to "Bring Our Children Home."

It is difficult for well-meaning people to see that there are families who are unable or unwilling to love and/or care for their children. It is difficult to see that there are more and more children who are disturbed, terrified, dysfunctional, and disenfranchised. It is difficult to see that there are parents who are so ill or sadistic that no child should be brought home to them.

There are other families who are so troubled and overwhelmed that they cannot be helped to provide a home for their child while the child is living with them. The State's plan to provide "wraparound" services cannot cover the naked truth about the decay of families and the need for intensive residential treatment.

Youth who need out-of-home placement are growing in numbers at a time of diminishing commitment by the State to serve them. Over 60 children's residential treatment centers have closed in New Jersey in the past 20 years. We must not allow the collapse of residential institutions for children due to costs the State will not afford. If anything, it is the collapse we cannot afford.

Thank you.

SENATOR BROWN: Thank you very much.

How many more people do we have left? One, two, three, four, and Connie is wrap-up. Okay, let's just start in this order. Come on up. Bill, can you help with this? Bill, if you can get people's testimony, so that we don't lose time--

JANE BUGNAND, Ed.D.: Good afternoon. I am Jane Bugnand. By profession I am a Professor at Pace University in New York, but lest you think I have all my loyalties on the other side of the Hudson, I will tell you that I am a lifelong New Jersey resident living off the edge of Morris County in Essex County. I have been active in many associations in New Jersey. My current concern is to be a representative of the New Jersey Association for the Education of Young Children. This group has 1800 members in New Jersey. We advocate for children on the national level, on the State level, and on the local level. The chapter in Morris County is called the Northwest Chapter, if you are familiar with that group, Senator Brown.

Our title sort of implies that we are more interested in education than we are in anything else, but we are very

aware that the education of young children is only possible if their families are comfortable and able to manage the responsibility of children's care.

You especially requested comments on Senate Bill No. 374, which establishes an Office of Ombudsman. We certainly agree with the desirability of that policy as outlined for the State and the purpose of the legislation. And, Senator Brown, your comments way back at 9:00 about that bill, were very warm and made us feel -- made me feel very comfortable about the intention of that bill. You commented that you had looked up the word "ombudsman" in the dictionary this morning, and I did the same thing two days ago before I sent my statement to the typist. I was sort of disturbed that it really emphasizes complaints against the government. We kind of think it would be far better if the intention of the legislation emphasized advocacy for children, rather than waiting until they suffered and then reacting to something that had gone wrong, as so many people testified today from their agencies.

We would like to see excellent use of the funding there is for children in New Jersey, such as Ceil Zalkind referred to. Rather than establish an ombudsman, I would really like to see us have a Cabinet office for children. Why not have a children's czar, or I prefer a czarina, which would be much better for the State of New Jersey than an ombudsman. Then we could have an ombudsman underneath that Cabinet office who would take care of conflicts and questions like that.

SENATOR SMITH: With a czarina, you are just fostering the age-old concept that men are not as capable as women in taking care of children. I just want to put my two cents in on that suggestion.

PROFESSOR BUGNAND: Oh, we do know they are as capable. They are just as able. The difference is that women do it. (laughter)

There is some other legislation that we are also very interested in, much of which is around tax relief for corporations that help working families that have child-care needs. There is some help for the very poor; the rich don't really need it. It is us folks in the middle who are suffering the most. Both the parents and the facilities which care for those children are greatly in need of funds, and some tax relief for corporations that assist in that would perhaps be very welcome. I listed the bills in my written testimony. You can read those.

We are very much in favor of good, quality, and affordable child care, but we are also concerned about compensation for the people who work in that industry. Some people today referred to minimum wage people. Many, many people who work in services to children work for minimum wage, and that is a serious problem in their lives, as well as in keeping a quality staff everywhere.

We are very pleased, also, to note that there is a lot of legislation around family day care. As an Association, the New Jersey Association for the Education of Young Children is very anxious to have all family day-care centers registered and have them somewhat inspected, at least periodically, if not very often, to make sure that all the children in New Jersey are, in fact, safe. We recognize that that takes funding, and we fought the long fight a long time ago to have every family day-care center registered. We lost on the grounds that it just wasn't practical, but we are still hoping for that, and are struggling in that direction.

SENATOR BROWN: Thank you, Jane. We really appreciate your coming and taking the time. Is there a final word you would like to say? It is good to have your written testimony here. Again, as we try to play around with language and about where we are going to put this particular advocate for children, your thoughts are very much appreciated.

PROFESSOR BUGNAND: Thank you. May I just say one very important thing? We are very concerned about the situation with certification for teachers of young children in the State of New Jersey. We lost by one vote in the New Jersey Board of Education to retain an early childhood certification. We now have a nursery through eighth grade certification. With the constraints on the colleges to only offer a certain number of education courses to prepare teachers to work with people from the age of zero to the age of 13, somebody gets left out, and it is most often the youngest children. We think that is very dangerous for all the children in New Jersey.

Thank you.

SENATOR BROWN: Thank you very much.

Next? You won't mind if we eat up here. Is that all right? I don't want Senator Smith to die of hunger on his way back to Burlington. That would not be very productive.

SENATOR SMITH: I thought you were going to take me out to lunch, Leanna. (laughter)

L O R I H A R J A C K: Hi. My name is Lori Harjack. I apologize, but I don't have copies of my testimony. I will send them to you.

I am from North Jersey 4Cs, a private, not-for-profit Child Care Resource and Referral agency, whose mission is to serve children, families, and the child-care community in northern New Jersey by working to improve the accessibility, affordability, and quality of child care.

We support the State in its efforts to create a seamless child-care system, but are concerned that a lack of funding is putting children, families, and child care in jeopardy. Our concern centers around four issues. I am not going to go into the family day-care issue, because that has been talked about a lot today.

Child Care Resource and Referral, also known as CCR&R, is seriously underfunded in New Jersey. It is the only service

that provides direct assistance to parents in understanding and accessing the State's fragmented child-care delivery system. CCR&R helps to educate parents, empowering them as child-care consumers to make informed child-care choices that best meet the needs of their children and families. CCR&R counseling lets parents know what types of child care exist and what is available in their area. Parents are made aware of some of the basic licensing requirements and are given information on questions to ask when assessing child-care situations.

As of January 1, eight counties in New Jersey will no longer receive any State funding to provide these critical services. Existing funding allows CCR&R agencies to serve only a small percentage of those families searching for child care. Child-care resource--

SENATOR BROWN: Can we go to the jugular on this and then get a follow-up, because we don't have time today? I wish you would put into writing exactly how life will be different in January.

MS. HARJACK: Okay.

SENATOR BROWN: Okay?

MS. HARJACK: Okay. Child Care Resource and Referral funding must be increased for Fiscal Years '93 and '94.

My second point is about cuts in funding for the Jobs Family Development Program. Those cuts have jeopardized the services provided to these children and families so in need of assistance. The time and expense that have gone into assisting welfare recipients to become gainfully employed will be wasted when child-care services are unknown and unavailable to them. There must be adequate funding to provide child-care options counseling to all clients, and funding available in the form of staff to inspect child-care homes and provide training and technical assistance to caregivers.

Once a Jobs participant is employed, child-care assistance must continue until that parent is able to pay the

cost of care on her own. The New Jersey Cares for Kids Certificate Voucher Program is a wonderful program that embraces parental choice. Currently, the waiting list is long. There aren't enough funds to serve those families which qualify for it. If we don't increase the duration of child-care assistance for Jobs participants, their families will find themselves back on the welfare rolls.

My final point is about the inability of families to access child care in many communities in this region of the State, because assistance rates are well below the market rate for child care. Parents do not have child-care choice when much of the child-care services available are financially well out of reach of the amount of assistance they receive from the State. The child-care community cannot continue to subsidize the cost of child care for parents in this State. We applaud the efforts the State has made to increase the subsidy rate for child-care payments. However, a closer look needs to be taken at child-care subsidies meeting the actual costs of care. A statewide average does not work.

I feel that an Ombudsman for Children will help to ensure that all children and families in New Jersey, no matter where they live or what their income, have equal access to affordable, quality services.

SENATOR BROWN: Thank you very much. We really appreciate it.

Tammy Rosenthal.

TAMMY ROSENTHAL: Hello. I am Tammy Rosenthal, Director of Professional Service at Family Service of Morris County. I timed myself in the kitchen last night and I will be under four minutes, just so you know.

SENATOR BROWN: You're wonderful.

MS. ROSENTHAL: Family Service of Morris County is a private, United Way agency. We have been around since 1813, so we have a lot of perspective on kids. We also belong to a

statewide organization and a national organization of 300 family service agencies. We are all dedicated to serving families under stress.

At Family Service we have specialized children's programs; family counseling; Our Child Care Consultation Program, which June Trueax talked about; our Phone Friend telephone line; a Family Mentorship Program, using volunteers with single-parent families; and a children's socialization group. Also, we have workshops for mothers in the jail -- to work with them.

Now, what we are troubled by, and are seeing more and more, is the extensive degree of the problems the kids are showing. More and more of the kids have trouble handling frustration, anger, and dealing with depression. More and more we have parents calling up with kids who are, like, eight and nine years old who are thinking about suicide, which we never had years ago. These kids are a mirror of their families, who are dealing with overwhelming stresses, often without the resources or coping skills to meet them.

The stresses of living can leave little energy and time for children, especially for the single-parent family. Therefore, we can't talk about services for these children without services for their families. We feel there needs to be a wide spectrum of services from prevention to treatment, from infancy to adolescence.

I happen to believe that we need to funnel more moneys into the preschool population and their families, where there is the greatest hope for change and where the intervention can have the biggest impact.

I feel Morris County does a good job in striving to coordinate a network and not to duplicate our services. What I feel are the core problems that remain include: moneys for services are dwindling, while the expectations and paperwork for the service providers are increasing. We need more

resources to fund existing programs in a stable manner, so that long-range plans can be made and staff are not constantly worried about whether they are going to be losing their jobs, and children and parents can access the programs they need.

We feel a crisis is mounting in providing counseling and therapy to children and families who desperately need it, but have little money, no Medicaid, and no insurance coverage. Public and private agencies are swamped and financially strapped, and can't meet this growing need. I would strongly recommend that funds be raised to subsidize the counseling for these children and their families.

I would also recommend more two- and three-year grants, so staff could spend more time on service delivery. Not that we don't want to be held accountable -- we're all for that -- but we would like to spend less time on the renewal process. It seems like as soon as we get the grant, we have to start on the renewal process.

In addition, I would recommend that many mini grants be offered by the State, with mini paperwork. This would provide the flexibility to try out a new idea or project with a minimum of hassle.

I support the idea of an Ombudsman for Children to correct injustices. I would also like to see the ombudsman playing a crucial role in educating the public. I see this as a very strong thing the ombudsman could do. An ombudsman could help the public to understand that children, as complex human beings, have complex problems. An ombudsman could help the public to understand that quick, simple solutions often are ineffective. I feel an ombudsman could help the public to understand that looking for scapegoats to blame does not solve the problem; that helping children now can save money later. All of us must help the public understand that we need everyone's contribution and commitment to make life better for all of our New Jersey children.

Thank you.

SENATOR BROWN: Very nice; excellent. Do you have copies of that testimony for us?

MS. ROSENTHAL: I will have it typed up and sent to you.

SENATOR BROWN: Great.

Next will be Giri Sundar. One more, Connie, before you. Am I right? You are the last one before the wrap-up?

G I R I S U N D A R: I would imagine so.

SENATOR BROWN: Okay, super. It's very special to be last. My name used to be Young before I was married, so I love the end of the alphabet. Your name is?

MS. SUNDAR: My name is Giri Sundar. I am an audiologist from Dover General Hospital. I am representing, not Dover General Hospital, but my profession, as far as I am concerned. I am here to address my concerns in a very specific manner in a very narrow range, and I will finish in three minutes, I hope.

My concern is early intervention in children. One of the major problems that young children suffer is chronic otitis media, which causes a hearing loss. Like I mentioned before, I am going to be very specific in a very narrow area of health delivery to children. One of the most common afflictions in young children in day-care centers and other nursery schools is upper respiratory infections, which result in chronic ear pathology, middle ear pathology. This results in chronic hearing loss, fluctuating hearing loss. Although it may be (indiscernible), the impact is considerable. This is during the formative years that these children suffer the hearing loss, and the repercussions have been known to be considerable. Research is pointing out that there is a strong correlation between chronic middle ear pathology -- or chronic hearing loss caused by middle ear pathology and learning problems later on.

We are constantly trying to intervene in retrospect, which can be avoided if we have early intervention -- early

diagnosis in day-care centers and early intervention. I strongly urge-- As someone else mentioned before, as soon as I saw the word "ombudsman," I got a little nervous, because it is a "complainer," and we don't want any more complaints. We want someone to do something. If it means an advocate group, yes, I am strongly in support of that. Health care issues should be addressed in day-care centers, which have become rampant all over the place. Most children-- I don't know the incidence; someone else may be able to give us the percentage of children in day-care centers. But I do know that the incidence of middle ear infections is very high in day-care centers, and we have to address that. I am not sure about other problems, such as visual and other health problems, but I do know that the incidence of ear problems is considerable in this population.

One other issue I would like to raise-- It is a question more than anything else. Where, indeed, does Special Child Health Services fit within the context of the ombudsman, or the child advocacy group? Would this be an umbrella under which Special Child Health Services would exist, because we do see a lot of children falling in between the cracks? As was pointed out earlier-- Peggy Nelson pointed this out. She calls them the "scattered" children. They do not fall into Medicaid; they do not fall into Special Child Health Services. Family income seems high when their financial report is reviewed, but they really cannot afford anything. So I am at a loss to help these children. Most of us end up providing some kind of a volunteer service for these children. Those children have to be taken care of in this.

SENATOR BROWN: How do they get to you -- your children obviously with hearing difficulties?

MS. SUNDAR: They come to us directly for hearing tests. They come from physicians, pediatricians, from school systems. Not all schools take care of hearing evaluations or

hearing aids. Schools are not mandated to provide hearing aids. There is a big loophole there.

SENATOR BROWN: I am sorry for this one digression, but whenever I go to the doctor's, I get the doctor telling me all about his problems with the political system. I have a grandson who was just born, Senator Smith, it seems to me, with middle ear infections. He is now seven, and I can sympathize with you. If you have a solution about what keeps these kids from getting chronic ear--

MS. SUNDAR: It's not a solution, as much as early diagnosis and intervention. We know that these are formative years, and we have to get through to them. Speech and language evaluations have to be performed; parents have to be notified; some kind of intervention has to be provided so that the child does not lose and develop a lag, which the child cannot catch up with for a long time.

SENATOR BROWN: You've been here all day. You're really wonderful, and you are right on target.

I think, to answer your question, the ombudsman, or whatever we call it, would not specifically interfere with the provision of services that are now outlined. This has been helpful to us today to find out the diversity of groups dealing with children. So, thank you very, very much.

SENATOR SMITH: One comment on that: It is interesting, I think, that we are talking about concentrating on preschool programs and day-care programs and things of that nature taking care of certain social problems, and then we find that other problems develop as a result of that. When kids are in contact with kids, I mean, and they're young, they always come home with these problems.

MS. SUNDAR: We have talked about the penal system. There was outrageous research a few years ago which suggested that children in institutions seem to have had a history of middle ear problems and learning problems in school. It seems

a little farfetched. However, we cannot rule out the possibility of these things. We cannot rule out the impact -- the far-reaching impact -- of these things.

SENATOR BROWN: You're absolutely right. Thank you so much.

And now, for wrap-up, Connie Strand. Please give your name and title and so forth directly into the microphone for recording purposes.

MS. STRAND: My name is Connie Strand. I am a volunteer in Morris County who works within the human service system. I have had an opportunity to work with the Human Services Advisory Council, as well as a number of the other advisory groups -- the Youth Service Commission, the Mental Health Advisory Board -- and I will say to you that the many statements you have heard here today present very complex responses. There are no easy solutions to any of this.

If one asks about accountability, it is critical. As I have worked within the human service system as a volunteer, coming with no particular professional training, I have gotten my education within the system. I find that the more I learn, the less I know, and the harder and harder it is to offer solutions.

I am very concerned. I commend you for doing the Bring the Children Home Act. I commend you for setting up CIACCS and CARTS, and YIP, whatever that is -- the Youth Incentive Program, and the family centers, which I think will be excellent. School based programs, excellent. You have all the pieces. They have to be coordinated. They have to be brought together. The funding has to be released. One of the reasons the impact of the Youth Incentive Program may be limited is because the funding, the dollars, are so limited. There must be other solutions.

You have the Children's Trust Fund. Would you ever think of applying that to services -- wraparound services --

for children? Right now you award that to individual counties. You know what the Children's Trust Fund dollars are. That is the little box you check on your income tax to get some extra dollars. A lot comes in. People do give to that Fund. You now send it out to each county by RFP, and I think it is decided at the State how that is awarded. That might go into providing direct services -- wraparound services -- which are much more individualized.

As I sat here, I have listened again and again to the professional community. As a volunteer, I am very aware of the dichotomy between what the professionals see that everybody needs and what the consumers-- There are no consumers here today to tell you the kinds of services they would think they need. There was an article about two weeks ago in the local newspaper: "Mentally Ill Cry for Help." They have talked about these good group homes that everybody suggests be put into place. They have said that for them they are a disaster. Now, maybe they were and maybe they weren't, but the people who are using the services are not saying those are the services they need. It is professionals who are designing the services. The professionals need to be involved in designing the services, but balance has to be there; balance so that parents are involved and the young people are involved in helping to design the treatment services they need.

I think your School Based Program has such incredible potential. I think there are lots of ways of looking at funding, including maybe an extra box in our New Jersey income tax where everybody could offer to put in a dollar to fund school based services. Some states have trust funds. Most states are going in exactly the direction that New Jersey is going in. Ohio, California, Pennsylvania-- All were awarded funding -- Vermont and Alaska -- by Robert Wood Johnson. Innovative, creative programming and the funding that they received was to develop exactly the kind of "bring the children

home," try to keep them at home, individualized, wraparound services. But they also said, "We are not going to have each of these agencies separately delivering services. We are going to try to coordinate schools, mental health, substance abuse, job training all together, so that they are working together, and some of those dollars will be blended into a separate pot. So again, in a balanced world, some of the dollars will be flexible; some of them will be assigned to specific programs.

But if one is talking about individualized, one has to realize that there is a dichotomy between the provision of individualized service and the already organized services that have been put into place by agencies and institutions. So you are asking me, who may be a square peg, to fit into the round hole that has already been designed for me. It is a complicated system.

I admire you and salute you for taking the time to consider it, and I wish you good luck as you proceed with it. I would hope that you would do either an ombudsman or an Office of Children's Services. Again, I think I would plead for it at the executive level.

Thank you.

SENATOR BROWN: Thank you again, Connie.

Do you have any wrap-up remarks, Senator Smith?

SENATOR SMITH: Well, it has been very informative for me to be here today to listen to all this testimony. I really have to give you all credit for sitting here for five hours to present your testimony, when you really could have just left it here in writing. I think it is good for us, though, to actually hear what you have to say, because when we hear you testify it means more than simply reading a report. I appreciate your coming in here and doing that. Hopefully, some good will come out of this.

I think the legislation that Senator Brown has proposed sounds like it is a very good idea. It is needed. We

just have to be sure that we have it in the right format and we go about it in the proper fashion.

So, thank you.

SENATOR BROWN: Again, thank you all. This has been most enlightening and, as Senator Smith said, a very powerful session. Thank you for making it possible.

(HEARING CONCLUDED)

APPENDIX

Linda Seely
SBYSP
989-0340

SENATE WOMEN'S ISSUES, CHILDREN AND FAMILY SERVICES

GOAL

The School Based Youth Services Program (SBYSP) was developed by the New Jersey Department of Human Services to provide adolescents, especially those with problems, with the opportunity to complete their education, to obtain skills that lead to employment or additional education, and to lead a mentally and physically healthy life.

SERVICES

The SBYSP links the education and human services systems. Although the Department of Human Services imposes no single statewide model, each program is designed to meet the needs of their own community. Each site serves adolescents between ages 13-19, many of whom are at risk of dropping out of school, becoming pregnant, using drugs, developing mental illness, or being unemployed. Sites also serve those most at risk of being dependent for long periods on state assistance programs. All services provided by SBYSP are free of charge.

TIGER R.A.P.

The TIGER R.A.P. located in Morris County services the youth of the Dover School District. Our site is open twelve months a year and our daily hours are 9am until 5pm Monday, Wednesday and Friday. Tuesday and Thursday our hours are from 9am until 8pm. We are closed only twelve legal holidays throughout the year. The schedule allows maximum accessibility for the student population. Our services have been tailored to our community and include the following:

Mental Health / Substance Abuse

- Supported by one full time bilingual MSW .
- One full time ABD Clinical Psychologist.
- One part time (25 hours per week) ABD Clinical Psychologist.
- One part time (6 hours per week) Clinical Psychologist.

In 1990-91, we provided services to approximately 150 students with a minimum of five clinical sessions. In addition, we had a continual waiting list that averaged ten students. Our counseling situations ranged from mundane dating problems to suicidal ideation .

We have also been funded through a grant to train and facilitate parenting groups. Our program is called E.P.I.C. and will be able to address the needs of the Spanish speaking population.

Medical Outreach

Presently we are participating in a collaborate effort with Dover Free Clinic and Dover General Hospital to service the medical needs of our students and families.

Employment Counseling

One employment counselor on staff for 15 hours per week. Students are instructed on how to dress appropriately and how to conduct themselves during an interview. In addition, our support staff maintains an on-line computer file of resumes for individual students. We also provide testing services for students that identifies interests, strengths and weaknesses.

Recreation

Tiger R.A.P. has an extensive recreation program that has been developed to aid in the identification of students who could utilize our services. The programs include a number of after school activities dispersed through out the week. Open Gym, Weight Room, Indoor Track, Photography Club, and Art Studio are a few of our offerings. We have also developed a leadership program which includes 26 students who will participate in three separate programs this year. Our staff currently includes five part time personnel.

Referral Sources

Students are referred to our program through school personnel, community organizations, and family or self referral.

AWARDS AND RECOGNITION

In recognition of our success with the SBYSP we have received the following awards :

- o The 1990 American Public Welfare Associations Successful Projects Initiative Award
- o The 1991 Ford Foundation-Harvard University Kennedy School of Government Innovations Award

SBYSP was one of ten recipients out of 1800 applicants.

- o The program was highlighted in Bill Moyers' "All Our Children" series.
- o 1991 Tiger R.A.P. was recognized as an outstanding community organization for the state of New Jersey by NOSAP. At NOSAPs national convention in Chicago we gave a presentation of our program.

PROBLEMS IN DELIVERY OF SERVICES

1. Transportation to services for our clients.
2. Absence of bilingual services.
3. Misrepresentation of program services.

**Senate Women's Issues, Children
and Family Services Committee
Public Hearing
October 21, 1992**

**William Waldman, Deputy Commissioner
Department of Human Services**

Distinguished members of the Committee. I am very pleased to be invited to speak today on an issue that has been high on my agenda throughout my career in public service.

I believe that the best hope for the future of human services in New Jersey continues to be quality community-based services for children and families.

We only have to scan the newspapers any day to find some area in which families or children are at risk.

And as you know, Senator, on October 8th, Governor Florio and leaders of both parties met to release the second annual "Kids Count" report.

That report shows that the sagging economy here at home and across the country is putting added stress on New Jersey's families. The number of children receiving AFDC benefits increased in all 21 counties in the last two years. The number of child abuse and neglect cases and the juvenile commitment rate have also worsened.

Obviously, tough economic times also mean tough times for children and families.

So your Committee's focus on this issue is not only timely, it is essential to New Jersey's future. The Department of Human Services wants to work with you to identify the gaps in services and work on a coherent plan and pattern for providing services to those in need.

We also believe that we have some programs and initiatives that can help you in your efforts to ensure coordinated community-based services for children and families.

These programs and initiatives fall into six areas:

1. Child Care;
2. Health Care;
3. Services in the schools;
4. Services for children with special emotional needs;
5. Support for families; and
6. Support for communities.

I hope to give you an overview of key programs that are beginning to address the problems of families and children and to offer my view of where the gaps in services exist. And while I may give you some statistics on the cost of specific programs, I am not advocating at this time for making these expenditures, but rather giving you what I believe would be the baseline costs for your consideration.

Let me start with child care.

We know that the "Leave It To Beaver" family is not today's prevailing norm. Today, New Jersey families don't fit the old stereotype of two parent, one wage earner. Rather, many families need two incomes to survive. Other families have only one wage earner who is the sole parent in the home. All of these families need quality child care.

The Department's child care efforts have included the "New Jersey Cares For Kids" program, a statewide child care voucher subsidy system that makes subsidies of up to \$490 per month for income eligible families.

We also developed CAREERS, a training and technical assistance program to improve the quality of child care, funded by the Child Care Development Block Grant. Using the same funding source we developed the Department's component of the GoodStarts program that augments the national Head Start effort.

And we're also providing ongoing staff support to the New Jersey Child Care Advisory Council in its statewide efforts to improve the quality and quantity of child care.

But, of course, there are a lot of unmet needs in child care. New Jersey has two million women in the workplace today, and we expect another 400,000 by the end of the century.

More than 75 percent of school-aged children have a mother in the workforce, compared to 62 percent 10 years ago. More than 55 percent of younger children, up to age 5, have a mother working, compared with about 39 percent a decade ago.

With these kinds of numbers, we can't afford to turn our heads and pretend we can meet needs with our present resources. We face an increasing gap in services if we don't begin to concentrate resources in this area.

For example, we know that there are waiting lists in communities across the state for child care for infants, toddlers and school-aged children.

We realize that there's just as much of a need for child care in our rural counties as there is in our urban counties. And New Jersey's rural counties can't meet that demand.

And the Department of Human Services recognizes that part of the success of child care is working with children who are strong and healthy.

That's why we expanded our Medicaid program to serve pregnant women and children up to age one whose family income is up to 185 percent of the poverty level. As of September 1992, this program was providing coverage to more than 1,750 pregnant women, and 1,150 infants.

We also expanded Medicaid enrollment to include children up to age 19 who were born after September 30, 1983. This expansion provides coverage to these children when their family income does not exceed 100 percent of the federal poverty level. As of September 1992, the program was providing coverage to more than 2,380 children.

And we expanded enrollment in the Garden State Health Plan by 300 percent. This Plan is the only Medicaid-operated HMO in the country. It provides a personal physician for families receiving Medicaid coverage while keeping the cost of health care down.

And, with the help of the Jersey City Department of Health, we started an innovative program to vaccinate preschoolers from AFDC families in Jersey City for preventable diseases.

Through this program more than 6,000 vaccinations were administered to preschool children at the clinic located in the county welfare agency and through satellite clinics in Jersey City public housing, community hospitals, and a Puerto Rican multi-service agency. And with a special grant we received for our success in this program, we hope to expand it to Atlantic City and Trenton.

Obviously we won't close the gap in health care with just these programs. But we can begin to make inroads into providing for health care needs if we take the approach we did in Jersey City in building partnerships for change.

But just as we need healthy children and the child care to meet their needs, we also need a continuum of social services in our schools.

One way we are doing this is through a program called FamilyNet. FamilyNet develops links between urban schools and community agencies—links in health services, social services, employment and training, and avenues to higher education. We have committed staff to work in three regions of the state to develop these collaborations at the local level.

Another way we are building a continuum of social services in schools is through our School Based Youth Services Program, which served more than 19,000 children in the '91-'92 school year. By offering a variety of human and health services in the schools, we are helping young kids stay in school, improve their academic performance, and get help in meeting their problems.

But as successful as this program has been, it's still only in 37 schools out of a total of 2,284 schools statewide; that's about 30 school districts out of 620.

We would like expand the successful elements of the School Based Youth Services Program, which now operates primarily at the high school level, to the middle and elementary school level. This would enable the school and social service systems to assess and address problems at an earlier age, assist young children with learning problems, improve the school environment, strengthen families, and keep children in school.

And a way to supplement both FamilyNet and School Based Youth Services is by expanding the use of local schools for delivering health and human services to children and families. For example, we could provide incentives to providers of health and social services, through existing contracts, rate mechanisms, and reimbursement schemes. These incentives would make their services available through neighborhood schools in the late afternoon and evening hours.

Neighborhood schools are often vastly underused as community facilities. This kind of initiative would keep those schools open for maternal and infant care, parenting education, counseling, health screening, and similar health and human services.

But at times the children we work with in our schools exhibit emotional problems, which schools can't cope with and which all too often become community problems.

Our Youth Incentive Program helps some of these kids. This program improves multidisciplinary planning across the various service systems in each county. It expands core community services; reduces the need for institutional care, especially out-of-state placements; and provides for time-limited services for children and youth.

Youth Incentive provides funding that requires counties to set up a County Interagency Coordinating Council (CIACC) and a Case Assessment/Resource Team (CART). The CIACC carries out overall planning and the CART carefully reviews and plans for each child.

But we need to expand the use of this multidisciplinary team concept. We need to create more teams that would extend services to children at high or immediate risk of being committed to the juvenile justice system.

And while the Youth Incentive System cuts through a lot of the overlap and red tape in getting community services to young people, all too often there is a group that doesn't get the services it needs—minority males.

That's why we recently announced 10 grants, ranging from \$5,000 to \$10,000, to help community agencies and coalitions develop projects for minority males.

These grants meet health and human services needs of these young people, who are perhaps the group most at risk in our communities. We hope, through mentoring programs and other strategies, to reach these young men before problems surface.

Which leads me to the fifth area I mentioned—Family Supports.

With all the pressure placed upon families today, we need to support them in the role as **primary** caregivers, nurturers and educators of their children and each other.

"Wrap Around" services are one way the Department of Human Services is trying to provide this support.

We know that approximately 10,000 children live in substitute care—foster care, group homes, residential placements and institutions. Once separated from their families, these children may spend years in such placements, away from their families, and at a cost of between \$5,000 and \$15,000 per child.

Youth Incentive, which I mentioned previously, is a "wrap around" service. In addition, the Division of Youth and Family Services (DYFS) is using a pool of flexible funds that are not tied to a particular program to provide services to children at risk of out-of-home placement.

Rather than a "one size fits all" approach, these funds allow DYFS to purchase only those services required to meet the increasingly unique needs of today's families—on a family-by-family, child-by-child basis.

We think "wrap around" services represent the future for children and families at risk of out-of-home placement. And we would like to see this kind of funding expanded.

Another "wrap around" type program is Family Preservation Services or FPS. FPS provides in-home supports to families in crisis through the services of skilled case workers who provide round-the-clock intervention for a 4 to 8 week period.

FPS helps us reduce the cost of out-of-home placements because it strikes at family problems before they get out of control.

This program now extends to 14 counties and serves about 900 families each year. It's a surefire way to reduce costly out-of-home placements.

But we would like to expand FPS; we think every county deserves this kind of intensive in-home crisis intervention and family education initiative.

Another successful program administered by the Department is the Children's Trust Fund. The Fund makes grants that are supported from donor checkoffs on the state income tax return and an annual federal grant.

Among the programs it supports are a home visiting program on caring for cocaine-abused babies and one to teach parents methods of non-physical discipline. Since the fund was established by the New Jersey Legislature in 1985, it has awarded almost \$3.6 million to 139 programs in every county in New Jersey.

And, as you know, we recently implemented the Family Development Program, to reform welfare in New Jersey. Family Development seeks to work with families to help them break free of the welfare cycle and offers job training, education and social supports.

And one way to help families break free from welfare is enforcing child support orders. This year we set up a Child Support Hotline, collected more than \$390 million in child support payments, seized assets from lottery winners and from those who received a \$1.2 million settlement from United States Steel, and notified credit agencies about those who owed more than \$1,000 in back child support payments.

We are intent on closing the child support gap that keeps children and families from receiving what is rightfully theirs.

But none of our efforts, Senator, can work without community supports. That's the last and most critical area I want to mention this morning.

The Department welcomes your focus on this area because it's where we place most of our funds and energies.

For example, we've made support to our contract agencies part of our base budget. That way, the more than 1,300 private, non-profit providers with whom we contract to provide approximately \$500 million in services to about half a million children and families, will get the financial support they need to grow—year in and year out.

We need to build on this network of community-based agencies to ensure that we can continue to reduce our out-of-state residential placements, and phase-out institutional beds, to allow children who can live in the community to do so.

We also hear a lot about financial Enterprise Zones these days. Well, the Department of Human Services believes we need community Enterprise Zones specifically for health and human services.

Such an initiative would provide equal access to health and human services to residents in older urban centers, remote rural areas, and other areas of high need. We can already identify these areas and we know the programs that are missing: child care, maternal and infant health, respite services for families, parent education, and primary health care for people who are mentally ill and developmentally disabled.

We estimate that a model program in one key area could be piloted for \$500,000 to \$1 million. However, the experience we gain could set a new direction in meeting the needs of children and families.

In conclusion, Senator, we welcome these public hearings for directing the spotlight on the needs of children in our state. In particular, we are pleased to see your focus on coordinating community-based services, because we believe that this represents the best strategy for the future.

I believe that our job must be to increase the awareness of the programs we have and of the programs we need. Our mission must be to reduce family stress and increase the family's ability to cope. And our ultimate goal must be to use the resources of the public and private sector to strengthen families in fulfilling their essential role of nurturing and protecting their children.

Thank you.



AAMH

October 21, 1992

Testimony submitted to:

Senate Women's Issues,
Children and Family Services Committee

By: Marshall Bord, Assistant Executive Director

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Many issues remain to be resolved if the children in our various state systems are to move from being recipients of services to contributing citizens. However, for this presentation, I intend to focus on the "aging out" issues.

In any given year, at least 2,000 youngsters are discharged by DYFS, Juvenile Corrections and the Division of Developmental Disabilities. They are returned to their communities, often with little or no family supports, and are required to live on their own. Most are ill-prepared to deal with our often difficult society. Many reappear among the homeless, on welfare, in mental health hospitals and in the adult correctional system. We are wasting lives and are doing so at great and ongoing expense to the taxpayers of our state. The attached article describes these "aging out" youngsters under DYFS supervision and details their needs. In each of eight counties, meetings were held: DYFS, DDD, Juvenile Corrections, special education, court related agencies and private providers were participants in all the meetings. The service needs ranked highest were housing, employment and vocational training and coordination and case management of existing services.

Beyond these service needs, many of the youngsters now under state supervision, no matter which department or division is involved, are simply not prepared to cope with the demands that independence places on them. No matter where these youngsters are, the state should mandate that they receive life skills training. This would include job skill development, personal care, money management, interpersonal relations and how to buy and prepare their own meals. In addition, these youngsters should be assisted in the transition into the adult support system, i.e. the Division of Vocational Rehabilitation, county job banks, DDD, DMH&H and various entitlement programs when appropriate.

Unless we acknowledge that these youngsters have significant needs that must be met, we will continue to waste lives and literally pay for doing so.

Nowhere to Go

The Plight of Aging-Out Youth in New Jersey

By Linda J. Wood
Human Services Consultant

John (not his real name) is eighteen years old. He lives in an attractive, furnished apartment where he is supervised daily by social services staff who reside in the building. He does his own cleaning and shopping and takes great pride in his cooking ability. John has recently started a full-time job in a local drug store, where he appears to be doing well. He took his GED exam several weeks ago and hopes to attend college part-time in the fall.

John has the opportunity for a successful, satisfying life after many difficult years. Between the ages of ten and thirteen, he lived on the street or with a succession of friends after his father, his only living parent, abandoned him and his younger brother. He was referred to the Division of Youth and Family Services (DYFS), which placed him in a variety of foster homes. He and his brother were separated for a number of years but were reunited when they were both admitted to the Transitional Opportunities Program (TOP) of the Association for the Advancement of the Mentally Handicapped (AAMH) in Elizabeth. Through its contract with DYFS, this program provides apartment-based living and a range of support services to youths aged seventeen to twenty-one. John and his brother are now in the process of getting to know each other again.

Unfortunately, John's case is not typical. Most young persons are not given the chance to make a successful transition to adulthood.

Each year, approximately 2,000 young persons between the ages of eighteen and twenty-one lose eligibility for DYFS services because they are legally deemed to be adults. Under federal and state laws and policies, youths who are eighteen or nineteen, if they are still in school, do not qualify for further assistance from the state child welfare agency, except in rare instances. Technically, services are available from other agencies within the Department of Human Services, but in reality, only a small proportion of youths qualify. To be eligible for long-term maintenance and services from either the Division of Developmental Disabilities (DDD) or the Division of Mental Health and Hospitals (DMH&H), the youth must have a severe and specified handicap. Even if youngsters qualify, appropriate programs may not be available.

FALLING THROUGH THE CRACKS

"Young persons often have a combination of problems, no one of which is, in itself, intensive enough to warrant help," states Cathy Noblick, Director of TOP. William Waldman, Director of

DYFS, agrees. "Some kids fall through the cracks because they have conduct disorders, but not a psychiatric diagnosis that gives them a priority rating for mental health services. Still, they are unable to function independently. Other individuals have borderline intellectual functioning that doesn't quite meet the DDD criteria, yet they are performing below normal.

"We are beginning to work with DDD and DMH&H to enhance services and develop a unified approach on this issue," Waldman said.

Most of the young people at risk of losing eligibility for DYFS services have more subtle "disabilities" which seriously affect their ability to cope on their own. A majority of them have been victims of parental neglect, indifference or hostility. They bear the scars of low self-esteem and may have difficulty in harnessing their anger and hostility. Others may bury their feelings — turning to drugs and alcohol to escape the pain. Few have families they can rely on for any substantial help — although most want to maintain some type of connection. Many have been deprived of the nurturing of a secure, caring home — they have lived episodic lives with frequent separations. It is difficult for these young persons to trust anyone.

Many young people who are forced into instant independence have done poorly in school — because of behavior problems, retardation or developmental or physical disabilities. By the time they are eighteen, only a few will have graduated or earned their GED, and fewer still will have gone on to college. Their employability in a complex technological society is doubtful. Not surprisingly, most of these young persons have only worked in transient, part-time jobs and lack specialized job skills.

Minority youth, particularly those from poor backgrounds, face even greater obstacles. They must battle the effects of discrimination while they try to cope.

It is clear that few young people in our society are ready to be independent at the age of eighteen or nineteen, even under the best of circumstances. Most individuals require financial and emotional help until the age of twenty-one, and many remain financially dependent through their mid-20's. In a sophisticated society such as ours, which requires a highly skilled labor force, it takes many years to acquire the education and training needed for success. The high cost of housing also hampers the ability of young people to live on their own until they are earning a substantial income.

IMPACT OF THE CURRENT APPROACH

What happens to these troubled young persons who are suddenly "emancipated" without family



support and without the services to which they have grown accustomed — or dependent? No one knows the whole picture. However, several individuals in agencies working with this population expressed concerns about the future of these young people.

Sidney Blanchard
Executive Director, AAMH

We keep pushing young people into safety net programs that encourage continued dependency, such as welfare, psychiatric facilities and correctional programs. In this way, we perpetuate childhood and dependency needs rather than fostering self-sufficiency.

Larry J. Lockhart
Deputy Chief of Staff
Dept. of Human Services

If you don't have a place to stay, all the counseling in the world won't help. The rules for this ►

► age group are — when you don't have a place to stay, do something wrong. The state must be a catalyst for programs to assist these youth.

Sue DonDiego
Former President

New Jersey Foster Parent Association

We need to invest the time to get the kids out of the system. Otherwise, foster parents have to assume responsibility for their care, medical bills and car insurance, while they have no legal right to have the kids. Youths without the help end up on the streets, in trouble or in jail.

Jeffrey Fleischer
Director/Vice President

New Jersey Youth Advocate Program

Eighteen is an arbitrary cutoff age that doesn't correlate with the youth's needs. We are setting kids up to enter the correctional systems, welfare and mental institutions. A lot of them will end up homeless — in fact, many of the new homeless are youth.

The future for most of these young people is indeed grim. We do know that some join the homeless population. Some are arrested and put in jails or other adult correctional facilities. Some use or sell drugs — or both. Some, mostly teenage mothers, receive county welfare. Some become parents and may be referred to DYFS because they are inadequate parents. Some attempt suicide and some make it.

Others are on the edge. They cope, perhaps with the assistance of friends or family. When a crisis hits, even a minor one, they stand a good chance of being dependent on some form of public aid.

ON HIS OWN

Insight into the troubled and lonely lives of those young persons who are trying to make it on their own can be found in the story of one young man.

"Christmas is like any other day when you are living by yourself," says Carl Brown, wistfully. Carl is twenty-one and recently lost eligibility for further services from DYFS and Transitional Opportunities Program (TOP) because of his age. Applications to Division of Developmental Disabilities (DDD) and Division of Mental Health and Hospitals (DMH&H) were not successful. Carl is very appreciative of the help he has received from DYFS and the services he has received from TOP. He has learned how to cook, do his laundry and budget his money. Staff from TOP have also helped him obtain supplemental security benefits. He was working full-time until a few days ago, when there was a layoff at the firm where he worked. He expects to return to work with a former employer soon.

Relatively speaking, Carl is well off. He has acquired many of the daily living skills he needs for self-sufficiency, but the lack of a caring family leaves a big gap in his life. Carl, his brother and their twin sisters were placed in a foster home because his mother could not care for them.

"I never had three meals a day, showers or clean clothes until I went to live with my foster mother," Carl comments. "Her house seemed like a castle to me."

Initially, two of Carl's siblings lived with him

in the foster home but they were later separated. Carl has seen only his brother since that time, and their initial meeting was by chance.

"I was sitting on a bus and said to myself, 'that kid looks familiar.' I found out he was my brother and that he lived in the same town." Carl visits his mother infrequently because of conflicts with his stepfather. "I still love her, no matter what she did," he says with a sad look in his eyes. Carl's efforts at self-sufficiency are also hampered by his inability to read and write. "I went to school every day even though the kids called me 'dummy' and 'stupid.' I graduated when I was twenty, but I still can't read and write."

Carl is a very determined young man who urges other kids like him. "Don't give up on yourself." In many respects, he has achieved a high degree of success, but the TOP staff wonder how long he can manage without counseling and the other services he was receiving until recently.

Carl's story amply illustrates the need to move toward developing a service system geared to the needs of the youngsters, rather than trying to make the youths fit the system. It also dramatizes the lasting effects of parental abuse and neglect and the long-term impact of losing one's family.

PROFILE: YOUTH IN TRANSITION

Recent research examining the case records of a 5% sample of the DYFS caseload of over 7,000 youths between the ages of sixteen and twenty-one, provides a thumbnail sketch of this population.

The data clearly show that many persons between the ages of 16 and 21 have serious behavioral, emotional, developmental and family problems that hamper their ability to learn, function and achieve independence. Here are some of the key findings:

Age:

- Over 60% of the youth studied were seventeen or younger.
- Slightly over 10% were nineteen or older.

Sex:

- Slightly over one-half of the group was male.

Race:

- More than 60% of the sample youth were Black or Hispanic. In urban counties, two-thirds or more of the population were from racial minorities — the proportions were reversed in suburban and rural counties.

Family Mistreatment:

- Over 80% of the youngsters had some indication of abuse or neglect by parents or other family caretakers.

Educational Classification:

- Nearly one-half of the sample youth has been classified by Child Study Teams in the schools as needing special education classes. Of these, nearly one-half had been classified as emotionally disturbed; one-fifth as having multiple handicaps; 16% as neurologically or perceptually impaired; and eight percent as mentally retarded.

Placement History:*

- One-quarter of the youth who were studied had

a history of being hospitalized in a psychiatric inpatient program.

- Over 40% had been in at least four different placements, and 8% had been in ten or more placements out of their own homes.
- Forty percent of the youths studied had been in out-of-home placement between five and twelve years, and over one-quarter had spent more than half of their lives in some form of placement.

*Two-thirds of the sample were in placement at the time of the study. The remaining third lived at home.

Behavior:

- One-half of the study group were judged to have low self esteem, poor self image or feelings of worthlessness during the past two years.
- Forty-four percent had been described as physically aggressive, assaultive or destructive during the prior two years.
- Over one-third showed signs of depression, apathy or hopelessness.
- Over 40% had been truant from school or day programs, and the same proportion had run away from home or agencies during the two-year period.

Family Problems:

- Almost one-third of the parents had an identified problem with drugs or alcohol.
- Emotional problems or mental illness was found in almost one-quarter of the families.
- Inadequate income and unemployment were identified problems for more than one-quarter of the study families.

The profile data clearly show that the DYFS teen population which was studied contains a substantial proportion of youths who will need services past the age of eighteen in order to move toward self-sufficiency.

AVAILABILITY OF SERVICES

In eight county meetings conducted in early 1987 by the AAMH in Elizabeth, more than 175 individuals met to discuss the service needs of youths in transition to adult status. Participants represented a broad range of organizations, including schools, human services organizations, correctional programs and court-related agencies.

Despite the diversity of the organizations and their geographical locations, consensus on the critical service needs of youth in transition was very broad. Three critical service needs were identified as a high priority in all of the counties:

1. Housing for youths and their families
2. Quality employment and vocational training programs
3. Coordination and case management of existing services.

Representatives in all but one county named educational services and family support services as one of their top priorities. Substance abuse programs and transportation were seen as critical needs by participants in three-quarters of those counties. Certain youth were deemed to be in particular need of service:

1. Youths with delinquent behavior
2. Young persons with multiple diagnoses/problems

- 3. Developmentally disabled youths
- 4. Older adolescents with educational deficiencies
- 5. Young adults with behavioral problems — arsonists, sex offenders and those with conduct disorders.

IDENTIFIED SERVICE NEEDS:

Administrators and other staff working in agencies responsible for youths in transition echoed many of the concerns raised in the county meetings.

"There is a need for a broad spectrum of services for youths past the age of eighteen," states William Waldman, DYFS Director. Outpatient counseling, case management services, individual case planning and residential programs ranging from secure facilities to apartment-based living were cited by Waldman as some of the transitional programs which need to be developed or expanded.

"More generic services which are not divided along divisional lines are needed," according to Cathy Noblick, Director of TOP. "A variety of services exist, but eligibility criteria are so restrictive that the services are not available to this population." She called for more supervised and supportive living programs, particularly for youths with multiple problems and diagnoses, and supportive vocational programs. "Many youths are not adequately prepared for careers, and jobs requiring few skills are increasingly rare," she commented.

"Foster parents need to be trained to help youths learn basic living skills in their homes starting at the age of twelve," according to Gloria Dowdy, Executive Director of the New Jersey Foster Parents Association. Supervised apartment living programs, which provide life skills training, work experience and job training were also identified by Dowdy as of particular importance, especially for children who are "slow learners."

Sue DonDiego, former president and one of the founders of the New Jersey Foster Parents Association, called for establishing a support system with a time-limited contract between adolescents and their foster parents. "Funding should be provided to foster families for Medicaid, liability insurance and the costs of maintaining a car. Also the youths should be given living allowances," she commented.

"We need to do something different with the services we have," stated Jeffrey Fleischer of the New Jersey Youth Advocate Program. "We need to broaden our services to include families. We talk about family and the importance of unity but we don't provide for it. We don't work with the family when the youth is in foster care or institutions. When the youngster is out at eighteen, nineteen, twenty, he had a need to reunite and resolve the family issues."

Fleischer contends that emphasis should be placed on providing this group of youths with vocational training and places to live, both independent living and structured group situations in the community.

EFFORTS TO ADDRESS THE PROBLEM

In August, 1985, the state legislature enacted

a supplemental appropriation of \$1.8 million to provide services to "aging out youth" under the jurisdiction of the Department of Human Services. This funding has been reauthorized each year and is now part of the line item budget. These monies have been used to develop and expand several programs across the state and to fund the continuation of programming for developmentally disabled young adults past the age of eighteen.

New Jersey has also received nearly \$1.5 million from the federal government under the provisions of Title IV-I.L. of the Social Security Act for Fiscal Year 1987, according to Chad Consuegra, DYFS Administrative Analyst. However, these funds can only be used for low-income youths between the ages of sixteen and eighteen.

The Department of Human Services set up an interdepartmental committee to examine this issue in early 1985, and three divisions — Division of Developmental Disabilities (DDD), Division of Mental Health and Hospitals (DMH&H) and DYFS — have funded needs assessments on the "aging out" issue. Family Services of Burlington County conducted the needs assessment of the mental health population for DMH&H; York Associates implemented a study of developmentally disabled young persons for DDD; and Association for the Advancement of the Mentally Handicapped (AAMH) of Elizabeth engaged in an assessment of the needs of DYFS young persons. All three of the assessment projects concluded that there was a need for better coordination among agencies, development of case management systems which ensure that appropriate planning and linkages occur, and greater accountability in the service delivery system.

The Legislative and Policy Committee of the Statewide Human Services Advisory Committee has prepared policy papers on this issue which call for coordinating and planning services for this population.

New Jersey is one of a handful of states across the country that has begun to address the problem of serving youths over the age of eighteen. Some steps have been taken to improve the coordination of services, and several programs have been developed to provide transitional services. However, much more needs to be done.

"Federal leadership is needed," states Waldman, Director of DYFS. "The federal government needs to establish a policy framework, provide a modest funding stream and stimulate designation of a lead social service agency."

"Current federal child welfare statutes which restrict funding and eligibility for youths aged eighteen and over obviously impact negatively on New Jersey's efforts to help this population. Any major expansion of services would probably require a large outlay of state aid," Waldman continued.

"The costs are high — but they need to be compared to the invisible costs of our current approach. It is reasonable to assume that many of the young persons who leave the DYFS system will end up relying on publicly-funded programs for extended periods of time unless they can acquire the skills and support necessary to cope in our complex society. The costs to the taxpayer can't be measured, but they are likely to be

substantial. The loss in human potential could affect our society for generations to come."

CHANGING THE SYSTEM

What changes must be made in order to develop a more responsive service delivery system? Key individuals in organizations working with older adolescents throughout the state offer their ideas.

Jeffrey Fleischer Director/Vice President New Jersey Youth Advocate Program

The current system needs to be unified. There are twelve state agencies dealing with this population. These organizations are fragmented, have different missions and often don't work together or talk to each other.

We need a unified case management system which doesn't end when the youth turns eighteen.

Meanwhile, funding for institutional care should be redirected into other programs, including small family-like programs in the community.

William Waldman Director, DYFS

Better coordination of services between the Department of Human Services and other departments, including Education and Health, would certainly begin to alleviate the problem.

However, in order to bring about changes in the service delivery system, there has to be a constituency advocating for that change.

Sidney Blanchard Director, AAMH

There needs to be a plan for preparing young people, starting at fourteen or fifteen for the transition to adulthood. In addition, DYFS services and adult services should be coordinated more carefully, so that we eliminate the gaps.

Larry J. Lockhart Deputy Chief of Staff, DHS

We need more comprehensive delivery of services.

Sue DonDiego Former President New Jersey Foster Parents Association

Foster parents who take in older adolescents need and deserve more support. For example, ►



Carl Brown, a subject of this study.

► there should be a mandated, ongoing training program to assist them in coping with adolescents and teaching them life skills.

Respite care for those foster parents should be provided, since older adolescents have more emotional and physical problems — including AIDS. Also, foster parents working with older adolescents need increased reimbursement. At present, they cannot afford to take them in.

ACNJ RECOMMENDATIONS

Obviously, concern has been growing for some time both in the public and private sectors that today's children in transition will become tomorrow's problematic adults. An ACNJ-sponsored child welfare survey showed that a major impediment to moving young people through the system was a lack of services for the aging out population. ACNJ was asked to address this issue in some formalized fashion; therefore, at its Annual Conference in October, 1987, ACNJ staff organized a workshop entitled **"Ready or Not, Here We Come: Aging Out of the System."**

The workshop, moderated by Mary Wells, Executive Director of Family Services of Burlington County and ACNJ Board member, was enthusiastically received by an audience of service staff, parents and administrators. Panelists included Larry J. Lockhart, Deputy Chief of Staff for DHS; Peter Oliphant, Policy Analyst for DHS; Catherine B. Phillips, Family Services Specialist for DYFS; and Linda Wood, writer/consultant. Not only did the workshop bring together an outstanding group of experts in a public forum, it produced a dedicated, informed core of citizen advocates who have agreed to become actively involved in the issue of youth in transition.

Among the results of the workshop was a list of recommendations developed by the participants on ways to improve services to youths 16 and over at risk of "aging-out." The top administrative priority the workshop identified was the development of a comprehensive, coordinated services system with two main components: a mechanism for transferring cases among divisions and departments of state and local governments; and a community-based central intake system to screen youths, beginning at age fourteen, and identify appropriate service agencies.

In addition, broader and more varied services must be made available to these youths. Specifically, they should be trained in basic survival and independent living skills, such as human relations and sexual awareness and education, as well as health care and hygiene, travel training, food awareness and preparation, and money management.

More assistance must be given to the people in this age group in exploring social and recreational opportunities and in finding employment and housing. Greater emphasis should be placed on job skill development, vocational guidance, job placement and on-the-job services. Housing options must be made more available and accessible to young people and their families and other support groups — options such as apartments or single rooms, residential treatment centers, hospitals, group homes, and halfway houses for youths with substance abuse problems or those leaving the correctional system.

As they "phase out" of standard programs for children, these youth also need advocacy programs to assist them in obtaining or keeping their entitlements — Supplemental Security Income, Social Security, food stamps, Medicaid and welfare.

Families of these older adolescents — whether biological, adoptive or foster families — need additional services as well to maintain family ties whenever possible. Such services would include individual and group counseling, parenting education and homemaker services.

Finally, governmental agencies themselves need to reevaluate and update their services. The first step is to conduct a survey of these young people and their families to learn their perception of services needed. An ongoing data base should be established which provides information on the characteristics and needs of youths in transition. Also, laws must be enacted to clarify the responsibilities of the state to youths aged eighteen and older. Special services should be geared toward targeted segments of this age group — developmentally disabled youths with emotional problems; chemically dependent youths with histories of emotional problems and/or court involvement; and aggressive youths.

Funding for these services must be expanded on a planned basis. These additional monies

should be phased in over a period of time, and evaluation of youths receiving these services should be conducted to determine "ultimate" savings vis-a-vis other publicly funded programs.

NEXT STEPS

A high level of agreement exists among professionals across the state on the types of changes that need to be made in order to help youths in transition to adult status. The real issue is how to translate these recommendations into reality. Waldman aptly summed up the next step: "In order to bring about changes . . . there has to be a constituency advocating for change." That constituency has begun to form. As a result of the efforts of several organizations, a legislative hearing was held on March 24, 1988 which included testimony on "aging-out." It is important that individuals and organizations around the state join the effort and publicize the need for services to policymakers and administrators at the county and state level.

As the Association has proven over the years, it does not take huge numbers of people or large amounts of money to bring about legislative and policy changes. It takes a few leaders with a nucleus of committed individuals who are willing to speak out on behalf of the children and youth of the state.



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I am Julie Turner, executive director of the New Jersey Association of Children's Residential Facilities. We represent over sixty private providers serving over 1,000 children placed by the Department of Human Services in out-of-home treatment programs, including residential treatment centers, group homes, shelters, specialized treatment homes and independent living programs. The Department relies on the private sector for the residential treatment of the majority of its most troubled children. While the bulk of the placements are made and funded by DYFS, the children's needs cross all of the Department of Human Services' Divisions as well as several other Departments, including the Department of Corrections, Department of Health, and the Department of Education. While there are many important issues, I would like to focus on certain policies which undermine quality care for the most vulnerable children:

1. INADEQUATE AND INEQUITABLE FUNDING: DEPARTMENT POLICIES AND PRACTICES WHICH UNDERMINE THE MAINTENANCE OF A VIABLE INFRASTRUCTURE TO CARE FOR THE MOST TROUBLED CHILDREN.

DYFS, under the strong leadership of Nick Scalera has recognized that existing services are inadequately funded. This year, a consultant hired by the Department of Human Services at the strong urging of the Division of Youth and Family Services found the following:

1. There is little rational basis for the rates currently paid to providers. Differences in rates generally can not be explained by the level of difficulty of the children.

2. As a result of low and inequitable funding, there are significant problems that could have a major impact on the quality of care children receive.

3. DYFS does not provide full cost of care; the seven facilities studied in depth spent \$1.8 million providing from 3% to 36% of the budgets.

4. Many residential providers were in extremely precarious fiscal shape. Many are unsure about their continued survival.

5. It is imperative that DYFS take action to 'level the playing field' among providers. The reality is that some of the providers will, quite simply, go out of business if some of the fiscal inequities in the system are not addressed immediately.

The Department of Human Services has had an de facto policy of continuing to develop new and costly services while ignoring and thus undermining the continuing existence of agencies which have faithfully served New Jersey children. In fact, group homes opened within the past two to three years have rates of \$120 a day or more, while group homes, serving similar children struggle to survive with rates of \$40 to \$50 a day less; group homes paying staff the minimum

wage are now forced to operate at a deficit as a result of the increase in the minimum wage. Yet, these agencies with a long history of providing quality services are told that there is no money. We are all aware of the serious budget constraints. However, recently, the Department's plans for the use of the Human Services Capital Bond has raised serious concerns. It proposes to use the capital funds to develop new programs-108 new beds-, with a probable annual operating cost of \$4 million. These operating costs would come from "redirection of existing substitute care funds". If current fiscal realities prevent DYFS from implementing the rate setting consultant's strong recommendation for a minimal funding level for existing services, how can the Department continue to advocate for the development of new and costlier programs?? As one agency noted, "our Boards cannot accept the blatant injustice of a Department's decision to make funds available to develop new services, turning its back on those who have served faithfully." I would like to be clear that, within stringent fiscal constraints, Nick Scalera has tried to support programs. Indeed just this year, all group homes were enabled to provide one to six staffing ratios during awake hours for children in group homes; until this recent effort on the part of the DYFS Director, some seriously underfunded "old" group homes were forced to have only one staff person responsible for the care of twelve seriously disturbed children during awake hours. I don't think any of us think one person should be responsible for the care of twelve "typical" adolescents, much less those with serious problems. If we are expected to provide quality care to severely emotionally disturbed children in "less restrictive" settings in the community, we must be able to provide adequate staff supervision.

HOW ARE POLICY DECISIONS MADE IN CHILD WELFARE? "Unfortunately, some of these decisions seem to have been based more on ideology and mythology than on evidence about the impact of policies on children." While this quotation was from an article in PUBLIC WELFARE questioning Family Preservation, as the author notes, "the deficiencies in the policy-making process...characterize the development of other policy preferences as well." "The lack of information about the impact of intervention on children makes it difficult to develop sensible policy." The author notes that in evaluating Family Preservation programs, "the primary goal and the primary measure of success is prevention of removal. If a child can be left at home without being seriously abused and neglected, the intervention is deemed successful. Most programs make no effort to remedy the basic family interaction problems that place the child at risk of poor school performance, poor peer relations, and problematic emotional development."

In New Jersey, not only have we not asked the question about the impact of differing interventions on children, we do not even have basic information on the number of children needing services, their problems or the types of services required. The lack of a solid, cross systems needs assessment has led to "planning" by ideology and assumption. While I think most of us would agree that our real goal for children and adolescents is to help them achieve a responsible and satisfying adulthood, many policy makers have accepted "family preservation", family-based, community-based, and least restrictive as goals in and of themselves perhaps assuming that these approaches are the only means of helping youth achieve a responsible and satisfying adulthood. In spite of experiences to the contrary, many policy makers assume, or develop plans based on the assumption that all families are willing and capable of providing a safe and nurturing home for their children. While there are many devoted parents who struggle to care for their children with special emotional needs, the reality is that the majority of adolescents in residential care do not have parents who even visit on any regular basis. And while family life is the normal means for most children of growing to a satisfying adulthood, it is an error to rigidly insist that the primary goal for all children and adolescents must be membership in a stable and lasting family. It does not recognize the reality that many children have been so damaged by adult abuse and by multiple placements that they will be unable to accept the closeness of a traditional family setting.

Between 1984 and 1992, the number of children placed in out-of-home care by the Division of Youth and Family Services fell slightly, from 8,481 (2/2/84) to 7,993 (10/92). In the last fifteen years, the number of New Jersey children receiving residential treatment fell from 1465 (11/77) to 881 (10/92), a 40% decline. While family preservation advocates would view these figures as an indication of success, I would suggest that we have not asked the relevant question: How are our children doing? Is diversion from placement and treatment actually serving children's needs, or are we ignoring children critically in need of care and treatment?

Certainly, according to two recently released Federal studies, New Jersey's experience is contrary to almost every other state who have experience dramatic increases in placements and in seriously troubled children. Between 1985 and 1988, there was an estimated increase of 23% in children in the foster care system, while New Jersey's placement rate declined by 5%. A recent New York Times article noted that nationally the "number of foster children has soared from 280,000 in 1986 to 430,000 in 1991" (a 54% increase). The most recent Federal report, FOSTER CARE, noted that all eight surveyed states had increases in their foster care rate. Both federal reports attribute the dramatic increases in foster care placements to increased reported abuse/neglect, increased drug and alcohol abuse (the number of children born drug-exposed nearly quadrupled and between 1985 and 1988), and the increasing number of families living in poverty.

The federal report noted that "state officials also reported an increase in the number of severely emotionally disturbed children entering foster care. For example, in Oregon the number of emotionally or behaviorally affected children in care increased from 303 in 1985 to 739 in 1989. In South Carolina, specialized placements that serve mostly children who are severely emotionally disturbed grew from 19 in 1986 to 211 in 1990 and are expected to increase to around 450 in 1991." Recent surveys found that more than 50% of foster children "suffer from behavioral, developmental and emotional problems, including depression, hyperactivity and aggressive behavior." In New York, the number of children under the age of 13 admitted to state psychiatric hospitals more than doubled; last year 747 were admitted. 70% had been in the foster care system.

I would like to raise a radical question. When almost every other state has experienced escalating placement rates-when other state note the dramatic increase in severely emotionally disturbed children, why is New Jersey so different? Although New York State admitted 747 children under the age of 13 to state psychiatric hospitals, New Jersey decided that no child ten or under required state psychiatric hospitalization. Although many other states have found a significant increase in the number of seriously emotionally disturbed children and adolescents and developed additional programs to meet their needs, New Jersey decided that it needed only 40 state hospital beds for all its children age 11-18. And the Department of Human Services continues to advocate for fewer children receiving residential treatment. Are we doing something so brilliant that we should be considered the model for the rest of the country, or are we allowing ideology and faulty assumptions to drive our system of care for the most troubled and vulnerable children.

It is difficult to find numbers, statistics, information on children with special needs. Yet the limited figures available raise serious questions:

For instance, while two-thirds of the referrals to DYFS are for abuse/neglect, the remainder are for "Family Problems", including approximately 5,000 children with behavioral or emotional problems who are referred each year; slightly over half of these 5,000 are categorized as "delinquent/juvenile crisis", while about 40% are categorized as "child-emotional; or child-psychiatric"; the remainder include substance abuse and pregnant. Since we know that many of the children who enter residential treatment programs have been long term foster care children, and since we provide residential/group home treatment for only 1220 children annually, what happens to these 5,000 children?

Over 50% of children in foster care have had multiple placements. Excluding long term foster placements, the average time in all placements for these children is just over three years. What is the emotional health of these children adrift in the foster care system?

According to the recently released "Kids Count" book, between 1989 and 1990, the number of children committed to Corrections increased by 14%. Is it just coincidence that in that same time period, the number of children in DYFS funded residential treatment centers declined by 14%? A New Jersey adolescent is far more likely to be in a correctional setting than a treatment facility. Of equal concern is the disparity by county.

According to DYFS statistics (12/91), the average length of stay in "temporary" shelter care is 3.3 months; 30 children have been in this "temporary" care for 6 months to a year, 12 children for between 1 and 2 years, one for between 2 to 3 years, and one child for 3 to 4 years. Since the figures cover only the time in the current placement, the actual time in shelter care may be much longer as children are forced to do the "shelter shuffle" while awaiting residential care.

In 1991, each week, an average of 18.7 children in CCIS's, and 39.5 Brisbane children were awaiting an out of home placement. Of children referred to CCIS's, only 40% were admitted. 43% of CCIS admissions had had at least one prior admission in the past twelve months.

Just this brief listing of facts raise serious questions and concerns; Of equal concern is the difficulty in obtaining information about children, and the planning that occurs without solid information.

I would urge this committee to utilize the Child Placement Bill of Rights and obtain information on the children under the care of the state; I would urge the committee to ask the hard questions; and I would urge this committee to insist that plans be based on a solid needs assessment.

I have discussed, in some detail, certain issues; I would like to mention briefly others that are equally important:

1. The lack of coordination of services; the need for one Department of Children's Services that is responsible and accountable.

2. If our goal is to enable our youth to function as productive adults, it is essential that we provide them with independent living skills.

I have provided several other pieces of information. As this committee is well aware, child welfare issues are exceedingly complex, and I hope that you may find these useful. One note; five years ago, shortly after I took this job, I wrote "NJ's Troubled Youth: Out of Sight, Out of Mind", later published as a special Newsletter by ACNJ. As I reread it, it was frightening to realize how little has really changed. I commend this committee for undertaking this hearing and hope it is a beginning of action. Our children can not wait.

Julie Turner
Executive Director

SURVEY-PROFILES OF CHILDREN IN RESIDENTIAL CARE.

Who are the children who require residential treatment? The Association of Children's Residential Facilities conducted a survey to look at various facts concerning children in member agencies. Agencies include group homes, shelters, residential treatment centers, independent living programs and pregnant/mothering adolescent programs. Members were asked to complete a questionnaire on children who were in placement at the facility on one day. Responses were received for over three-quarters of the children. There appear to be significant differences between children served by programs serving younger and older populations.

FAMILIES: Not unexpectedly, the findings portray a range of family problems. Relatively few children come from intact families with only 10% from intact families, and an additional 9% from reconstituted families. Over a fifth of the children have (de facto) no parents, either as a result of parental rights having been terminated, death of parents, or parental whereabouts unknown. 9% came from an adoptive family (younger-4%; older 12%).

Parental substance abuse occurred in the families of 41% of the children; 18% (younger 24%) of the children had parent(s) with a criminal history.

Only a two/fifths of the parents visited their child regularly while the child was in placement; while over half the parents of younger children visited regularly, this was true for only 35% of the older children.

ABUSE/NEGLECT: 41% of the children were physically abused; 29% sexually abused (almost half the girls were sexually abused); 41%, neglected, and 56% emotionally abused. The figures for the younger population reveal serious early life experiences: three/fifths were physically abused; one-third, sexually abused; almost two-thirds, neglected, and almost three-quarters, emotionally abused. 9% suffered additional abuse in foster care (6% of the younger children).

THE CHILDREN: 57% of the children came from minority groups (43% Black; 11% Hispanic; 2% other), while 65% of the younger group were minorities. The majority- 62%- of children requiring residential/group home care were between the ages of 12-18, with a quarter being 11 or under.

The children had problems in several areas of functioning:

The majority (86%) of the children were educationally classified; 97% of the younger children were classified.

42% had had at least one prior psychiatric hospitalization (over half the younger children). Over a quarter (over a third of the younger) required psychotropic medication, and a quarter (a third of the younger) were suicidal.

Over half of the older population had had court involvement (either delinquent or juvenile-family crisis).

Well over 50% had assaultive behaviors. A third had runaway behaviors.

PLACEMENT HISTORY: The current residential or group home placement was rarely (11%) the child's first placement. It seems that they had to fail

repeatedly in other "less restrictive" (and less appropriate) alternatives before receiving a residential placement. For almost a third (almost two/fifths of the older children), the current placement was their (at least) 5th; for 18% of the children, their current placement was their (at least) 7th; 11% of the children had eight or more placements before being placed in their current residential facility. As could be anticipated, the younger group had had fewer placements prior to residential, although for almost a fifth of this group, the current placement was their fifth or more.

LENGTH OF STAY: The majority of the children -77%- had been in the residential program for less than two years. Only 7% of the children had remained in the residential setting for over three years. It is worth noting that some children have severe developmental disabilities (autism, etc.), and the long term plan for 7% of the children is adult residential care. It is likely that these children comprise the majority of those remaining in residential care for over three years. However, almost a third of the younger children remain in the residential facility for at least two years; this may reflect the more serious abuse/neglect histories and the higher incidence of prior psychiatric hospitalizations, or it may reflect the lack of other alternatives (specialized treatment homes) for seriously disturbed children.

FUTURE PLANS: The differences between the younger and older groups are most striking here. As earlier noted, regular parental visitation occurred over half of the time in the younger population; only a third of the older children had parents who visited regularly. Since parental visitation is seen as one of the major predictors of family reunification, it is not surprising that there is a significant difference in the long term plans for the children. For over half the younger population, the plan is placement with a family member (return to parent (37%) or relative (17%)); this is striking considering the picture of serious physical, sexual, and emotional abuse and neglect which occurred in these children's families. For the older children, placement with a family member falls to just over a third (26% parents; 8% relatives).

For the younger group, placement in a family setting (parent, relative, adoption, foster home) is the plan for 82% of the children; for the older children, placement in a family setting is seen as the plan for only 40% of the children (26% parents, 8% relatives; 5% foster care; 1% adoption). This may reflect these children being the "throw away" children, the difficulty in finding families willing to accept a troubled adolescent, and/or the unwillingness/inability of the children to adapt to a family setting.

Although 22% of the younger children had "no parents" (parental rights terminated 12%), adoption was the plan for only 13% of the children; 21% of the older children had "no parents" (10% parental rights terminated), but adoption was the goal for only 1% of these children.

SUMMARY: The survey portrays children with multiple problems: histories of abuse/neglect; prior psychiatric hospitalizations; court involvement; classified educationally; suicidal; assaultive; run away behavior. With the exception of court involvement, the younger population has a higher incidence of problematic histories and behavior. While the plan for over 80% of the younger children is placement in a family setting, this is true for only 40% of the older children. For children who have "bounced through the system(s), who do not have parents who visit regularly, residential/group home care is their "family" and future.

Julie Turner
Executive Director

SURVEY OF CHILDREN IN RESIDENTIAL/GROUP HOME CARE-1990

# OF CHILDREN	TOTAL 598	YOUNGER 195	OLDER 403
DEMOGRAPHICS			
MINORITY	57%	65%	53%
11 UNDER	25%		
18+	11%		
12-18	64%		
ABUSE/NEGLECT			
PHYSICALLY ABUSED	41%	60%	36%
SEXUALLY ABUSED	29%	35%	28%
EMOTIONAL ABUSE	56%	72%	51%
NEGLECT	41%	63%	35%
ABUSED FOSTER CARE	9%	7%	10%
FAMILY			
INTACT FAMILY	10%	8%	11%
SINGLE PARENT	44%	50%	40%
RECONSTITUTED FAMILY	9%	5%	10%
ADOPTIVE	9%	4%	12%
NO PARENT	22%	25% (16% TPR)	21% (10% TPR)
PARENTAL SUBSTANCE ABUSE	41%	46%	39%
PARENTAL CRIMINAL BEHAVIOR	18%	24%	16%
PARENTS VISIT CHILD REGULARLY	35%	41%	53%
NUMBER OF PLACEMENTS			
1ST PLACEMENT	11%	10%	11%
5 PLACEMENTS TO 16+	31%	18%	39%
7 OR MORE	18%	5%	25%
CHILD CHARACTERISTICS/BEHAVIOR			
EDUCATIONALLY CLASSIFIED	86%	97%	81%
PREVIOUS PSYCHIATRIC HOSP	42%	54%	37%
PSYCHOTROPIC MEDICATION	28%	36%	24%
SUICIDAL	24%	34%	19%
REQUIRES THERAPY	89%	98%	84%
COURT INVOLVEMENT	38%	8%	54%
ASSAULTIVE TOWARD FAMILY	21%	21%	21%
ASSAULTIVE TOWARD AUTHORITY	23%	26%	34%
ASSAULTIVE TOWARD PEERS	46%	61%	39%
RUNAWAY	33%	32%	33%
LONG RANGE PLAN			
RETURN TO PARENT	31%	37%	26%
RELATIVE	11%	17%	8%
TOTAL PARENT/RELATIVE	42%	54%	34%
FOSTER HOME	8%	14%	5%
ADOPTION	5%	13%	1%
TOTAL-COMMUNITY/FAMILY	55%	81%	40%
RESIDENTIAL CARE	14%	11%	16%
INDEPENDENT LIVING	21%	-	37%
ADULT RESIDENTIAL/INSTITUTION	5%	5%	1%

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ACNJ

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NJ's Troubled Youth: Out of Sight, Out of Mind

By Julie Turner

Summary

New Jersey's system of caring for troubled children has reached a crisis in which:

- *There are not enough beds.* Detention centers, shelters, psychiatric units, correctional facilities, the DDD (Division of Developmental Disabilities) and residential treatment programs are at or over capacity. Over 500 children are placed out of state by DYFS.

- A troubled New Jersey child is *more likely* to be placed in a locked or temporary placement than in a residential treatment program.

- Increasing numbers of children are being placed in corrections, shelters, and detention care.

- A pattern of inequality exists with the likelihood of a child's being placed in a treatment program versus being placed in a correctional or temporary facility varying significantly by county.

- The number of New Jersey children placed out of state has increased almost 60% in two years; at the same time the number of in-state residential treatment programs has dropped substantially.

- The DYFS placement process is cumbersome and time consuming, often resulting in children waiting six months or more in "temporary" settings and/or being denied appropriate treatment.

- The source of funding may play an inordinate role in determining a child's placement.

- Major changes in the entire child welfare, juvenile justice, and children's mental health system are necessary. A Department of Children's Services is called for.

Critical Issues

In one of her last keynote addresses, Margaret Mead announced that, based on her many years of research, she now knew what to do about adolescents in America. As the audience eagerly awaited, she carefully explained her "solution": "The minute they turn thirteen, put them in the attic and lock the door; *do not*, under any circumstances, open the door until they turn twenty."

For New Jersey's most troubled children, a variety of Departments, Divisions and agencies provide "solutions," often involving placement of the child in some type of residential program, some of which offer no better resolution to a child's problem than Margaret Mead's attic, but do serve the purpose of getting the child out of



the community. The most difficult children may be placed in "temporary" shelter and detention care, correctional facilities, psychiatric hospitals, or treatment facilities, including residential treatment centers, group homes, and teaching parent families (specialized foster homes).

In reviewing statistics, we find a discriminatory non-system, full to overcapacity. The numbers portray vividly a picture of 1) insufficient total beds, 2) insufficient beds allocated for treatment, and 3) entry into treatment versus correctional placement varying considerably according to county. Numbers, while valuable in pointing to patterns and in raising questions, tend to obfuscate the children which they represent. It is worth reminding ourselves constantly that each number represents a child — an abused, troubled, handicapped, delinquent, and/or disturbed child — a child worthy of our attention and care. It is also worth reminding ourselves what the different placements mean to a child, stigmatized as "crazy," or "criminal," waiting in limbo powerless to see or affect his future, or sent hundreds of miles from home and community.

No Room at the ...

New Jersey's child welfare/juvenile justice/children's mental health "systems" have reached a crisis in which there are not enough beds for troubled youth in any system:

- Detention centers are over capacity with the average population having increased 32% in two years.

- Shelters are near capacity with their population having tripled in two years.

- The two state psychiatric hospitals are at or over capacity. (At the same time, the plan is to substantially cut long-term beds.)

- All CCIS units are at capacity with waiting lists. One CCIS's waiting list is six weeks for emergencies.

- DYFS funded residential treatment centers and group homes are near capacity with an additional 500 or more children placed out of state. Out-of-state placements have soared over 50% in two years.

- DDD facilities are at capacity with approximately 150 children placed out of state. Having a child accepted by DDD is described as a "near impossibility."

- No figures are available on the number of children denied services.

This report focuses primarily on issues related to residential care for troubled youth placed outside their homes by a variety of agencies and systems. Residential care is only one component of the necessary continuum of care which must include preventative and community based services (including youth and family counseling, day treatment, respite care, special education and crisis intervention) to serve the majority of troubled youth. Youth should be placed outside their homes only when residential care is necessary and appropriate, not because of a lack of appropriate community services. Future studies should focus on the range of community services available to troubled youth which can prevent them from entering further into the state child welfare, mental health and juvenile justice placement systems.

Where Have All The Children Gone?

Not only are there insufficient beds, but these beds are allocated so that a troubled New Jersey child is *more likely* to be placed in a highly restrictive, stigmatizing (correctional or psychiatric), locked facility or in a "temporary" shelter or detention center (which provides no treatment) than in a less restrictive treatment program. Of the approximately 3,900 children placed outside their homes in other than foster care:

• Approximately 56% are in correctional facilities, state psychiatric hospitals, or temporary shelter or detention care. Of these, —23% are in shelter or detention centers. Many wait six months or more, in a limbo status, in these "temporary" settings, receiving no treatment.

—39% are in correctional settings — DOC facilities or detention.

—25% are in Department of Corrections facilities.

• Only 44% are in non-restrictive treatment programs. Unlike correctional, detention and shelter placements, treatment programs serve children of all ages; consequently the percentage of adolescents receiving treatment services is considerably lower than 44%.

Increasing numbers of children are being placed in correctional, detention and shelter facilities instead of in less restrictive, treatment-oriented placements.

• In 1985, juvenile commitments to corrections numbered 794. In 1986, 974. Waiting lists for correctional placements soared as high as 173 in April 1987.

• In January 1985, children in shelters numbered 117; in February 1987, the number tripled to 352.

• In 1985, the average daily detention population was 431.7; in the first five months of 1987, 571.

• While an increasing number of children are being placed in correctional facilities, according to a recent JDDC (Juvenile Delinquency Disposition Commission) paper, within one year (between the first six months of 1985 and the comparable period of 1986) court referrals to DYFS decreased by 41.9%, from 215 to 125.

In 1986, 298 children were committed to state hospitals (141 to Arthur Brisbane and 157 to Trenton) while an estimated 1,254 entered CCIS units. Children in "temporary" detention and shelter care averaged about 887 in 1986; an additional 1,271 were committed to correctional facilities or state hospitals. Thus, in 1986, over 2,400 children were in restrictive or temporary placements. As of 1987, only 1,721 were in treatment facilities; over 500 children were placed out of state.

Some Are Lucky, Some Are Not

The likelihood of a child being placed in a non-restrictive treatment facility varies significantly with the child's county of residence. In Passaic County, for instance, *only 18%* of such children were placed in treatment facilities. In neighboring Bergen County, 63% were in treatment facilities. Fifty percent of Passaic's placed (other than foster care) children are in Department of Corrections facilities compared to only 10% of Bergen's. Seventy-two percent of Passaic's were in Department of Corrections or detention settings compared to Bergen's 25%. Comparing Passaic County to Essex County, a Passaic child had less than half the chance of being placed in a treatment facility (18% Passaic to 39% Essex) and twice the chance (50% Passaic to 24% Essex) of being placed in a correctional facility. The number of children committed to corrections does not appear to correlate with the number of offenders nor the number of offenses:

County	Detention/ Corrections*	Treatment*	Total*	#Offenders	# Offenses	Correc. Commit.	% Correc. Commit.
Passaic	35.1	9.0	48.9	282	445	172	20.3%
Camden	26.5	19.8	51.1	867	1344	169	6.5%
Atlantic	23.4	21.1	48.4	534	951	63	3.9%
Cumberland	21.6	20.7	44.5	430	938	22	1.7%
Union	19.2	15.7	44.1	967	1687	75	2.6%
Essex	18.7	19.3	49.3	2673	4760	143	1.8%
Hudson	15.0	25.7	49.1	964	1487	66	2.3%

*per 10,000 of population age 10-19

County	# Offenders	# Offenses	Correctional Commit.
Bergen	949	1416	18
Passaic	282	445	172
Essex	2573	4260	143

While Passaic County is exceptional, there are significant differences between other counties. These discrepancies extend to commitment to state psychiatric hospitals. The percentage placed in state hospitals ranged from highs of 19.6% of Morris children and 17.1% of Middlesex children to 1.6% in Bergen and 0 in Gloucester and Warren.

The pattern of inequity continues to hold true as we compare the number and types of placements to the total population, age 10-19. It is clear that the wealthier, less urbanized counties with smaller minority populations place fewer children in correctional, short term or treatment facilities than the poorer, more urbanized counties. Seven counties placed more than 40 per 10,000 (Atlantic, Camden, Cumberland, Essex, Hudson, Passaic, and Union).

In looking at the five counties which placed 48-51 per 10,000, it is important to note the differences in the proportion placed in correctional versus treatment programs. Hudson places only 15 of its 49.1 children in correctional settings while sending 25.7 to treatment facilities. Passaic, on the other hand, places 35.1 in correctional settings while sending only 9 to treatment facilities. In comparison to Passaic's meager 9, Camden, Atlantic and Essex each send over 19 per 10,000 to treatment facilities. There is no correlation between the number of offenders or offenses and the number committed to correctional facilities. Comparing the number of children committed to the number of offenders, we find a wide range between 1.8% and 20.3%. Only 0.4% of Bergen offenders were committed.

The reasons for the serious differences in the treatment of children are not entirely clear. An in-depth study seems necessary. Regardless of the reasons, there are serious public policy concerns raised when one finds a clear pattern of unequal access to treatment programs and a seriously inequitable utilization of correctional facilities.

Out of Sight . . .

Over the past years, New Jersey has been unwilling to make a commitment to serve its handicapped, emotionally disturbed, and troubled youth by developing and maintaining a range of residential treatment facilities and community based services. The misallocation of resources and New Jersey's reluctance to plan in a comprehensive way and support services for its children is demonstrated not only by the sub-

stantial number of children in non-treatment facilities, but also by the "exporting" of a large number of New Jersey's most needy children for placement in other states. At the same time that increasing numbers of children are sent out of state, the number of in-state residential treatment centers has dropped substantially.

• The Association for Children of New Jersey's 1975 study of residential facilities listed 28 private residential facilities (excluding specialized substance abuse and maternity facilities); in 1987 DYFS lists fifteen excluding specialized facilities (including two also licensed and used primarily by DDD). Actually, one of those listed (Boys Town) has become a group home, cutting the number to fourteen.

• In 1975, 1,013 New Jersey children were placed in New Jersey residential treatment centers; in April, 1987, only 664.

• During the same time period, there has been an increase in the number of children placed in community-based group homes (from 176 to 237) and in teaching parent families (from 0 to 178). With these group home and teaching parent family beds, if the 1,013 New Jersey residential beds had been maintained (developed and funded to serve the appropriate populations), New Jersey would be able to serve approximately 1,428 children in state, thus cutting down substantially on the number of children sent out of state.

• Of the 14 existing residential treatment centers, two are new since the time of the ACNJ study (Project Use and Devereux Deerhaven). In other words, in just over 20 years, 16 of the 28 facilities closed (or were modified into smaller group homes).

• From 1985 to 1987, the number of children placed out of state has risen from 318 to 506, an increase of over 50%!

• In spite of the number of children placed out of state, no comprehensive study has been done to evaluate their needs nor has there been a comprehensive plan to develop and maintain programs in-state to meet their needs.

• Over the years, there has been limited support by DYFS and DHS for treatment facilities. Costs of comparable state-run residential treatment centers are approximately double those of private facilities. In spite of turnover rates approaching 100% annually in child care staff (and its negative impact on needy children), the Department of Human Services has been unwilling to fund a moderate salary increase. Salaries for the state child care staff are considerably higher than those of private facilities. This critical issue is indicative of the pervasive lack of state support for the private agencies which provide most in-state residential treatment.

The "exporting" of troubled children has a serious impact on the quality of care they may receive, on the individual children and their families, and on the New Jersey child care system.

In-state facilities must meet rigorous state standards and are regularly monitored in both announced and unannounced visits. Stringent institutional abuse and neglect regulations apply and are enforced. Out-of-state facilities do not necessarily have to meet similar stringent standards nor are they subject to comparable levels of monitoring.

Community people (board members, volunteers and others), visiting family members, DYFS caseworkers, school personnel, and child placement review members provide additional informal monitoring, and can (and will) report possible problems for immediate investigation.

Utilizing both the formal and informal referral systems in-state, a child ready for discharge can be more readily moved home or to a less restrictive setting. Other resources are more available to the child and family, thus helping provide better continuity of care.

For most children, continued and regular contact with their families is essential. Even for children for whom return home is not a viable plan, visits and regular telephone contact are important. When the plan is return home, frequent visits are essential to help insure that the child remains psychologically a part of the family.

Visits and regular contact by the DYFS caseworker and local school — essential in planning a child's return — are less likely for children placed out of state.

The ability of the facility to work with the family around the child's problems and toward return home is minimal or non-existent if the child is placed out of state.

Although many of the children placed out of state are within 50 miles of New Jersey, children placed in Delaware and Pennsylvania, for instance, are often a three-hour or more drive (with limited public transportation) for families from northern New Jersey, a serious obstacle to regular visits.

New Jersey's reliance on other states' facilities has allowed it to avoid planning and developing the necessary range of services in-state. At this time, there are not sufficient beds in-state, nor are there programs designed to meet the specific needs of many of the children placed out of state. Facilities do not exist in-state based on a needs assessment and a comprehensive plan. The few remaining facilities determine their own plans and programs, changing only in response to changing referrals. Exporting children is an easy and, in the short-term, less costly "solution" to developing and maintaining the needed programs in New Jersey. Over the long term, it is both expensive and detrimental to New Jersey's children.

It's Easier To Get Into Harvard

The DYFS placement process is a cumbersome, complicated one which may take six months or more. Obtaining diagnostic workups, educational classification and funding approval (or non-approval), preparing the summary, obtaining necessary DYFS (District Office, Re-

gional and/or Central Office) approvals are only the first steps in a non-coordinated process. At any point in this initial phase, a variety of barriers can emerge. Criteria for determining which children are appropriate for placement seems to vary between district offices.

Once the package is complete and a decision made that some form of residential placement is necessary and appropriate, phase two begins. In the majority of cases, placement packages are sent out shotgun fashion to a large number of "least restrictive" (a euphemism for less costly) placements, even when the caseworker does not feel these are appropriate for a child. (A case record note: "He has to be rejected by the group homes before I can apply to the residential treatment centers he needs.") Once rejected on round one, a similar process is carried out on round two. If again rejected, exceptional funding is sought to permit a placement in certain facilities, and the serious search for an appropriate placement begins. With few exceptions, most DYFS caseworkers have little knowledge of the different facilities; decisions are made not by the caseworker based on how he or she sees the needs of the child, but rather by which facility has an opening and is willing to serve the child.

Obviously this is a frustrating and costly process which does not meet the needs of children desperately in need of treatment. Caseworkers spend valuable time preparing multiple packets for agencies which are inappropriate. Agencies spend valuable staff time reviewing children clearly inappropriate for their programs. In the meantime, parents, judges, and the community become angry and frustrated. Caseworkers become angry and defensive about being blamed for a process over which they have little control.

And the child waits and waits and ... often deteriorates. Children sit in "temporary" holding facilities — shelter and detention — receiving no treatment and frequently minimal educational services. They may move from one foster home to another and another. They may be excluded from school. They may act out, run away, attempt suicide. Their escalating behavior — in response to being in limbo — may then make them inappropriate for facilities which could have served them six months earlier. One child who had sat in the shelter for months explained why she ran away: "At least I got to see the judge. I just wanted someone to tell me what's going to happen to me."

Money Makes the Placements Go Round

No placement — whether in shelter, detention, corrections, state hospitals or treatment facilities — is inexpensive. What does differ is who pays the bill. While never publicly or officially stated, this may be a major factor in delaying or preventing placements, and may partially explain the high number of correctional placements from some counties.

Detention: The county pays; no school funding.
Shelter: The county pays a substantial part; the cost to DYFS is lower than a treatment facility; no school funding.

Corrections: The Department of Corrections pays; county pays nothing; low-cost school funding. Schools cannot refuse to fund.



State Hospitals: DMHH (Medicaid) pays; counties may pay a portion; low-cost school funding. Schools cannot refuse to fund.

Treatment Facilities: DYFS-funded; counties pay a quarter of the cost. Education costs vary — none to sending school district in most group homes and teaching parent families. In residential treatment centers, cost varies, but is often higher than in corrections and state hospitals; schools can and do delay or refuse to provide funding.

Clearly it is DYFS's and the local school system's fiscal interest to move slowly, if at all, in placing a child into a treatment program. It is also in DYFS's, the school's and the county's fiscal interest to define a child as being more appropriate for corrections. Two examples highlight the problem. At a time when Arthur Brisbane is overcrowded, a DYFS region refused to place disturbed children in a less restrictive (and less costly — but not to DYFS) facility which had accepted them because of the region's budgetary constraints. A facility, in one year, accepted 16 children from one school district. Not one of the 16 entered the facility because the school district refused to provide funding. It is not inconceivable that judges, facing overcrowded detention centers and frustrated by the DYFS placement process, may decide to send a child to a correctional facility rather than to a more appropriate treatment facility. Thus, the varying financial responsibilities may, in some instances, determine where and when a child is placed rather than the needs of the child or the actual cost of care.

"Not I," Said the ...

It is both easy and difficult to assess responsibility for this non-system disaster. In simplistic public declamatory statements, division and department heads, commissioners, legislators, agencies and child advocates can (and will) easily and loudly blame everyone else. With fervor, one can blame one's predecessor(s), lack of funds, other agencies, other levels of government, poverty, racism, lack of cooperation and communication, and a lack of prevention.

While each of these factors plays a role in the current situation, the problems are long-standing and no easy answer fully explicates or resolves the problems. What is clear is that we can and do devote considerable energy attempting to establish blame; what this accomplishes is a

diversion from the underlying problems, a confusion in the minds of the public and the legislature, and a propensity for quick-fix responses in a time of crisis. Rather than searching for a scapegoat, it is more constructive to look for underlying themes which have resulted in the current situation.

1. An overemphasis (whether based on philosophy or on fiscal reasons) on least restrictive rather than most appropriate. Rather than recognizing that some children require residential treatment for some period of time, and working to insure quality and appropriate treatment facilities, many view almost any form of out-of-home treatment as a more or less necessary evil. Community-based programming is not a panacea!
2. Flowing from this philosophy, New Jersey has been unwilling to make the commitment to develop and maintain the necessary range of services for its most troubled youth, including sufficient and appropriate treatment beds.
3. Within their existing budgetary constraints, the Division of Mental Health and the Department of Corrections have placed less emphasis on serving children than adults, thus diverting resources from children.
4. Fiscal responsibilities may play an inordinate role in determining where and when a child is placed. The actual cost may be less a concern than whose budget is being tapped. When it is easier and cheaper to allow a child to remain in "temporary" shelter and detention care, there is less incentive to DYFS to revise an unwieldy placement process. School districts can prohibit a child's receiving treatment for financial reasons.
5. A pervasive penny-wise, pound-foolish philosophy undercuts the development and maintenance of quality programs. Bureaucrats too rarely articulate publicly the actual cost of quality care and advocate strongly for the necessary funds.
6. With a variety of agencies, divisions and departments having responsibility, often no one is responsible and accountable. A multi-problemated youth (who may be: emotionally disturbed, of borderline intelligence, delinquent, abused/neglected, and a substance abuser) may have multiple case managers and multiple assessments. The result, all too often, is each agency, division and department stating that he "doesn't belong because he is too _____ (fill in the blank) and should be _____'s responsibility. More broadly, with the variety of agencies having overlapping responsibilities, it is difficult to hold any one fully responsible and accountable for systemic problems.
7. Planning takes place without comprehensive and comparable statistics being readily available on the children served by the various state and county agencies. There are apparently few statistics available on the children who are denied services.
8. At each crisis, quick-fix plans are developed in a vacuum with little recognition of or input from other divisions and services, and without recognition of the impact of the newest plan on other services. "New" commissions, committees and task forces are proposed and/or

established to deal with a segment of the problem. "New" initiatives and programs are promulgated.

Regardless of the good will and best interests of professionals and advocates, the antique non-system of serving troubled children is not only fragmented and divisive, it is also costly fiscally and, more importantly, to the children and their families. Our approach to this non-system of caring for troubled children is comparable to trying to keep a 20-year-old car running. At each breakdown, a new transmission, battery, or carburetor is provided to try to keep the rusty, failing machine moving a few more miles. New coats of shiny paint are applied to attempt to cover the dents and rust, but quickly slough off. Regular maintenance is not carried out, so, as in the oil filter commercial, we pay later. Over the long run, the repair bills mount, breakdowns increase, often at critical times, and the inefficient car becomes less safe. To carry the analogy a step further, the old wreck is jointly owned by different drivers who take it to be repaired by different mechanics (each guaranteeing — not in writing — a miracle). The repair bills always exceed the estimates and the repairs barely outlast the warranty. Each driver and mechanic blames the others for the problems. "If only you had fixed the hose when you put in the battery." "If only you had taken it to my garage. While a new car would be less costly and far more efficient, the drivers not only cannot agree on the model, they also cannot agree who will provide the downpayment and whose name will appear on the ownership papers. The current crisis, which includes insufficient total beds, insufficient beds allocated for treatment, seemingly discriminatory placement of children, and an inordinate number of children placed out of state, is symptomatic that the old wreck has again broken down. Do we again do a quick-fix repair job, or do we now develop and invest in a new model?

Forward to the Future!

While it is easier to be critical, it is more difficult to formulate solutions (and even more difficult to implement them). I would like to propose a general direction for children's services in this state. In proposing a new model, I would like to focus on one major structural change, and then focus on issues specific to residential services. There are many additional issues relating to prevention, community-based services, child abuse/neglect, foster care/adoption, voluntary vs. involuntary, and permanency which, while not discussed in this paper, are critical issues to be addressed in designing a new model. I would hope that the concepts in this paper might provide an impetus for discussion, debate, additional ideas, revisions to this model, and most importantly, action.

Model

1. A Department of Children's Services should be established which includes all programs for children now offered by the Department of Youth and Family Services, the Division of Developmental Disabilities, the Division of Mental Health Hospitals, the Department of Corrections and the Department of Health.
2. Ongoing comprehensive needs assessment

should be carried out to include all children served by these agencies and children referred who are not served. While the needs assessment should be carried out on a statewide basis, it is essential to have local input, and to provide information on a county's communities.

3. The Department of Children's Services should establish in each county an intake/diagnostic/assessment unit to serve all referred children with the capability of completing a full workup within one month.
4. A child and family should have one case manager who is responsible for arranging appropriate services, regardless of the child's specific needs.
5. The Department of Children's Services should be responsible for funding *all* long-term placements (including what are now correctional, mental health, developmentally disabled, and treatment) and for funding shelter/detention care so that the child's needs and most appropriate services determine the placement or non-placement rather than the funding source. Funding mechanisms should be developed to provide incentives to counties/municipalities to develop community-based programs which prevent entry into the more restrictive state system.
6. The Department of Children's Services, in establishing its funding priorities, should focus on children most at risk of out-of-home placement and most at risk of abuse and neglect.
7. An Office of Child Advocate should be established, separate and distinct from the Department of Children's Services.
8. *All* children in out-of-home placement should be reviewed by the child placement review boards acting as arms of the court.

Residential Issues

1. One major component of the needs assessment should focus on those children who are in or are referred for an out-of-home treatment program to determine:
 - a) What community programs are necessary to maintain children in the community or to enable them to return more quickly? How many, where, with what components? Day treatment, respite care, expanded mental health, intensive family therapy, for instance, are options to be considered.
 - b) What residential beds are needed in addition to the existing correctional, mental health, DYFS, DDD, shelter and detention beds, in order to serve all children in-state? How many? What specific programs? Where located? Can some of the existing beds be utilized for more appropriate programs? For instance, could shelters become community-based treatment programs?
 - c) In developing an ongoing process of needs assessment, it is essential to develop a means for early identification of those populations for whom it is difficult to find appropriate services/placements (currently, for instance, arsonists, sex offenders, dually diagnosed) so that necessary programs can be developed in a timely fashion.
2. A change from a philosophy that least restrictive, community-based is *always* in a child's

best interests. The guiding principle should be *most appropriate* (a child should not have to fail in the community or in several foster homes before receiving necessary treatment). For a variety of reasons, some children must be in a more restrictive environment for some period of time. Rather than adopt an anti-residential philosophy, we should insure that the children who need residential treatment receive it at the appropriate time and for the necessary length of time, and with a quality program that meets their needs. At the same time, we should insure that no child is in a restrictive setting for lack of necessary community-based programs.

3. Quality programs are costly. Certain populations require very high staff/child ratios. The caliber of a program is contingent on the quality of the staff. There must be a commitment on the part of the state to recognize the need for and adequately fund quality programs, including providing both adequate salary levels and adequate staffing levels.
4. Ongoing training programs must be developed and required for all child care staff.
5. A child should be able to move easily and quickly between different types of programs. A child in a residential treatment center who is suicidal must be able to enter a closed psychiatric unit immediately, be stabilized, and return to the center. On the other hand, a child who has progressed should be able to move to a group home or specialized foster home, or return to his family with the ability to re-enter the treatment center, if necessary. Underlying this concept is the need for one agency responsible for *all* out-of-home placements, regardless of their being "mental health," "corrections," etc. We must not continue with a fragmented system in which varying divisions compete to develop specialized programs for "their" populations, while refusing to serve the most difficult cases.
6. The residential programs should have primary responsibility for working with the families as well as the children, and should have the capacity to provide services to the family in the community, where necessary. Too often now, the child is treated in isolation, without the family being an integral part of the treatment plan. Families (if they receive treatment at all) may be served by overburdened DYFS workers or by local private agencies who have little idea of the child's needs, progress, or program. In order to help insure the child's reintegration into the family and community, the residential provider should be responsible for developing and helping provide after-care, in conjunction with the Department of Children's Services and community agencies. Too often now, children who "succeed" in a residential program "fail" when they return home because there is no planned and integrated program of after-care.
7. A residential system should be developed so that the majority of children can be served within their region (or within a reasonable geographical distance), so that distance is not a barrier to regular visits, family therapy and after-care. Whenever possible, treatment pro-

grams should be located in those counties with the larger populations requiring placement. Within each region, there should be a range of services including the most restrictive (psychiatric hospitals, correctional), residential programs with specialized schools (these programs could provide a range of more or less intensive services), group homes and specialized foster homes, as well as, on a county (or cross-county) level, day treatment, respite care, etc. Children should cross regional lines only when there is not a suitable program (with an opening) in their region and the geographical distance is not significant (children in bordering counties could be served equally well by either region). When a highly specialized program serving a limited number of children would not be cost-effective on a regional level, placements should be on a state level. Consideration should be given to developing programs providing a range of these services. For example, a residential treatment center could also provide a day treatment program. Specialized services could be developed to serve children in a variety of programs; for instance, an "outward bound" type program could be utilized by children from any of the community or residential treatment programs.

8. Family participation in treatment should be required, with support from the court, if necessary. All too often, a family is overwhelmed by a child's problems, and "dumps" the child, abrogating all responsibility and involvement. (In addition, families must be budgeted and required to contribute to the support of their children.) Only when it has been carefully determined that family reunification is impossible *and* that the family's involvement is detrimental to the child should the family not be involved. In such instances, termination of parental rights and/or emancipated minor status should be considered.
9. When it is determined that a child is in need of residential placement, specific goals and objectives with reasonable time frames should be formulated. Ongoing (internal and external) monitoring must be carried out to help insure that progress is being made and that a child is moved to a less restrictive program when appropriate.
10. While it is clear that we lack specialized programs for certain populations (for instance, sex offenders, arsonists, autistic, dually diagnosed), an additional service area also must be developed. Some children cannot return home. For children whose families are destructive, rejecting and dysfunctional, independent living programs must be available. For severely handicapped children who will require long-term institutional or sheltered care, clear mechanisms must be established and enforced so that at a specific age they are "picked up" and served by the relevant agency (such as DDD).
11. Except for a unique child with highly specialized needs, *no* child should be placed out of state. A program to develop the necessary resources in-state should be planned immediately and fully implemented within two years. If necessary, the legislature should



mandate that (except for a specific small number or percentage of children) all children be served in-state and provide the resources necessary to develop the programs.

12. Educational funding must be available immediately to a child who requires out-of-home placement. No child should be denied the right to treatment based on the lack of funding from a school district. One possible approach would be for the Department of Education to assume immediate responsibility for funding and later billing the responsible school district. Another issue to be considered in the case of group homes is whether the sending school district should retain responsibility for its children.

Numbers and Questions

The numbers are not comparable (see tables pages 6-8). Some reflect populations on a given day, others a yearly average, and others commitments in a year. However, these were the available figures. Figures also were not generally available with age breakdowns. Although one could anticipate some minor changes in percentages when using comparable figures, the figures point to clear patterns and raise more questions than they answer. Explanations require skilled research and very specific knowledge of the counties and of diverse agencies on a state and local level.

For example, coming from and knowing Bergen County, I was not surprised to find, within the low overall rate of placement, the low proportion of correctional placements and the higher proportion of placements in residential facilities. Not only is Bergen one of the wealthier counties, its county government has made a firm and lasting commitment to provide many services to its troubled youth. It has a long judicial tradition of seeking (and insisting on) treatment for troubled, acting-out youth, while utilizing corrections only for hard-core delinquents for whom other alternatives are not suitable. The vast majority of its school districts not only are willing to provide educational funding, they frequently are strong advocates for their children. Parents often are also strong advocates for their children

(continued on page 10)

County	Population under 18	Population 18-29	Known to DYFS	Placed by DYFS	RTC Group Home Pub Inst	Shelter	Detention	Corrections	Psychiatric Hospital	Probation
Atlantic	79,400	38,400	2,193	288	75	11	27	63	4	182
Bergen	207,600	108,100	1,770	248	112	19	28	18	3	341
Burlington	133,000	66,300	1,390	288	56	11	12	23	8	282
Camden	157,800	77,700	4,612	647	142	21	37	169	16	374
Cape May	30,800	15,200	790	97	18	3	3	13	3	51
Cumberland	48,100	22,700	1,120	247	38	0	27	22	5	281
Essex	239,200	123,000	11,237	2,151	207	88	87	143	50	1,006
Gloucester	70,500	34,900	736	188	41	5	7	5	0	126
Hudson	146,200	72,700	3,803	492	174	36	43	66	25	597
Hunterdon	27,100	13,800	387	44	7	13	0	4	1	62
Mercer	97,000	48,400	2,009	375	69	21	27	21	12	575
Middlesex	170,600	84,600	3,275	401	92	34	33	43	44	453
Monmouth	157,200	79,600	3,026	586	131	18	20	67	32	497
Morris	126,000	61,500	830	134	42	73	15	8	19	287
Ocean	118,900	55,700	1,946	257	62	8	12	21	18	382
Passaic	140,500	70,000	1,733	268	63	10	74	172	23	602
Salem	19,300	9,800	634	100	10	5	2	4	3	101
Somerset	61,900	32,000	567	76	32	11	9	30	11	148
Sussex	43,200	20,500	917	82	17	2	10	6	4	143
Union	126,600	66,200	3,392	451	99	34	52	75	27	582
Warren	27,500	13,600	672	68	8	1	10	1	0	95
New Jersey	2,233,100	1,114,800	52,581	9,001	1,543	352	535	974	298	7,176

Table II

County	Corrections Detention	Detention Shelter	Psychiatric Corrections	Correc/Deten Psychiatric Shelter	RTC Group Home P.L.T.R.F.	Long Term	Total	Total and DYFS	CCIS
Atlantic	90	38	67	105	81	148	186	382	12
Bergen	46	47	21	68	117	138	185	297	186
Burlington	35	23	31	54	58	89	112	331	24
Camden	206	58	185	243	154	339	397	869	84
Cape May	16	6	16	22	21	37	43	116	30
Cumberland	49	27	27	54	47	74	101	301	0
Essex	230	175	193	368	238	431	606	2,431	138
Gloucester	12	12	5	17	46	51	63	200	6
Hudson	109	79	91	170	187	278	357	626	48
Hunterdon	4	13	5	18	7	12	25	49	0
Mercer	48	48	33	81	75	108	156	435	246
Middlesex	76	67	87	154	104	191	258	521	48
Monmouth	87	38	99	137	146	245	283	705	18
Morris	23	22	27	49	48	75	97	176	156
Ocean	33	20	39	59	65	104	124	308	18
Passaic	246	84	195	279	63	258	342	537	90
Salem	6	7	7	14	20	27	34	109	18
Somerset	39	20	41	61	37	77	97	126	30
Sussex	16	12	10	22	19	29	41	102	30
Union	127	86	102	188	104	206	292	605	60
Warren	11	11	1	12	12	13	24	79	12
New Jersey	1,509	887	1,272	2,159	1,721	2,993	3,880	10,808	1,254

Table III Relationship to 10-19 Population (.0000)

County	Known to DYFS	Placed by DYFS	RTC Group Home L.R.E.	Shelter	Detention	Corrections	Psychiatric Hospital	Probation	CCIS
Atlantic	571	73	21.1	2.9	7.0	16.4	1.04	47.4	3.1
Bergen	164	23	10.8	1.8	2.6	1.7	.27	31.5	17.2
Burlington	210	43	8.7	1.7	1.8	3.5	1.2	42.5	3.6
Camden	594	83	19.8	2.7	4.8	21.8	2.06	42.5	10.8
Cape May	520	64	13.8	12.0	2.0	8.6	1.97	33.6	19.7
Cumberland	493	109	20.7	0	11.9	9.7	2.2	123.8	0
Essex	914	175	19.3	7.1	7.1	11.6	4.07	81.8	11.2
Gloucester	211	54	13.2	1.4	2.0	1.4	0	36.1	1.7
Hudson	523	68	25.7	5.0	5.9	9.1	3.7	82.1	6.6
Hunterdon	280	32	5.1	9.4	0	2.9	0.7	44.9	0
Mercer	415	77	15.5	4.3	5.6	4.3	2.5	118.8	50.8
Middlesex	387	47	12.3	4.0	3.9	5.1	5.2	53.5	5.7
Monmouth	380	74	18.3	2.3	2.5	8.4	4.0	62.4	2.3
Morris	135	22	7.8	1.1	2.4	1.3	3.1	46.7	25.3
Ocean	349	46	11.7	1.4	2.2	3.8	3.2	68.6	4.7
Passaic	248	38	9.0	1.4	10.6	24.6	3.3	86.0	12.9
Salem	647	102	20.4	5.1	2.0	4.1	3.1	103.1	18.4
Somerset	177	24	11.6	3.4	2.8	9.4	3.4	46.3	9.4
Sussex	447	40	9.3	1.0	4.9	2.9	2.0	69.8	14.6
Union	513	68	15.7	5.1	7.9	11.3	4.1	87.9	9.1
Warren	494	50	8.8	0.7	7.4	0.7	0	69.8	8.8
New Jersey	472#	81##	15.4	3.2	4.8	8.7	2.67	64.4	11.2

417 excluding Essex ## 68.6 excluding Essex

Table IV Relationship to 10-19 population (.0000)

County	Detention Corrections	Shelter Detention	Psychiatric Corrections	Psychiatric Detention Corrections	Deten/Correc Psychiatric Shelter	Corrections Psychiatric Treatment	Deten/Correc Treatment Shelter	Total Placed
Atlantic	23.4	9.9	17.4	24.4	27.3	38.5	48.4	99.5
Bergen	4.3	4.3	1.9	4.6	6.3	12.8	17.1	27.5
Burlington	5.3	3.5	4.7	6.5	8.1	13.4	16.9	49.9
Camden	26.5	7.5	23.8	28.6	31.3	43.6	51.1	111.8
Cape May	10.5	3.9	10.5	12.5	14.5	24.3	28.3	76.5
Cumberland	21.6	11.9	11.9	23.2	23.8	32.6	44.5	132.6
Essex	18.7	14.2	15.7	22.8	29.9	35.0	49.3	197.6
Gloucester	3.4	3.4	1.4	3.4	4.9	14.6	18.1	57.3
Hudson	15.0	10.9	12.5	18.4	23.4	38.2	49.1	86.1
Hunterdon	2.9	9.4	3.6	2.6	13.0	8.7	18.1	35.5
Mercer	9.9	9.9	6.8	12.4	16.7	22.3	32.2	89.8
Middlesex	9.0	7.9	10.3	14.2	18.2	22.6	30.4	61.6
Monmouth	10.9	4.8	12.4	14.9	17.2	30.8	35.6	88.6
Morris	3.7	3.6	4.4	6.8	8.0	12.2	15.8	28.6
Ocean	5.9	3.6	7.0	9.1	10.6	18.7	22.3	55.3
Passaic	35.1	12.0	27.9	38.4	39.9	36.9	48.9	76.7
Salem	6.1	7.1	7.1	9.2	14.2	27.6	34.7	111.2
Somerset	12.2	6.3	12.8	15.6	19.1	24.6	30.3	39.4
Sussex	7.8	5.9	4.9	9.8	16.7	14.1	20.0	49.8
Union	19.2	13.0	15.4	23.3	28.4	31.1	44.1	91.4
Warren	8.1	8.1	0.7	8.1	8.1	9.6	17.6	58.1
New Jersey	13.5	8.0	11.4	16.2	19.4	26.8	34.8	97.0#

84.5 excluding Essex Psychiatric = state psychiatric hospital Treatment = residential treatment centers, group homes, teaching parent families
Total = all DYFS placements and corrections, detention, state psychiatric hospitals

Table V

County	Treatment Total	Corrections Total	Correc/Deten Total	Deten/Shelter Total	Psychiatric Total	Correc/Deten Shelter Total	Treatment Long Term	Treatment Correc/Psych
Atlantic	.44	.34	.48	.20	.021	.54	.55	1.21
Bergen	.68	.10	.25	.25	.016	.35	.85	5.57
Burlington	.52	.21	.31	.21	.071	.42	.65	1.87
Camden	.39	.43	.52	.15	.04	.58	.45	0.83
Cape May	.49	.30	.37	.14	.07	.44	.57	1.31
Cumberland	.47	.22	.49	.27	.05	.49	.64	1.74
Essex	.39	.24	.38	.29	.083	.53	.55	1.23
Gloucester	.73	.08	.19	.19	0	.27	.90	9.20
Hudson	.52	.18	.31	.22	.07	.40	.67	2.05
Hunterdon	.28	.16	.16	.52	.04	.68	.58	1.40
Mercer	.48	.13	.31	.31	.077	.44	.69	2.27
Middlesex	.40	.17	.30	.26	.171	.43	.54	1.20
Monmouth	.52	.24	.31	.13	.113	.37	.60	1.47
Morris	.49	.08	.24	.23	.196	.31	.64	1.78
Ocean	.52	.17	.27	.16	.145	.33	.63	1.67
Passaic	.18	.50	.72	.25	.067	.75	.24	0.32
Salem	.59	.12	.18	.21	.088	.33	.74	2.86
Somerset	.38	.31	.40	.21	.113	.52	.48	0.90
Sussex	.46	.15	.39	.29	.098	.44	.67	1.90
Union	.36	.26	.43	.29	.092	.55	.50	1.02
Warren	.50	.04	.46	.46	0	.50	.92	12.00
New Jersey	.44	.25	.39	.23	.07	.48	.58	1.35

Total = All the above placements: corrections, detention, shelter, psychiatric hospital, and treatment

Treatment = residential treatment centers, group homes, teaching parent families Correc = correctional facilities Deten = detention Psych = psychiatric hospital

Table VI

County	Offenders*	Offenders*	Corrections Commitments	Correc. Comm. Offenders +
Atlantic	534	951	63	3.9
Bergen	949	1,416	18	0.4
Burlington	692	1,222	23	1.1
Camden	867	1,344	169	6.5
Cape May	73	123	13	5.9
Cumberland	430	938	22	1.7
Essex	2,573	4,260	143	1.8
Gloucester	340	606	5	0.5
Hudson	964	1,487	66	2.3
Hunterdon	91	154	4	1.5
Mercer	808	1,430	21	0.9
Middlesex	939	1,540	43	1.5
Monmouth	961	1,742	67	2.3
Morris	516	860	8	0.5
Ocean	588	1,050	21	1.7
Passaic	288	445	172	20.3
Salem	148	237	4	0.9
Somerset	294	522	30	3.4
Sussex	147	287	6	1.4
Union	967	1,687	75	2.6
Warren	123	263	1	0.3
New Jersey	13,248	22,563	974	2.4

* Four-month period + On an annual basis



DYFS Placement Trends

Date	Residential Care	Residential Placement	Residential Out of State	Group Homes	Shelters	Teaching Parent	RTC Group Home	RTC Group Home Teach. Parent
1975	1,029	1,013	616	176	206	NA	1,805	—
January 1985	942	643	318	205	177	101	1,147	1,248
February 6, 1987	1,124	631	446	217	351	180	1,314	1,521
April 3, 1987	1,133	664	489	237	352	178	1,390	1,568
June 1987	—	—	506	—	—	—	—	—

Detention Trends

Time Period	Average Daily Population	Admissions
1985	431.7	9,188
1st 5 mos. 1986	493	3,916 (annual rate 9,398)
1st 5 mos. 1987	571	4,514 (annual rate 10,834)

Department of Corrections Trends

	Institutions	Average Daily Population Residential	Day Treatment	Total
1st 5 mos. 1986	608	291	234	1,133
1st 5 mos. 1987	706	331	293	1,330
Increase	98	40	59	197*

* 17.4%

Commitments

1985.....	794
1986.....	974
1st 5 mos. 1986	468
1st 5 mos. 1987	356

The Tables and Figures

Information used in the tables and throughout this report came from the following sources:

Population Figures: U.S. Census Estimated 1985

DYFS Placement and Shelter Figures: DYFS Statistical Caseload-Activity Report for April 3, 1987 was used for the figures in Tables I-V, and reflects the number of children in various placements on April 3, 1987. Additional figures were derived from information provided by DYFS to ACRF.

1975 Figures on Children in Residential Placement: *Long Term Residential Care of Children in New Jersey: A Report of the Residential Task Force*, Association for Children of New Jersey.

State Psychiatric Hospital Commitments and CCIS Admissions: Division of Mental Health and Hospitals. Figures reflect the number of commitments in FY 1986 and the estimated number of admissions to CCIS based on a two-month period.

Department of Corrections Commitments: New Jersey Division of Juvenile Services and JDDC. The figures in Tables I-V reflect the number of commitments in 1986.

Probation: New Jersey Division of Juvenile Services.

Detention: JDDC June 24, 1986

Offenders/Offenses: Administrative Office of the Courts, Jan. 1, 1987 to March 31, 1987.

Table I shows the actual numbers as derived from the above sources. It must be remembered that the figures are for somewhat different time periods, and may show children in placement on a specific date or children committed during the year.

Table II summarizes the figures in Table I for various categories.

Tables III and IV show the relationship of children in various placements to the 10-19 population; the figures shown reflect the number per 10,000 population.

Table V shows the relationship between certain types of placements and the total number of children placed in corrections, detention, shelters, psychiatric hospitals and treatment facilities.

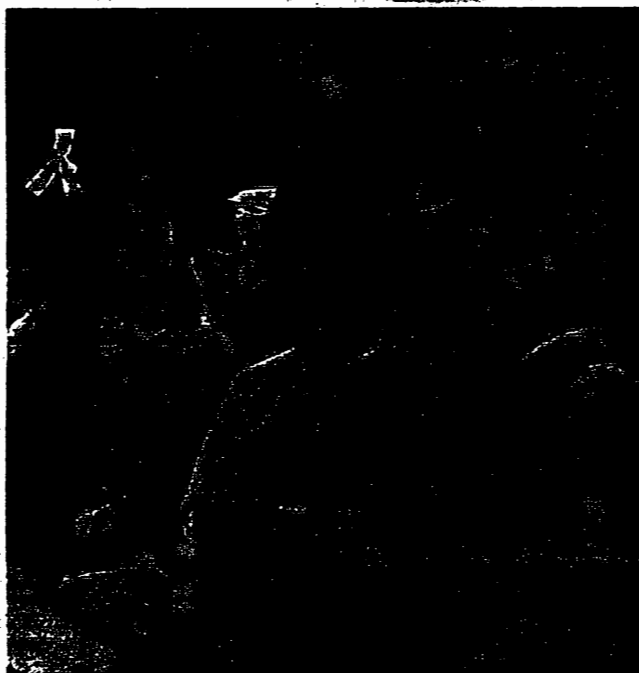
Table VI lists the number of offenders and offenses, and the relationship of those committed to corrections to the number of offenders.

NEWSLETTER

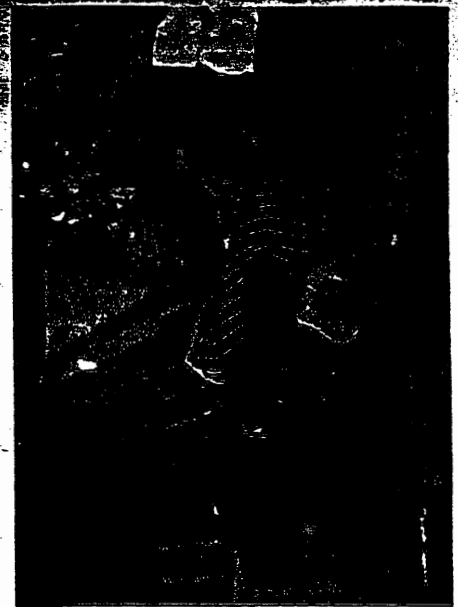
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Executive Director: Ciro A. Scalera



Out of Sight, Out of Mind NJ's Troubled Youth:



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(continued from page 5)

and are frequently able to negotiate the systems. The DYFS district office has recognized and supported residential placements when appropriate, while seeking and utilizing the many community services; it has an experienced residential unit. The many county agencies work to coordinate services and to develop comprehensive plans for children. The mind-set of many community figures and the resultant commitment clearly are factors that are not measurable by numbers.

While one might expect clear differences between the wealthier and poorer counties, I have no easy explanation of the differences between Passaic and Essex. What explains the wide differences in the use by different counties of the state psychiatric hospitals and of CCIS units? What explains the high rate of total placements in Cumberland and Salem counties? Each review of the numbers raises additional questions about the varying patterns.

While I and others could offer reasonable guesses, they would be just that — guesses — and planning must take place on the groundwork of facts and solid research rather than guesses and theories. I would hope that policy makers would ask the hard questions and insist on answers based on facts and research rather than theories and philosophy. I would also hope that the answers would lead to action and change.

How Do We Get There From Here?

Clearly, some parts of the recommendations are easier to implement than others. We can, if we so choose, do a needs assessment, develop specialized programs, adequately fund salaries and staff levels, develop resources to serve children in-state, and resolve the educational funding problem. Given the current crisis, these are minimal needs. Far more difficult, obviously, is the total rethinking and restructuring of a system so that all children are served by one agency. There are political barriers, civil service barriers, etc., etc. Which children should be served by public agencies and which by private? How do we utilize the existing buildings and agencies? What would it cost and how would it be funded? Because it is difficult does not mean that it should not be done. We have a choice to make: do we continue to patch and repair a failing wreck or do we plan and invest in an effective, efficient new model?

Julie Turner is Executive Director of the New Jersey Association of Children's Residential Facilities. She is also a member of the ACNJ Board of Trustees.



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CHILDREN'S MENTAL HEALTH PLAN

The New Jersey Association of Children's Residential Facilities represents over thirty private residential treatment centers and group homes serving emotionally disturbed and troubled children placed by the Division of Youth and Family Services. Many of the children placed in our facilities have had one or more psychiatric hospitalizations, and the majority are classified as emotionally disturbed. In a paper written almost a year ago, the Association reviewed the Department of Human Services' children's mental health plan, noting several problem areas. Most of the critical issues raised then have not yet been adequately addressed.

Needs Assessment: A year ago, numerous critics of the children's mental health plan raised the issues of lack of relevant statistics and of a needs assessment. Over a year later, this serious gap in information on which to base planning has not been addressed. Indeed, DMHH in recent county based surveys on mental health needs had no section focusing on the needs of the seriously emotionally disturbed child or adolescent. Although the populations have decreased at the Trenton Adolescent Unit and Arthur Brisbane, there is no information available on the children who have been discharged. Of the children discharged, where have they gone (residential, correctional, home?), what services are they receiving, and what-if any-problems are they having in obtaining needed services? While anecdotal reports indicate serious problems for some children and a variety of service gaps, there is no systematic follow-up or information on which to evaluate the effectiveness of the plan or to provide a basis for future planning. A year later, there is no available information from the short term CCIS units, local mental health agencies or other providers on which to base current and future planning.

Planning Issues Following the tragic drowning of a child at the Trenton Adolescent Unit, the Department developed a plan, not only without documentation, but also without the involvement of the regions and counties which had the "hands-on" experience to know the needs of the children. While regional committees-and a state-wide committee-have been established, their effectiveness has varied considerably; many members of these committees have felt that the emphasis has been on carrying out a flawed plan while ignoring any concerns raised by committee members. Human Services Advisory Councils and Youth Service Commissions have shown the value of county involvement in the planning process. Not only has their been limited involvement of counties in the planning process, there has been too little involvement of other relevant agencies (DYFS, Corrections, etc.) in planning.

Residential Services The plan noted that many children were in state hospitals "due to the absence of appropriate beds in the DYFS residential system. It is imperative that DYFS proceed with planning for the expansion of resources for these children." Over a year later, there has been minimal expansion of resources, and relatively no expansion of longer term facilities to serve the children who are being discharged from the state hospitals. In planning for these children, it is essential that we make a realistic assessment of the programmatic- and consequently fiscal-needs. Not only are there not sufficient residential beds in state, there are few programs, adequately staffed and funded, which can provide the intensive treatment and structure for the most seriously disturbed children. Without additional funds for expansion and enhancement of the current residential system, children will remain in expensive psychiatric hospital care, placed in inappropriate "short term" shelters, or discharged to receive non-existent community services. Or, in order to make the children's mental health plan "work", other children in need of residential services will be denied them, thus having a serious impact on other systems (corrections, for instance).

System Issues We now have four major different residential systems serving children (DYFS; DDD; DMHH; Corrections). The mental health plan envisions the continuing development of two (DMHH and DYFS) concurrent and overlapping systems, serving similar children. It remains extremely difficult to move children between the two systems; for instance, it is extremely difficult to find a psychiatric hospital which is willing to accept a child placed in a (DYFS) residential treatment center or group home when the child is desperately in need of hospitalization. Equally, it is time-consuming and difficult to move a child from a psychiatric hospital into a DYFS placement.

The dually-diagnosed child "falls between the cracks", with each Division/Department having difficulty in accepting and programming for him/her; For the child who is emotionally disturbed and a substance abuser, or aggressive, or retarded, or, there are limited available programs; consequently each Division/Department is reluctant to accept responsibility for serving the child.

Lack of Resources Even without a needs assessment, it is clear that there is a dearth of resources for the seriously emotionally disturbed children and adolescents. There are few community based day treatment programs; insufficient educational programs, particularly those willing to accept an aggressive emotionally disturbed child; insufficient short term hospital beds (and again, many of these are reluctant to accept an aggressive child); and, a real question as to whether the envisioned 40 long term beds will be sufficient. There are insufficient residential beds, and relatively few facilities who can program for the most difficult children who, in the past, would have remained at Trenton Adolescent Unit or Arthur Brisbane.

The problems related to the children's mental health plan reflect problems related to overall children's services in New Jersey. New Jersey DYFS sends approximately 500 children out of state for residential placement; approximately 600 children are awaiting placement through DYFS; A child's access to treatment services varies considerably depending on his/her county of residence. Few of the Divisions/Departments have developed and/or provided the statistics and needs assessments on which to base long-term rational planning. It is essential that the Department of Human Services take a strong leadership role in planning for a comprehensive and coherent system of children's services, and in advocating for the resources to meet the needs of the most troubled and vulnerable youth.

RECOMMENDATIONS

1. The Legislature should request the Department of Human Services to provide documentation on the needs of the seriously emotionally disturbed children; at a minimum, the Department should be required, within a short time, to provide information on the children discharged from Trenton and Brisbane in the last year, including their discharge plan, present placement, and services being provided (including education). As part of the development of a long term plan, more extensive documentation should be required.
2. The Legislature should request the Department of Human Services to provide a three-five year comprehensive plan for services for emotionally disturbed children and adolescents; the plan should:
 - a. while being comprehensive and addressing the need for a continuum of services, establish priorities for legislative action and funding.
 - b. address the issue of most services being county or regionally based so that they are accessible to the child and family.
 - c. identify and address the barriers to moving children into and between systems.
 - d. address the issue of "the child who falls between the cracks"-in other words, what agency will have responsibility for what child, how will disputes be resolved, and what process or mechanism can be developed and implemented so that children will receive needed services in a timely fashion.
 - e. address the programmatic needs of the dually diagnosed child.
3. Additional funds will be required this year to provide community based services and to develop necessary residential services.

**OUT-OF-HOME FORUM
ACRF RESPONSE**

I. ARE THERE ADDITIONAL RESIDENTIAL SLOTS NEEDED IN THE DYFS AND DMHH SYSTEM OR DO DYFS AND DMHH OVERLY RELY ON RESIDENTIAL PLACEMENT?

Like motherhood and apple pie, there is general agreement that we need a continuum of services, including preventive and after care services. There is also agreement that there are insufficient resources. There is less agreement on the need for additional residential services, based in part on a philosophical bias that residential care is a necessary evil! Since there is 1) no established definition or agreement on what behavior, characteristics, or history indicates a need for residential treatment, 2) no comprehensive needs assessment, 3) a recognition of the cost of residential care, and 4) varying philosophical biases, this question tends to be answered in a general, almost moralistic way, without utilizing available facts.

A common misconception is that non-community based residential placement have grown inordinately. In reviewing the facts (see attached "Selected DYFS Residential Statistics), from 11/77 to 1/88 (slightly over ten years), the total number of children in residential treatment centers has dropped by 377 children, from 1465 to 1088, a 25.7% decrease. This 377 drop includes 18 fewer out of state placements (from 509 to 491), 68 fewer DYFS residential (from 16 to 100), and 291 fewer children in in-state private residential treatment centers (from 956 to 597, a drop of 30.4%!) It should be noted that 77% of the decrease in residential placements occurred in the in-state placements. At the same time, psychiatric hospital placements have decreased significantly;

During the same period, the number of children in community based treatment (including group homes, teaching family homes, treatment homes, and transitional living) has increased by 210. In the ten year period, a total of 167 fewer children are in any type of DYFS funded treatment facility (from 1629 to 1462, a drop of 10.3%). Children in shelter care have soared from none in 1977 to 271 as of 1/88!

There are a number of indicators that varying groups feel there is a need for additional residential slots:

I. CORRECTIONS/JUVENILES AND FAMILIES IN CRISIS: The Juvenile Delinquency Commission surveyed Youth Service Commissions, asking them to identify unmet needs. Their January 15, 1988 report indicated that "people feel that residential programs are greatly needed." The following lists the nine greatest needs as identified by the county Youth Services Commissions:

<u>Category</u>	<u>Average score*</u>
Aftercare Programs	3.3
Residential Programs (General)	3.3
Residential Alcohol/Drug Treatment Programs	3.2
Residential Wilderness Programs	3.2
Residential Work Programs/Vocational Education	3.2
Non-Residential Wilderness Programs	3.1
Foster Care	3.0
DOC Residential Placement Programs	2.8
DYFS Residential Placement Programs	2.8

*1= Well Met; 4= Poorly Met

It can be seen that six of the top nine needs were residential programs; of the other three, foster care indicates a need for additional out-of-home resources and aftercare might include out-of home placement.

According to the JDC March 14, 1988 report on the public policy forum on detention, "in February, 1987, the statewide average daily population exceeded the capacity of these institutions for the first time. Statewide populations have fluctuated above and below capacity since that time." Between 1986 and 1986, admissions rose 5% while the average length of stay increased 23% to 21 days. Admissions increased another 12% in 1987. The report noted that "a central problem is the fact that large numbers of juveniles sit in detention for long periods of time (some as much as for a year or more) awaiting placement in DOC, DYFS, or other programs." (emphasis added)

In 1985, juvenile commitments to corrections numbered 794; in 1986, 974. Waiting lists for correctional placements numbered 173 in April, 1987. In 1985, the average daily detention population was 432; in the first five months of 1987, 571.

In January, 1985, children in shelters numbered 117; in February, 1987, the number tripled to 352.

It is clear that the number of children in "short term" detention or shelter care or in correctional facilities has increased substantially, and that those in the juvenile justice field see a need for additional residential programs.

II. MENTAL HEALTH: The Children's Mental Health Plan, February 3, 1987, noted that "the DYFS residential services system maintains the bulk of the State's non-hospital residential treatment options for emotionally disturbed children. The CCIS units will routinely see children on a crisis basis who need long term residential placement." (emphasis added) (p. 17) The report goes on to note that "many children at TPHAU and ABCTC are DPP due to the absence of appropriate beds in the DYFS residential system. It is imperative that DYFS proceed with planning for the expansion of resources to serve these children." (p.18) While there are plans for the development of short term facilities, there has been minimal expansion of long term facilities; indeed the two facilities noted in the plan, Willow Glen and Vision Quest, were already serving children in out of state facilities. Their being developed in state adds few additional long term residential beds to serve children who can no longer be served in the state hospitals.

In an ACRF meeting with the directors of the CCIS units in the summer of 1987, all directors identified lack of residential slots (and the placement process) as critical issues.

According to Caroline Beauchamp, parents at the Mental Health conference saw lack of residential placements and respite care as critical needs.

I do not know what current information is available on children in (or referred to) the state hospitals and CCIS units who need residential placement

With the pressure to decrease state hospital populations, and the lack of development of alternative long term residential placements, there appears to be a substantial gap in programs for the seriously emotionally disturbed child

III. DYFS: In preparing the Out of Home report, DYFS conducted a survey of DYFS district offices (see attachment "Survey of Community Based Service and Placement Needs-Summary"). While there was significant variation between counties and regions, the state totals (incomplete as some district offices were not included) indicate the following: Of the 4502 children in foster care, 629 (14%) were identified as needing other placement services (residential?); An additional 603 children were in their own homes with a plan for OOH placement (there is no indication of how many required residential); of these 603 children, the district offices identified 276 who could be served

in their own home with additional services, leaving 327 who, even if alternative services were available, required placement. Of the 977 children in residential care, only 92 (9.4%) were identified as being able to be served in their own home with additional services. An additional 182 (18.6%) were seen as needing less restrictive DDD placements. With 629 foster children needing alternative placement services and 609 living at home (or 327 if alternatives were available), there appear to be at least 900 children who were identified as requiring alternative placement services. These figures clearly indicate that the DYFS district offices see a clear need for additional residential slots.

In addition, when the DYFS caseworkers testified before the legislature (primarily on salaries and case load size), several identified the lack of placements for adolescents as contributing to their job stress.

IV. GROUP HOME STUDY: A study of children leaving group homes in New Jersey in the single year ending February 28, 1987 indicated the following: the 184 who left (not including those discharged within the first 30 days):

<u>reason for termination</u>	<u>number</u>
Ready for return to family	37
Ready for other less restrictive or permanent placement	5
Reached age of emancipation (ready for independent living	10
Reached age of emancipation-not ready for independent living	10
Withdrawn by parents	6
Required more intensive treatment or controls	70
Detained by law enforcement authorities	6
AWOL	30
Other	10

It is worth noting that of the 70 identified as requiring more intensive treatment or controls, only 19 were discharged to another residential placement. (The study identified only the initial residence after discharge, so some children may have ultimately been placed in another residential facility. While 70 (38%) were identified as requiring more intensive treatment or controls, an additional group (the 6 detained by law enforcement authorities and the 30 AWOL) appear to have needed additional structure. This total of 10 children is 57.6% of the children discharged in a year.

While additional research is required, these figures seem to indicate that additional residential treatment center slots are required and/or group home programs must be enhanced to enable them to treat the more disturbed children entering care.

V. VACANCIES IN RESIDENTIAL PROGRAMS: Excluding specialized (which serve children referred by DYFS and others-such as Bancroft and substance abuse treatment programs), and new programs, the total number of private residential treatment beds in New Jersey is 462; between September, 1987 and March, 1988 the average vacancy rate was 64; excluding two programs (one of which is in the process of changing to be able to serve more disturbed children), the average vacancy rate was 35. In April, 1988 (the month with the highest census), there were only 48 vacancies (only 22 excluding the two programs). (see attached) There appears to be relatively few openings in in-state private facilities for children requiring placement. At the same time, the DYFS run facilities (which were meant to serve the hard to place children) have operated well below capacity (average capacity from September through March was 70.5%)

with average vacancy rate of 35. In April, (the month with the highest census), the vacancy rate fell to 18. Thus in April, there were only 66 vacancies in-state. With relatively few vacancies in in-state facilities, New Jersey has an average of 489 children (480 in April) placed out of state. Even if every in-state bed were full, we would need over 400 additional beds (in April) to provide for children in state.

VI. NATIONAL STUDIES: Two documents provide information which allows some comparison of New Jersey with other states. The Mental Health Statistical Note No. 188 (April, 1988) published by the U.S. Department of Health and Human Services showed the following: In its Table 3 ~~listing the~~ listing the number of residential treatment centers (RTC's), number of beds, and beds per 100,000 civilian population under age 18, by state: United States, January 1978 and 1984, New Jersey had far fewer beds per population than the national average. RTC was narrowly defined (not psychiatric hospital; primary purpose is the provision of mental health treatment services in conjunction with residential care; primary reason for the admission of 50% or more of the children is mental illness which can be classified by DSM-II or III other than codes for mental retardation or substance abuse or alcohol related disorders).

	1978		1984	
	United States	New Jersey	United States	New Jersey
# of residential treatment centers	375	11	322	5
Percentage decrease from 1978 to 1984			14%	55%
Number of beds	20,071	342	16,745	187
Percentage decrease from 1978 to 1984			17%	45%
Beds per 100,000 population under 18	31.4	16.5	26.7	10.0
Percentage decrease from 1978 to 1984			15%	40%

Nationally the number of RTCs declined between 1978 and 1984, from 375 to 322 (about a 14% drop); in New Jersey the number dropped from 11 to 5 (over 50%); Nationally the number of beds dropped from 20,071 in 1978 to 16,745 in 1984 (a 17% decline); in New Jersey, in the same time period, the number of beds dropped from 342 to 187, a 45% decrease (this occurred during the same period of the closing of state psychiatric hospital beds); most startling is a comparison of the beds per 100,000 population under age 18. In 1978, the national average was 31.4, while New Jersey's was about half that, 16.5. In 1984, the national average was 26.7 while New Jersey's was 10.0 (about 37% of the national average). While nationally, the beds per population declined from 31.4 to 26.7 (a 15% decrease), in New Jersey, beds decreased from 16.5 to 10, a 40% decrease.

It is interesting, also, to compare New Jersey with other East Coast industrialized states. Comparing the beds in 1984 per 100,000 population under age 18 reveals the following:

State	Beds per 100,000 population, 1984
United States	26.7
New Jersey	10.0
New York	37.3
Connecticut	108.9
Pennsylvania	39.7
Massachusetts	71.1
Delaware	58.1

Indeed only 14 (predominantly rural) states (Alaska, Arkansas, Georgia, Kansas, Kentucky, Louisiana, Mississippi, Nebraska, North Carolina, North Dakota, Oklahoma, South Carolina, Tennessee, and West Virginia) have fewer residential treatment beds per population. In spite of being the second wealthiest state, New Jersey, in 1984, had fewer residential treatment beds per child population than any other New England or Middle Atlantic State.

Residential Care: Patterns of Child Placement in three States. (Government Accounting Office; June 28, 1985) compared New Jersey, Florida, and Wisconsin; placements included correctional:

	New Jersey	Florida	Wisconsin
Total population	7,365,011	9,746,961	4,705,642
Population under 19	2,135,908	2,534,208	1,458,749
Number of children in placement	2,369	2,262	1,802
% children in placement to total population	0.032	0.041	0.040
% children in placement to under 19 population	0.11	0.10	0.13

* Only 24% of Wisconsin's children in placement are in corrections.

Another way to view these figures is: If New Jersey had the same percentage of children (relative to the under 19 population) in placement as Wisconsin, we would place an additional 42% as Florida.

While one might say that New Jersey is doing well by placing fewer children than most other states, one might also question whether New Jersey is denying very troubled children needed services. The facts seem to indicate the latter. However, it is not clear that there is not the hard data available on which to base decisions and planning.

Since the 1984 DYFS study, there has been no information available to provide documentation as to the need for residential slots, after care services, or community based services. Answers to the following questions could provide data on which to base future planning:

Children referred to DYFS for residential placement:

- A. 1. What are the referral sources?
2. Age, sex, race?
3. Previous placements (foster care, shelter, detention, psychiatric hospital)? Known to juvenile court? Prior involvement with counselling services?
4. Diagnosis/behavior?
- B. Of the children referred, how many (broken down into the above categories) were seen as not requiring placement? On what basis was this decision made? Is there a significant difference between district offices in their criteria for making this decision? What alternative services were provided? Was the referral source (and family, if different from the referral source) in agreement with the plan? How many of those initially denied placement re-entered the system? What community based services were seen as necessary (but not available) to serve the children?
- C. Of the children who were seen as requiring residential placement, how many were actually placed? Which children did not receive placement services and why? (If possible), what happened to these children? What were the behavioral characteristics of the children not accepted by: group homes; teaching parent families; in-state residential treatment centers; DYFS run facilities; out-of-state facilities utilized by DYFS?
- D. How long did the placement process last? Length of time of assessment From the time that placement was defined as necessary? What were the barriers in the placement process? Where were the children during this waiting period?
- E. Related to the above questions are issues concerning children who were placed. The group home study appears to indicate that a significant number of children do not complete the programs. It would be helpful in developing and/or enhancing programs to look at the needs of children who "fail" in residential care. Could some of the children have been maintained if there had been an available short term intensive care unit to stabilize a child? or other services? With the philosophical bent toward least restrictive, is it seen as necessary for a child to fail repeatedly before being placed in a structured residential treatment center? What happens to the children who are negatively discharged? Of those who are seen as requiring more intensive treatment/structure, how many are actually placed? What happens to those who are not placed?

Similar questions should be addressed to DMHH (including the CCIS units) and DOC (and the broader juvenile justice system); how many children currently in their systems do they see as requiring DYFS residential programs? what are the needs/behaviors of these children? From their perspective, what children are denied services?

These are "rough draft" questions which could be fine honed. Without hard data, we will find ourselves debating the needs from a philosophical bias rather than looking at the children in need of services.

SELECTED DYFS RESIDENTIAL STATISTICS													
	7/77	1/78	1/79	2/80	1/81	1/82	6/83	1/84	1/85	1/86	11/87	1/88	
Group Home	123	174	134	141	137	201	129	205	202	255	282		
RTC													
in-state	738	788	762	742	639	620	307	530	503	634	601	497	457
DYFS													
resident.	145	168	193	173	178	171	164	NA	NA	NA	NA	70	100
total rtc													
in-state	904	956	960	915	817	791	671	580	604	634	601	587	597
total rtc,													
group home													
in-state	1071	1120	1143	1089	971	932	808	781	797	839	800	855	879
RTC out-													
of-state	499	509	369	367	385	428	332	299	299	318	353	489	491
Total													
in rtc	1403	1485	1329	1282	1202	1219	1003	879	903	952	954	1056	1088
total													
in rtc &													
g.h.	1570	1629	1512	1440	1353	1360	1140	1080	1096	1157	1153	1344	1370
maternity	NA	NA	NA	NA	17	13	8	NA	NA	NA	NA	NA	NA
Teaching													
Family	-	-	-	-	-	-	-	83	98	101	95	61	69
Trans.													
Living	-	-	-	-	-	-	-	22	13	20	20	12	14
Treatment													
Home	-	-	-	-	-	-	-	-	-	-	-	9	9
Total													
treatment	1570	1629	1512	1440	1370	1373	1148	1185	1207	1278	1268	1426	1462
Shelter	-	-	-	-	-	-	-	15	30	117	119	257	271
Total	1570	1629	1512	1440	1370	1373	1148	1260	1267	1395	1387	1683	1733

*Includes both private and DYFS residential programs.

*This figure probably does not include Cedar Grove which, I believe is included in the teaching family figures.

COMPARISONS-7/77 to 1/88 11/77 to 1/88

Group Homes	+115	+118
Residential (state/private)	-262	-291
DYFS residential	-45	-88
total residential in-state	-292	-259
total residential/group home in-state	-177	-241
Out of State residential	-8	-18
Total residential treatment centers	-300	-277
Total residential/group home	-186	-295
teaching family homes	+69	+69
transitional living	+14	+14
Treatment Homes	9	9
Total Treatment	-93	-167
Shelters	+271	+271
Total	+178	+104

Survey of Community Based Service and Placement Needs Summary

Region	Chil in Fos Care	Can be home with services	Other Placement services	Chil in home plan for OOH placement	Can be home with services	Chil in resid care	Can be home with services	Nee DD
North	927	108	108	164	65	335	35	74
Central	2678	452	270	341	159	482	23	59
South*	897	446	251	98	52	160	34	49
Total	4502	1006	629	603	276	977	92	18

*South does not include full figures from Burlington nor any figures from Cumberland; Camden's figures are an anamoly:

Camden	467	374	196	12	12	63	13	18
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Excluding Camden:

South	430	72	55	86	40	97	21	31
Total	4035	632	433	591	264	914	79	164

Percentages

% of children in foster care who can be served in own home	North	Central	South	Total	South without Camden	Total Camden
	11.7	16.9	49.7	22.3	16.7	15.6
need other place- ment services	11.7	10.1	28.0	14.0	12.8	10.7
Children in own home Plan indicates OOH Placement; % of children in foster care	17.9	12.7	10.9	13.4	20.0	14.6
Plan for OOH; % could be served in home with services	39.6	46.6	53.1	45.8	46.5	44.7
In Residential-% of those in foster care	36.1	18.0	17.8	21.7	22.6	22.7
In Residential could be home with special services	9.3	4.8	21.3	9.4	21.6	8.6
In Residential need DDD placements	22.1	12.2	30.7	18.6	32.0	17.9

State Officials' Views on Increasing Foster Care Caseloads and Lengths of Stay

This appendix provides additional information from child welfare officials in eight states regarding recent increases in foster care caseloads and why children are staying longer in care in 1990 than in 1986.¹

Foster Care Caseloads Increasing

Foster care caseloads have increased dramatically since 1986. Not only is this because the number of children with special needs is growing, but abuse and neglect reporting is increasing and economic conditions are declining.

More Foster Care Children Have Special Needs

Since 1986, foster care caseloads have grown as more children with special needs enter foster care. In the eight states we surveyed, officials said that the number of children entering foster care due to parental substance abuse, especially abuse of crack cocaine, has increased dramatically since 1986. Between 80 and 85 percent of children entering California's foster care system did so as a result of parental substance abuse, while 80 percent of foster children in Ulster County (near New York City) and 62 percent of Oregon's foster children were in care for that reason, state officials said.

More children entering foster care with other special needs, such as the medically needy, handicapped, or severely emotionally disturbed, or those with acquired immunodeficiency syndrome (AIDS), also have increased foster care caseloads. The number of handicapped children has grown in three states. For example, the proportion of handicapped children entering foster care in Texas has increased from 6.7 percent in 1986 to 11.4 percent in 1989, state child welfare officials said. In addition, the number of children with AIDS has grown in four states. While Illinois and Georgia had few, if any, children with AIDS in foster care in 1986, officials said, each state had about 40 such children by 1989. State officials also reported an increase in the number of severely emotionally disturbed children entering foster care. For example, in Oregon the number of emotionally or behaviorally affected children in care increased from 303 in 1985 to 739 in 1989. In South Carolina, specialized placements that serve mostly children who are severely emotionally disturbed grew from 19 in 1986 to 211 in 1990 and are expected to increase to around 450 in 1991.

¹The eight states we surveyed are California, Georgia, Illinois, Michigan, New York, Oregon, South Carolina, and Texas.

Abuse and Neglect Reporting Increases

Increased reporting of child abuse and neglect was cited by officials from four states as a reason for growing foster care caseloads. Some of the increased reporting resulted from states' efforts to increase public awareness of child abuse and neglect. Two states developed programs to encourage reporting. Georgia's "It's OK to Tell" campaign, instituted in 1985, increased both the number of such reports and the substantiation rate. Also, under its 1984 Maxine Waters Child Abuse Prevention Act, California teaches school children about abuse and neglect and how to report it. The act is responsible for the rise in abuse and neglect reporting from 238,000 in 1984 to 475,000 in 1988, state officials said. In addition, four states reported an increase in abuse and neglect reports as economic conditions in their states declined.

More Children From Poor Families Entering Care

Poverty increases children's risk of entering foster care, state officials suggest; thus caseloads rise when economic conditions deteriorate. For example, 50 percent of South Carolina's foster children entered care because their parents were unable to provide for their children's food, clothing, shelter, and medical care. Other state officials noted that trends in foster care caseloads are closely related to trends in Aid to Families with Dependent Children enrollments. Two states indicated that a greater proportion of AFDC-eligible children are placed in foster care than children not otherwise eligible for AFDC. In four states, officials cited an increase in foster care caseloads as a result of poverty or deteriorating economic conditions in their states. Economic downturns may reduce parents' ability to provide necessary care for their children, necessitating foster care placement.

Lengths of Stay Growing

Officials in the eight states we surveyed said that children's lengths of stay in foster care have increased since 1986. Not only are there are more children with special needs and substance-abusing parents, both requiring longer treatments, but caseworkers fear returning children to their parents too soon.

More Children With Special Needs Require Longer Treatment

Length of stay has grown as more children with special needs enter the foster care system, officials in five states told us. The average length of stay has increased since 1986, state officials said, because of the extensive treatment needed by the increasing numbers of children with special needs entering foster care. Drug-exposed children, often infants, have more severe physical, developmental and emotional problems, officials in five states indicated. These children often require lengthy and

intensive treatment before they can be returned home or enter a foster family home. In California, officials said the average length of stay increased from 15.2 months in 1987 to 20.2 months in 1990, in part due to the effects of drug-exposed children entering the system.

Children also may be spending a longer time in care waiting for treatment because there are not enough treatment facilities or caseworkers. Officials in seven states reported insufficient foster care treatment facilities to cope with the increasing number of more disturbed children entering care today. In addition, officials in six states said caseloads have grown without commensurate staff increases, giving caseworkers less time with each child.

Treating Parents Takes Longer

Children's stays also have lengthened as a result of the long treatments needed by the increased number of substance-abusing parents. Treating substance-abusing parents requires a lengthy process before their children can safely be returned home, officials from five states said. Caseworkers believe such parents are more difficult to work with because their primary goal is to get more drugs, not to regain their children, according to one state official. Moreover, officials from two states suggested that substance abuse is often an indicator of many other family problems. Dealing with the combination of substance abuse and other family problems is a long-term process. Children from these families often stay longer in care because of the difficulties in treating the parents' multiple problems.

Caseworker Reluctance to Return Children to Their Families

In five states, recent negative publicity in the news media about children who were returned home and abused again may contribute to increased lengths of stay, officials said. Such publicity has increased caseworkers' reluctance to return children to their natural parents. In addition, these officials believe that children may be staying longer in care because caseworkers are afraid they may be held legally liable if a child is returned home and abused again.

STATE OF NEW JERSEY - CHILD CARE RESOURCE & REFERRAL REPORT
Parent Intake Activity Profile

Level: Local Resource & Referral Period: 10/20/92
Organization: B.C.DEPT.OF HUMAN SERVICE.
Report Range: 10/01/91 through 09/30/92
Report Date: Tuesday, October 20, 1992 Page 1
Selected Cost: All Costs

Number of Parent Intake Calls

Not Reported

Referred To Code

A	Statewide Clearinghouse	6
B	Central Regional R&R	0
C	Northern Regional R&R	3
D	Southern Regional R&R	1
E	Public School	2
F	Health Agency	0
G	Other	139
H	Special Child Health Services	3
I	WIC	5
J	REACH	39
K	*Other-code eliminated 5/1/91	28
L	SCRIP	3
M	CCFP	0
N	BOL	1
O	Child Find	0
P	Community Service Agency	1
Q	FDC	437
S	DYFS	0
T	Local R&R	1

Referred By Code

A	DYFS	40
B	R&R Agency	96
C	Poster/Flyer	27
D	Media	87
E	Other	259
F	Employer	45
G	Child Care Provider	114
H	Telephone Directory	78
I	Social Service Agency	235
J	Friend	288
K	Familiar with services	350
R	REACH	50

STATE OF NEW JERSEY - CHILD CARE RESOURCE & REFERRAL REPORT
Parent Intake Activity Profile

Level: Local Resource & Referral Period: 10/20/92
Organization: B.C.DEPT.OF HUMAN SERVICE.
Report Range: 10/01/91 through 09/30/92
Report Date: Tuesday, October 20, 1992 Page 2
Selected Cost: All Costs

Number of Parent Intake Calls

Why Changing Care

A Caregiver quitting	57
B Family moving	84
C Prefer care closer to home	16
D Prefer care closer to work	10
E Child is unhappy at caregiver	7
F Parent unhappy with caregiver	18
G Care too expensive	28
H Desire a different program	97
I Going to work	511
J Returning from Maternity Leave	238
K Have another child for care	10
L Other	604

COST CODE

E Expensive for area	31
L Low for area	154
N Normal for area	1345
R REACH	101
S Social Service Block Grant	131

SPECIAL NEEDS

A Physically handicapped	0
B Developmentally delayed	2
C Mentally retarded	5
D Emotionally disturbed	2
E Visually impaired	1
F Hearing impaired	2
G Learning disabled	0
H Autistic children	1
I High-risk children	0
J Mentally handicapped	0
K Speech delayed	0
L Diabetic children	1
M Infant stimulation	0
N Cerebral Palsy	4
O Brain damaged	0
P Phys'l.Occup'l or Speech Therapy	0
Q Contact facility for information	0
R Non-English speaking	2
S Other	7
T EIP - Early Intervention Program	0
U PHP - Preschool Handicap Program	0

STATE OF NEW JERSEY - CHILD CARE RESOURCE & REFERRAL REPORT

Parent Intake Activity Profile

Level: Local Resource & Referral Period: 10/20/92
Organization: B.C.DEPT.OF HUMAN SERVICE.
Report Range: 10/01/91 through 09/30/92
Report Date: Tuesday, October 20, 1992 Page 3
Selected Cost: All Costs

Number of Parent Intake Calls

Care Inquiry Code

A Child Care Center	615
B B/A Kindergarten	13
C Family Day Care Home	1113
D School Age Child Care Program	56
E Residential Camp	0
F Day Camp	36
G Special Education/Disab. Program	6
H Nursery School/Preschool	56
I Head Start	22
J In-home care	16
K Sick child care	1
L Drop-in care	3
M Other	10

Time of Care Code

A Morning Program	74
B Afternoon Program	86
C Evening Program	27
D Early Arrival	3
E Late Departure	2
F All Day Program	1431
G Extended Program	38
H Other	88

Need For Care Code

A Employment - full-time	1050
B Employment - part-time	137
C Educational training - full-time	90
D Educational training - part-time	33
E Respite Care	5
F Care for Sick Children	3
G Socialization/Education	39
H Teen Parent-returning to school	0
I Other	325

STATE OF NEW JERSEY - CHILD CARE RESOURCE & REFERRAL REPORT
Parent Intake Activity Profile

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Level:	Local Resource & Referral	Period: 10/20/92
Organization:	B.C.DEPT.OF HUMAN SERVICE.	
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Selected Cost:	All Costs	

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Number of Parent Intake Calls

Child's Age

A	Infant - 0-12 months	685
B	Infant - 13-23 months	241
C	Toddler 24-30 months	220
D	Preschool 2.5-6 years	554
E	B/A Kindergarten	46
F	School Age - grades 1-3	84
G	School Age - grades 4-6	63

-End Of Report-

STATE OF NEW JERSEY - CHILD CARE RESOURCE & REFERRAL REPORT
T/A Intake Activity Profile

Level: Local Resource & Referral Period: 10/20/92
Organization: B.C.DEPT.OF HUMAN SERVICE.
Report Range: 10/01/91 through 09/30/92
Report Date: Tuesday, October 20, 1992 Page 25

Number of T/A Intake Calls

Totals

Referred By Code

A DYFS	30
B R&R Agency	58
C Poster/Flyer	51
D Media	159
E Other	660
F Employer	25
G Child Care Provider	211
H Telephone Directory	61
I Social Service Agency	204
J Friend	391
K Familiar with services	653
R REACH	130

Referred To Code

A Statewide Clearinghouse	7
B Central Regional R&R	11
C Northern Regional R&R	8
D Southern Regional R&R	19
E Public School	8
F Health Agency	11
G Other	562
H Special Child Health Services	23
I WIC	21
J REACH	189
K *Other-code eliminated 5/1/91	10
L SCRIP	1
M CCFP	0
N BOL	25
O Child Find	0
P Community Service Agency	21
Q FDC	631
S DYFS	13
T Local R&R	12

STATE OF NEW JERSEY - CHILD CARE RESOURCE & REFERRAL REPORT
T/A Intake Activity Profile

Level: Local Resource & Referral Period: 10/20/92
Organization: B.C.DEPT.OF HUMAN SERVICE.
Report Range: 10/01/91 through 09/30/92
Report Date: Tuesday, October 20, 1992 Page 26

Number of T/A Intake Calls

Client Request Code

A Child Care Center	111
B FDC Provider	396
C *FDC Sponsor-code eliminated 5/1/91	0
D SACC	19
E *SACC Sponsor-code elim. 5/1/91	3
F Prospective Provider	453
G Employer	14
H Other	150
I Government	15
J Parent	1403
K Media	4
L DYFS	10
M County Welfare	11
N Community Service Agency	47
O School System	12
R REACH	146

Services Requested Code

A *Tech.Assist.-code elim. 5/1/91	0
B Training	94
C *Licensing/Regis.-eliminated 5/1/91	0
D Legislative Issues	19
E Community Service Agency	16
F *Employer Info.-code elim. 5/1/91	2
G *Curriculum Info.-eliminated 5/1/91	3
H Funding Information	550
I Other	573
J Center Start-up	31
K FDC Start-up	520
L SACC Start-up	6
M Zoning	2
N Resource Dev./Consultation	35
O CCFP	1
P Lending Library	1
Q Statistical Data	19
R REACH	307
S Special Needs	29
T Child Care Subsidy/Financial Aid	608

STATE OF NEW JERSEY - CHILD CARE RESOURCE & REFERRAL REPORT
T/A Intake Activity Profile

Level: Local Resource & Referral Period: 10/20/91
Organization: B.C.DEPT.OF HUMAN SERVICE.
Report Range: 10/01/91 through 09/30/92
Report Date: Tuesday, October 20, 1992 Page 1

Service Provided Code	Number of T/A Intake Calls
A *Brochure-code eliminated 5/1/91	0
B *Fact Sheet- code eliminated 5/1/91	3
C *Newsletter-code eliminated 5/1/91	1
D Training	91
E *Workshop/Confer.Info.-elim. 5/1/91	0
F *Refer to Other CC Prog-elim.5/1/91	0
G *Referral to Other R&R-elim. 5/1/91	1
H Other	578
I Funding Information	550
J Center Start-up	31
K FDC Start-up	509
L SACC Start-up	4
M Zoning	0
N Resource Dev./Consultation	31
O CCFP	2
P Lending Library	0
Q Statistical Data	16
R REACH	317
S Special Needs	27
T Child Care Subsidy/Financial Aid	560
U Community Service Agency	16

-End Of Report-

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New Jersey State Library

Submitted to the
New Jersey Senate Women's Issues,
Children and Family Services Committee

by

Neville Newton
Director, Transitional Opportunities Program

October 21, 1992

70x

I wish to bring before the committee the needs of older teenagers under the care and supervision of the State of New Jersey. While some are only under the State's supervision for a short period of time, many spend years in foster care, residential treatment or in correctional programs. We need to examine how well they are being prepared for adulthood so that they can remain independent of services. They are entering an increasingly complex world where very few young people, even under the best of circumstances, are ready to take on its demands.

The debate is continuing in every state about its educational system and its competitiveness in comparison with other countries. There are demands for increased standards, for longer school years and for standard curricula. However, what about the thousands of young people for whom the quality of formal education is not the issue. Their issue is a fundamental one of survival.

The majority of this large group of young people have been victims of parental neglect, physical and sexual abuse and abandonment. They have experienced little nurturing or stability from their families and have suffered multiple transitions and losses.

New Jersey has taken the lead in the past in identifying the needs of this population and encouraging programs which assist aging-out youth. The various programs in each county funded by Federal Title IV-E funds are good examples, as well as my own, the Transitional Opportunities Program.

The Transitional Opportunities Program (TOP) is the largest independent living program in New Jersey, and is supported by a contract with the Division of Youth and Family Services. TOP provides transitional living services aimed at assisting "aging-out" DYFS adolescents to gain independent living skills. Services are offered via a continuum-of-care model and are provided in a community setting.

A comprehensive array of skill training and supportive services are available, including practical daily living skills, community and personal awareness, vocational and educational guidance. Accommodation is provided in apartments with a level of supervision which is assessed as appropriate to meet the needs of the young person.

However, not all young people can be admitted to TOP for their preparation for independence, either because the plan is to return home, or because they are excluded due to their current behavior, eg. violence, substance abuse. Also those in correctional programs, and not under DYFS supervision, are not eligible and still others are simply not referred.

Too often these young adults are not seen as vulnerable people in need of help. They present a tough, confident exterior. They are street-wise, manipulative and often intimidating. Some even know things we do not know eg. how to steal a car or where to find your drug of choice. However, it doesn't mean they know how to live independently. There are many gaps in their fund of knowledge about the world.

I recall several years ago hearing a young man interviewed on a radio program. He had just left a group home where he had lived for several years. He was excited to be moving out on his own into a studio apartment. The first day he went out food shopping and bought six loaves of bread and then was shocked a week or two later to discover the bread was stale. You see in the group home they always bought six loaves when they went food shopping and, with eleven other boys in the house, the bread never got stale.

It is difficult to even guess what these young people do not know. We were not prepared for independence in the classroom. We were not formally taught how to manage as an adult in the community. Our parents did not give us evening classes in budgeting, housekeeping or shopping. We learned all these things as we grew up, watching our parents live their lives. We shared in some of the responsibilities of home ownership or tenancy, we observed food being prepared and knew something about the family budget. Although we may not have known every detail we gained enough information to know what the expectations were and what information we lacked.

Many of these young people have spent sixteen of their eighteen years out of the family home. They've often had multiple placements in foster care, group homes, residential and correctional facilities. They have had little opportunity to learn what they need to know. Even those who have spent large periods of their lives at home with their families are also not better prepared. Some of these families are second and third generation DYFS families who themselves were not prepared adequately for independence. There are not the opportunities at home to observe adults obtaining jobs, gaining advancement or managing a family budget.

One young man named John was abandoned at the age of 8 by his alcoholic mother. He was passed from one family member to another. By the age of 17 he had also been in six foster homes and at eighteen he moved into a boarding room to live independently. Within a few weeks his landlord threw him out and he was living in a homeless shelter.

His reading and math skills were at a third grade level and he was evaluated as neurologically impaired. He did not know how to look after himself. He did not know how to cook, or how to take care of his clothes which were often dirty, neither did he take care of his health or nutrition. Fortunately his case was still open with DYFS and he was referred to TOP. At that point he was admitted into TOP. He entered vocational school where he learned basic kitchen skills and cooking. Staff tutored him in basic math and reading skills. They bought him a calculator and taught him to use it when food shopping, to keep within his budget. He received vocational skill training to teach him how to obtain and maintain a job. When it became obvious his neurological improvement was severely hindering his progress, we assisted him in applying for SSI.

John is now 24 and during the three years since he left us he has been working and living in a boarding room in Elizabeth. He still receives SSI to supplement his wages but it is greatly reduced. Occasionally he calls into the office to see staff and from time to time needs assistance to complete a form.

The Transitional Opportunities Program does reach out to young people in other residential programs, group homes and residential treatment centers, both state-operated and private facilities. TOP staff provide workshops on independent living skills to residents of these programs. By December we will have completed programs this year in eight facilities, conducting over 40 different workshops to over 450 participants. The workshops will cover such topics as job skills, budgeting, health maintenance, sex education, and apartment maintenance. Each series is tailored to meet the needs of the individual facility and at the end of the series the participants are given a resource packet of the material covered.

However, we are still only reaching a small percentage of the State's youth. We need to ensure that all young people under the care and supervision of the State of New Jersey whether in group homes, residential treatment centers, hospitals, shelters, or foster care are adequately prepared for independence. They need to be equipped with the information and skills they need to be able to maintain themselves in the community, obtain and maintain jobs, manage their finances and lead productive lives.

If not, they will go out unprepared and unable to meet the complex challenges faced by adults in today's world. They will go on to increase the numbers of the homeless, of those on welfare and the numbers of the long term unemployed. Many, at best, will struggle to survive in the community and will be able to offer little to their children to better prepare them. At worst, many will return to the care of the State as adults in the criminal justice or mental health systems.

If we are to make a change and prevent the cycle continuing then we have to ensure that every young person, under the care of the State, from 14 years and over is assessed and a plan developed to address the independence skills they need. This plan needs to be developed regardless of whether the case plan is for them to return home or to be discharged to independence. We cannot afford to leave it to chance whether the family, to whom they return home, is able to teach the necessary skills.

There also needs to be a curriculum developed of independent living skills training which is taught in every facility where teenagers are receiving out of home services from the State of New Jersey.

In conclusion, we need to decide to invest in the futures of these young people if they are to have a reasonable opportunity of becoming truly independent, productive residents of this state. There is a saying amongst those of us who work in independent living programs:

Give a man a fish and feed him for a day.
Teach him how to fish and feed him for a lifetime.

Will New Jersey teach its young people how to fish?

I have included for your information the following additional material:

1. "What it takes to be Independent" a graduated TOP member's view.
2. A description of the services provided by the Transitional Opportunities Program.
3. A sample of material from the resource packet provided to workshop participants.
4. A list of some of the topics to be included in an independent living skills curriculum.

"What It Takes To Be Independent"

by Rakisha McCoy

Before anyone can say what it takes to be independent, they must first have some knowledge of what independence means. Independence means freedom from assistance and rule of others in which you have an independent mind, an independent income, and are reliant on yourself, not others.

Independence also means to be able to be a responsible person in knowing when and how to do something, making the decision you feel is best, not being deterred by anyone else, but able to accept guidance. To be independent may also depend on each individual person, for what may work for one may not work for another, for no two people are the same.

In conclusion everyone is independent in their own way. Independence for all is a learning experience.

Rakisha McCoy is 21 years old and recently graduated from the program. She now resides in East Orange. Rakisha attends Union County College for nursing and works full time at Roy Rogers.

Transitional Opportunities Program

LEVELS OF SERVICE

The Transitional Opportunities Program provides transitional living services aimed at assisting "aging-out" DYFS adolescents to gain independent living skills. Services are offered via a continuum-of-care model and are provided in a community setting.

A comprehensive array of skill training and supportive services are available, including practical daily living skills, community and personal awareness, vocational and educational guidance, and recreational programming.

Individual Program Plans(IPP) are developed for each member through an assessment of the member's level of functioning in various skill areas, current needs and long-term goals.

Services are provided at four (4) levels of supervision. Members are initially placed at a level which best meets their immediate need for structure and supervision. As they gain skills and responsibility, their progress in the program is measured through a decrease in supervision and intensity of services provided, and a corresponding increase in independence.

Determination of the most appropriate level of the program for each member is made through on-going assessment of the level of functioning of the member in specified skill areas. The Interdisciplinary Team reviews each member quarterly and makes all decisions regarding a member's status.

Services Provided

TOP offers a range of services that enable members to cope with the every-day problems encountered by those living in any community.

EDUCATION It is emphasized to all of our members that education is an important foundation, and all members are encouraged to stay in school or return to school. Upon admission, all member's educational needs are assessed. Members utilize a variety of educational resources throughout the community. Some members prefer not to pursue their high school diploma, but will enroll in part-time or full-time GED classes or vocational school. Others who have completed their high school education continue their education at local colleges.

Our Education Department is made up of six staff located throughout the complexes. The staff work together to serve as liaison to the local school systems, and assist our members with enrolling in appropriate school settings or initiating child study team reviews as needed.

Individual educational counseling is offered to each member for assistance with SAT preparation, homework and GED preparation utilizing the computer resources available at each site. The education department encourages members to broaden their knowledge and increase their awareness of community resources, current events, and cultural awareness. Educational staff provide activities which focus on sex education, voter registration, and drivers education. Members' individual creative talents are encouraged through such activities as writing contests and the member newspaper.

VOCATION All members including those in full time education are assessed by TOP Vocational staff. In order to better prepare our members to make vocational decisions, Adkins Life Skills training is provided. Adkins is a vocational awareness program that teaches individuals everything from making job contacts to interviewing skills.

For members who are not yet ready to obtain competitive employment, we refer them to outside resources such as The Division of Vocational Rehabilitation (DVR), JTPA, or Union County Vocational and Technical School. Additionally we provide work experience for those members waiting for placement in vocational programs or those not yet job ready. Vocational staff meet individually with members to work on the skills necessary for obtaining and maintaining employment.

RECREATION Recreation is an important part of everyone's life, so we work together with our members to integrate recreational activities into their lives. Each month the recreation department distributes a calendar for all staff and members, which lists the month's scheduled recreation trips and activities. Members are then able to choose which activities they would like to attend. Some typical activities include sporting events, movies, horseback rides and trips to amusement parks.

The recreation department organizes talent shows to allow members the opportunity to display their various talents. In addition there are other events which encourage group development through recreational activities.

COUNSELING All members are assigned a support counselor, who helps them develop their individual program plan (IPP) and meets with them weekly. The counselor is also responsible for making referrals to additional services such as therapy, entitlements, and adult services.

BUDGETING Members learn how to develop a budget - and live within it. Members are assisted with long term financial planning and educated in the use of banking resources.

FOOD SHOPPING The staff assists by providing training in preparing and following a list of items to be bought, comparison shopping and the use of coupons. Instruction in paying for purchases is also included.

MEAL PLANNING Members learn the four basic food groups which constitute a balanced diet. Instruction in food substitution for those with special dietary needs is also provided.

COOKING Members learn how to follow a recipe, use kitchen utensils and appliances and to clean up after a meal.

HOUSEHOLD MAINTENANCE Independent living skills are taught through instruction in cleaning techniques, and appropriate use of cleaning products, as well as doing laundry, ironing and sewing.

HEALTH AND HUMAN RELATIONS Services include medical care, health education, sex education and instruction in personal hygiene.

Workshops

TOP offers independent living skills workshops to residential facilities throughout New Jersey. Workshops can be provided on a variety of topics (see the attached list) and are tailor made to suit the needs of the individual facility.

Facilitators utilize games and interactive exercises as a creative means to communicate the importance of obtaining the necessary skills to become independent.

At the end of each workshop, the participants are provided with a packet of information on the topics covered in each workshop (see example below).

"Hanging onto a Job"

Sometimes the easiest part about working is getting hired. The hard part is keeping the job once you have it. There are a lot of things you can do to keep your job, and even improve your position and salary. They are:

- 1.) Follow the rules of your supervisor.*
- 2.) Ask for additional tasks if you're not busy.*
- 3.) Be concerned about the quality of your work.*
- 4.) Be on time.*

Facilities where workshops have been conducted have been Willowglen, Cedar Grove, Middlefields, Collier, Ewing, St. Timothy's, Tillmes House and Ranch Hope.

4. Alert reference as to type of job you are seeking and your qualifications

COMPLETING JOB APPLICATION FORMS

1. Print or type.
2. Use blue or black ink. Take a pen with you.
3. Answer every question which applies to you. If it does not apply, write "N/A" (not applicable) or draw a line through the blank to indicate that you didn't overlook the question.
4. Spell correctly.
5. Be neat.
6. Take a sample form you have completed as a guide.
7. Fill out the form; don't just attach a resume.
8. Follow directions; read it over before you start. If something is unclear, ask questions.
9. Let the employer know about special training or experience.
10. The application remains to speak for you. So, check it over.
11. Try to aim information to employers needs.
12. Don't sell yourself short.
13. Be honest. (Employers check.)

DO'S AND DON'TS OF INTERVIEWING

The purpose of the job interview is to enable the final selection for a single applicant for a given job. Many persons will usually apply for an opening, one of them with impressive qualifications, but the results of the interview ultimately determine who wins the job and who doesn't. Frequently an initial interview is required in order to reach a final decision.

Who wins, and who loses? Obviously, an important factor in the final outcome is how well an applicant handles his or her portion of the interview. While each interview situation is unique, at the same time there are certain guidelines and conventions which are applicable to all interviews. The following pointers are a summary of tips usually given by experts in the field:

1. **Dress in attire that is appropriate for the situation.** Leave your flashy clothes in the closet and instead wear the more conservative ones. Be neat and proper, with clean fingernails, a sparkling smile, and pleasant attitude.
2. **Watch how you comfort yourself. Maintain poise, good posture, and proper bearing.** Stand tall; sit up straight. Don't fidget or slouch - but also appear relaxed and confident. No smoking or chewing gum.
3. **Have a firm handshake and look the person in the eye.** Be businesslike and assertive, but not aggressive.
4. **Let the interviewer lead, and as early in the game as possible try to determine what is expected of you so that you will be able to carry off your part of the interview successfully.** Usually you should give a specific answer to a specific question and answer a general question with a general answer.
5. **Never seek a job by saying "I will do anything".** Always have your objective in mind.

6. **Pay attention to your voice.** Speak loudly enough and enunciate distinctly. Make your voice reflect confidence and purpose.
 7. **Use proper speech, avoiding slang, offensive language, and bad grammar.** Prove yourself as a person skilled in the art of communication.
 8. **Always get the interviewer's name right** and use it where appropriate during the interview.
 9. **Go alone. No exceptions.**
 10. **Let the interviewer know what you have to offer the company.** Don't brag or exaggerate, but don't be too modest either.
 11. **Be enthusiastic, alert, and interested.** Take an active part in the interview and do your share in establishing rapport between the two of you.
 12. **Don't be afraid to admit you don't know something if asked.** Don't be a know-it-all.
 13. **Don't be critical of former employers or fellow workers.**
 14. **Don't bring up personal or financial problems.**
 15. **Watch your timing in asking key questions such as salary, benefits, and vacations.** These should not be the first questions asked.
- ** You will usually be asked at some point if you have any questions you should be prepared. Ask questions about promotional opportunities, the company, or about the job itself. This will help to show interest on your part.
- ** At the end of the interview, if you aren't told when the decision to hire will be made, ask.
- ** The interviewer is always the one who decides when the interview is over. Always end your part of the interview with courtesy and grace. If you are told that you won't be getting the job, find out why so that you may be able to possibly prevent its happening again.
- ** Be sure to have with you everything you may need at the interview, such as certifications, licenses, etc. It's also a good idea to take along an extra copy of your resume.

Relax, be natural and be yourself.

PERSONAL APPEARANCE FOR INTERVIEWS

GROOMING:

- Be neat and clean
- Check clothing, hair, nails, ears, etc.
- Freshly bathed
- Use deodorant
- Hair neatly trimmed and combed
- Brush teeth - fresh breath

Sample curriculum for Independent Living Skills Training

1. Money Management
 - a) Developing and following a budget
 - b) Savings - developing a plan
 - c) Banking - types of accounts, credit cards, loans
 - d) Taxes
 - e) Consumer awareness - comparison shopping, reading agreements, maintaining good credit
2. Food Management
 - a) Menu planning including nutritional awareness
 - b) Cooking
 - c) Food shopping on a budget
 - d) Safe storage and preparation of food
3. Health and Hygiene
 - a) Appropriate use of medical services
 - b) Medication use of prescription and non-prescription medication
 - c) Substance Abuse
 - d) Cigarettes
 - e) Birth control
 - f) Awareness of sexually transmitted diseases
 - g) Dental hygiene
 - h) Personal appearance
4. Housekeeping
 - a) Establishing a cleaning routine
 - b) Appropriate use of cleaning materials
 - c) Minor apartment repairs eg. fuses, light bulbs
 - d) Utilities - managing costs, risk awareness, obtaining service
5. Housing
 - a) Choosing the right apartment - location, cost, transportation
 - b) Apartment seeking - use of classified ads
 - c) Responsibilities of tenants and landlords
 - d) Problem solving - neighbors, landlords, roommates
6. Education
 - a) GED/high school diploma
 - b) SAT preparation
 - c) Financial Aid
 - d) College
 - e) Adult evening classes
 - f) Career guidance
7. Job Seeking Skills
 - a) How to read classified ads
 - b) Completing applications
 - c) Interviewing skills
 - d) Understanding salary, benefits and job duties

8. Job Maintenance Skills
 - a) Appropriate work behavior
 - b) Problem solving at work - difficulties with colleagues, supervisor
 - c) Understanding the duties and rights as an employee
 - d) How to gain advancement at work
9. Emergency and Safety Skills
 - a) Fire safety, prevention
 - b) Reporting an emergency
 - c) Appropriate use of various emergency services eg. poison control
 - d) Basic First Aid
10. Community Resources
 - a) How government works
 - b) Registering to vote
 - c) Using the library, public recreation
 - d) Awareness with community agencies eg. tenant groups, mental health counseling
11. Interpersonal Skills
 - a) Communication skills
 - b) Managing anger and frustration
 - c) Handling negative peer pressure
 - d) Developing positive relationships
 - e) Problem solving
 - f) Parenting skills
12. Legal Issues
 - a) Understanding rights
 - b) Important laws
 - c) Difference between the adult and juvenile justice systems
 - d) Laws related to substance abuse, driving
 - e) Understanding the court system

TESTIMONY

BEFORE THE

SENATE WOMEN'S ISSUES, CHILDREN

AND FAMILY SERVICES COMMITTEE

BY

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Good morning my name is Margaret Woods. I am the executive director of Independence: A Family of Services (IFS) located in Newark. Independence is a multi-service agency offering alternative education, mental health, nontraditional residential and social service programs to the youth and families of the greater Newark area. I would like to thank you for the opportunity to appear before you today.

For the next few minutes, I would like to offer some observations on the state of community-based human services for children and families in New Jersey. I am using the term human services broadly to include the services provided by the Departments of Human Services, Health, Corrections and Community

Affairs. Specifically, I would like to share with you how the children and families of our state are affected by New Jersey's Departments of Human Services and Corrections. However, many of these observations can be applied to any agency of state government.

We frequently hear the slogan "One New Jersey" used to describe the type of nurturing environment that our state is struggling to become for all of its citizens. The current administration has done much to attempt to unify our state and ensure access to services to all citizens e.g. the Quality Education Act, Health Start, the Youth Incentive Program. These initiatives have the potential to improve and increase services to New Jersey's

children and families.

However, there are many residents of our state who still are not part of this "One New Jersey". These New Jerseyans comprise an underclass made up of the rural and urban poor, people of color (or minorities, African Americans and Hispanics), the chronically drug addicted and the mentally and physically handicapped.

This underclass is forced to depend on the state for the provision of basic survival needs: shelter, food, medical care, education etc. These services are delivered by a state human services system that is costly, duplicative and detrimental to children and families.

Even though the state Department of Human Services through its Youth Incentive Program is expanding the availability of community-based services, far too many youth are not receiving the services they desperately need.

Parents with children with special emotional needs or drug and alcohol problems still must send their children as far away as Minnesota for help because New Jersey lacks sufficient services.

The sad truth is that for children who are addicted and have mental health problems, the MICA's (Mentally Ill Chemical Abusers), there are virtually no programs which will accept them. They frequently go unserved or their parents are forced to send them out of state for treatment.

Their parents pay thousands of dollars yearly. However, these children of more affluent New Jerseyans are fortunate because at least they receive services.

The children of the less affluent are left to battle their demons at home without benefit of professional services because the few available in state programs either have waiting lists or are for whatever reason unwilling to provide services to seriously emotionally disturbed youth. The sad truth is that for children who are addicted and have mental health problems, the MICA's, there are virtually no programs which will accept them. They frequently go without services.

Even though New Jersey has the second highest per capita income

in the United States, our poor families are forced to survive below the poverty line. A family of four on AID for Dependent Children, even with food stamps, receives less than 70 percent of the minimum cost of living in New Jersey. In fact the number of children receiving Aid to Dependent Children benefits has increased by 14% between 1990 and 1992. New Jersey's children pay a terrible price for our neglect. Although children comprise only one fourth of our population, they represent almost one half of the people living in poverty. A disproportionate number of children living in poverty are African American and Latino. Thus further widening the gap between the majority of New Jerseyans and minorities.

The children of New Jersey's poor are increasingly showing the symptoms of permanent dysfunction. Twenty thousand children are homeless; the infant mortality rate in our urban areas is alarmingly high; the AIDS epidemic among children, particularly children of color is alarming; lead poisoning and drug abuse is alarmingly high and the school drop out rate is astronomical.

The current School Based Services, Health Start and Reach programs not withstanding, New Jersey is failing a significant part of its future. New Jersey's businesses cannot afford to continue to farm out work to other countries. We must begin to provide all of our young with a solid basic education. One which will allow them to at least perform entry level tasks. We cannot

afford to continue to ignore and inadequately serve a significant proportion of our future leadership.

A distressing number of African American and Hispanic young people are languishing in our state's juvenile correctional facilities. African American youth, who make-up approximately twenty percent of New Jersey's youth population, account for forty percent of the juvenile arrests for serious offenses and sixty-three percent of arrests for violent crimes. Latino youth account for approximately fourteen percent of juvenile arrests for serious offenses and almost seventeen per cent of arrests for violent crimes. Yet they comprise almost ninety percent (87.6%) of the population in the state's juvenile

correctional facilities.

Self report data from juveniles clearly show that white youths commit as many serious and violent crimes as do youth of color.

Therefore, the degree of criminality or the seriousness of crimes committed cannot account for the disproportionate incarceration rate among African American and Hispanic youth. Minority youth are most definitely disproportionately represented in our state's most secure facilities.

Many incarcerated minority youth have severe mental health problems. However, the state is comfortable with allowing corrections to be the mental health provider for youth of color

(minority youth.) It is all but impossible for the correctional facilities to provide these youth with the clinical treatment they require. The correctional setting frequently exacerbates their mental illnesses.

It is a cliché but still true that correctional facilities are the institutions of higher learning for juvenile criminals. Can New Jersey continue to relegate a disturbing number of its youth to a life of ever increasing crime and alienation? I submit to you that if we are to continue to see ourselves as citizens of a state that upholds and adheres to the rights granted to all citizens under the United States constitution then we cannot and should not allow this form of correctional apartheid to

continue. Let me also state that the proposed move of the Division of Juvenile Services from the Department of Corrections to the Department of Human Services will be no more than a bureaucratic change in geography if the current "lock them up and throw away the key" mentality does not change.

We are spending hundreds of millions of dollars to provide services to our most vulnerable citizens, our troubled young people. However, our solution to our most pressing problems: poverty, a high juvenile crime rate, a high school drop out rate, rampant drug abuse, is to throw good money after bad. We are spending hundreds of millions of dollars yet our problems do not get any better and our communities seem less capable of dealing

with these problems.

The duplication and waste of money in our human services system is unbelievable. One family seeking help could receive services from at least twelve different state agencies. The duplication of services is not only fiscally costly, it is extremely harmful to the consumers of the services. In most cases, staff in each of the agencies give families contradictory instructions. Resulting in counterproductive results. Families and children become confused and frustrated. They do not know which instructions to follow. Understandably, they lose faith in the professionals who are supposed to be helping their situation to improve.

In order to help our most vulnerable citizens to reach their full potential as productive citizens and to ensure that they will receive needed services in their home communities the state human services delivery system must function under the following set of philosophical imperatives:

1. All human services must be Family Centered.
2. Services should be provided as close to a child and family's community as possible.
3. The dollars which pay for services must follow the child and family. This means that a family and caseworker are empowered to purchase the services which are relevant to their needs.

4. Services should be offered in a holistic, comprehensive and coordinated fashion. Fragmentation and duplication must be ended.
5. Human services need to be integrated at the local level to meet the overlapping needs of people. For example, many of the problems of mental illness, family violence and homelessness are related to alcohol and drug abuse. Yet the planning and delivery of the various services are fragmented.
6. The role of state government should shift totally from administration and service delivery to the establishment of clear target populations, program policies, funding ,

technical assistance, evaluation and accountability. In

other words the state should get out of the service delivery

business.

7. Services should be targeted to the most needy or high

risk groups.

8. Human services should be planned, delivered and financed

through an equal partnership of government, the non-profit

sector and the business sector. Government should not be

expected to do it all alone.

9. The basic needs of people must be met. The impact of human

services are minimal unless an individual or family has a

stable economic base. Food, shelter, clothing and economic

opportunity must form the foundation of a new human service policy.

10. Human services policies and practices must promote racial

equality and justice. The State should insure that the

communities with the greatest need receive the greatest

allocation of resources.

11. Public policy in all human services must be driven by a

clear set of values, articulated and formally endorsed and

enforced by the executive and legislative branches of

government. These values will create a system

which is holistic, family-centered and community-based. We

need strong and committed leadership from the Governor and

legislature.

12. The currently separate government divisions, bureaus and offices must be organized into a single and streamlined organization that has the ability to plan, finance, assist and monitor local systems of service.

I would like to conclude by quoting a poem by Langston Hughes:

What happens to a dream deferred?

Does it dry up

Like a raisin in the sun?

Does it stink like rotten meat?

Or crust and sugar over--

Like a syrupy sweet?

Maybe it just sags

Like a heavy load.

Or does it explode?

The dreams of New Jersey's poor, the unwanted, the homeless, the mentally and physically disabled and people of color have been deferred for far too long. This state must develop a truly coordinated and community-based human services system for youth and families. I trust that our leaders will have the vision and compassion to do so before it is too late and the dream explodes.

**TESTIMONY
TO
NEW JERSEY STATE LEGISLATURE**

**Senate Women's Issues,
Children and Family Services Committee**

**for:
NEW JERSEY ASSOCIATION
FOR THE
EDUCATION OF YOUNG CHILDREN**

201-228-4942
**Jane Bugnand, Ed.D.
October 21, 1992**

The New Jersey Association for the Education of Young Children has over 1800 members throughout the state. We are part of a national association and we advocate for young children on federal, state and local levels. Although our title implies our major mission is education, we understand that the total family is vital to a young child's education, and that no child can develop optimally without good health and social-emotional strengths. We thank you for inviting us to share our ideas with you today.

You request comments on Senate Bill No. 374, which establishes an Office of the Ombudsman for Children. We certainly agree with the desirability of the public policy as outlined for the State, (page 1, lines 6 to 14). The purpose of the legislation, (page 1, lines 15 to 23), is well-intended.

The title "Ombudsman" is defined in the dictionary as "a government official who investigates citizen's complaints against the government." Although you define the role as administrative, it would be wasteful to use the resource of this office to be mainly reactive to complaints. More benefit to all the children of New Jersey would come from a strong advocate for children who insured adequate funding and excellent use of the funds to provide services strengthening family life and to nurture the child physically, socially, educationally and morally.

Rather than establishing an Ombudsman, and placing him/her in

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the Department of Human Services, why not make this a Governor's Cabinet post with power to deal equally with many Departments. Or, could the office be a collaborative one with equal cooperation from the Departments of Human Services, Health, and Education?

Certainly planning ahead and preventing problems for children is a higher calling than a reactive one after the child has suffered.

Please consider this idea, change the title, and have an Ombudsman for complaints as a subtitle under a Children's Czar or Czarina.

There are several pieces of legislation of interest to NJAEYC in addition to S-374. Tax relief for corporations assisting families with child care needs, A-147, A-322, A-955, or aiding the families tax obligation, A-630 are generally supported by NJAEYC as a way to make quality affordable child care available, and also to move toward more fair compensation for the teachers and paraprofessionals who care for children from infancy to age 8.

Other legislation supporting the registration of family day care, A-544, A-1784, A-1632, S-86, S-110, S-994 are of interest to NJAEYC. We would like to see all family day care homes registered and inspected regularly, and more educational opportunities about child development and group care made available to family day care

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providers.

NJAEYC has also been in a long struggle (since 1970) to improve the certification requirements for early childhood teachers. During the last year, by a margin of one vote, at the State Board of Education, we lost any real certification. There is now only a Nursery to Eighth Grade Certificate. This is regressive and extremely dangerous. Teachers are not being adequately prepared to work with young children because the limited number of credit hours in college is tightly controlled and an age span from 0 to 13 is too wide for students to learn about adequately. We favor a Nursery to Third Grade, and a Third Grade to Eighth Grade Certification. There is no pending legislation at this moment, but there is mobilization for this next step. Please be thinking about this situation. We cannot let the present regulation stand if we are concerned for young children.

Thank you for your attention.