

**NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**

CABINET BRIEFING BOOK



William Waldman, Commissioner

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A

The Department's total operating budget for 1978 is \$37,184,911,000. This includes \$3,939,248,000 from the State, \$3,116,736,000 from the Federal Government, and \$48,113,000 from other sources.

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Total Operating Budget		37,184,911,000
State	\$3,939,248,000	
Federal	\$3,116,736,000	
Other	\$48,113,000	

The Department operates 5000 major facilities - seven operated by the Division of Mental Health and Hospitals, and eight operated by the Division of Developmental Disabilities. There are four residential centers operated by the Division of Youth and Family Services, and 18 day training and 21 adult activity centers operated by the Division of Developmental Disabilities. The Kohn Rehabilitation Center is supervised by the Commission for the Blind and Visually Impaired. There are 27 residential and 23 day programs under the aegis of the Division of Juvenile Services for young people involved with the juvenile justice system.

Department of Human Services

Mission

The Department of Human Services (DHS) serves some of New Jersey's most vulnerable citizens—abused children, troubled youth and families, the poor, elderly men and women, and persons who are mentally ill, developmentally disabled, blind, visually impaired, deaf and hard of hearing.

In carrying out its work with these vulnerable people, the Department provides for the efficient and coordinated delivery of social services. It protects those who lack the basic requirements of life—food, clothing, shelter and medical care. It works to keep families together and to serve people in the communities in which they reside. And it strives to ensure that state-supported services are provided in the least restrictive and most appropriate setting.

Overview

The Department of Human Services, in concert with New Jersey's non-profit community, serves more than one million persons a year, or about one of every eight New Jersey residents. The Department, created in 1976 from the Department of Institutions and Agencies, is the largest Department in State government with a budget of \$7.1 billion. The largest portion of this budget, accounting for nearly 65% of Department services and costs, covers "entitlement" programs such as Aid to Families with Dependent Children and Medicaid. The Department provides the majority of its community services through purchase of service contracts with private non-profit community agencies. These contracts account for approximately \$1 billion of the Department's overall budget.

DHS Operating Budget		\$7,104,091,000
State	\$3,939,248,000	
Federal	\$3,116,730,000	
Other	\$48,113,000	

The Department operates fifteen major facilities - seven operated by the Division of Mental Health and Hospitals and eight operated by the Division of Developmental Disabilities. There are four residential centers operated by the Division of Youth and Family Services, and 18 day training and 20 adult activity centers operated by the Division of Developmental Disabilities. The Kohn Rehabilitation Center is supervised by the Commission for the Blind and Visually Impaired. There are 27 residential and 23 day programs under the aegis of the Division of Juvenile Services for young people involved with the juvenile justice system.

ORGANIZATION

COMMISSIONER, William Waldman

The Commissioner sets the policy and direction for the entire Department and is responsible for its overall administration. In addition, the Commissioner directly oversees the policies, the management of operations, and the budget of the Division of Medical Assistance and Health Services. The Commissioner is assisted in planning and decision making duties by senior staff members, who include the Deputy Commissioner, the Associate Commissioner, the Assistant Commissioner for Public Affairs, the Assistant Commissioner for Human Resources, the Assistant Commissioner for Budget, Finance and Administration, the Executive Assistant to the Commissioner, the Director of the Office of Legal and Regulatory Affairs, and the Director of the Office of Operations Support.

Office of the Deputy Commissioner, Millicent Wasell

The Deputy Commissioner is senior advisor to the Commissioner, and oversees the management of operations, policies and budgets of three divisions: Developmental Disabilities, Youth and Family Services, Mental Health and Hospitals and also the Office of Education.

The Deputy Commissioner formulates policy and manages these divisions by coordinating and streamlining activities and policies at the central administrative and direct service levels. The Deputy Commissioner reviews spending plans, budget requests, personnel issues, legislative and administrative actions and other operational policies and procedures of the divisions prior to their review and action by the Commissioner.

Office of the Associate Commissioner, Lawrence J. Lockhart, Associate Commissioner

The Associate Commissioner oversees the management, operations, policies, and budgets for three divisions—Family Development, Juvenile Services, Deaf and Hard of Hearing—and for the Commission of the Blind and Visually Impaired. In addition, the office manages the Juvenile Detention Monitoring Unit as part of its oversight responsibilities for the new Division of Juvenile Services. Federal funds support this unit which was established to assure compliance with federal and state guidelines, in county and municipal facilities for juveniles involved with the courts.

This office manages these divisions by coordinating and streamlining activities and policies related to their constituencies at the central-administrative and direct-services levels. The Associate Commissioner advises the Commissioner on the operation of each division and provides support and direct supervision to improve administration, formulate policy, and develop programs. Spending plans, budget requests, personnel

actions, legislation and regulations, and policies and procedures are presented to the Associate Commissioner for coordination.

The Associate Commissioner's office also is responsible for a number of major new policy initiatives that require coordination among departments and divisions, and represent a departure from routine division operations. These demonstrations and/or initiatives include: AFDC Immunization Demonstration, the Minority Male Initiatives and Challenge Grant Program.

Office of the Chief of Staff, Ginger Schnorbus, Chief of Staff

The Chief of Staff oversees operations support areas and is an advisor to the Commissioner on a variety of issues and special initiatives. Current priority areas includes fee policies, organizational changes and computer and telecommunication enhancements.

The Department offers services through the following divisions, which are supervised by the Deputy Commissioner or Associate Commissioner:

Division of Developmental Disabilities (DDD)

Robert B. Nicholas, Ph.D., Director

This division provides a range of services to individuals with mental retardation, cerebral palsy, autism and other developmental disabilities. It operates and administers the state's eight residential facilities for people with developmental disabilities and contracts with private non-profit community agencies to provide living arrangements such as group homes, skill development homes, and supervised apartments. The division also provides a broad spectrum of regional social services including case management, respite and in-home family support, and guardianship protection. It also administers and operates day training and adult activity centers throughout the state.

DDD Operating Budget		\$649,070,000
State	\$401,722,000	
Federal	\$222,909,000	
Other	\$ 24,439,000	

Division of Youth & Family Services (DYFS)

Nicholas R. Scalera, Director

This division is New Jersey's family and child protection/child welfare agency, mandated by law to investigate all reports of suspected child abuse, neglect, exploitation and abandonment. It provides protective services for children and their families; initial response; case management services; general social services; substitute care services, such as foster care, residential and adoption; child care services; and licenses and/or approves day care centers, residential institutions and adoption agencies. In addition, the division supervises the social services sections of the state's county welfare agencies and contracts with approximately 800 public and private non-profit community provider agencies and with individuals to provide community-based social services to New Jersey's children and families.

DYFS Operating Budget		\$427,602,000
State	\$291,146,000	
Federal	\$130,233,000	
Other	\$ 6,223,000	

Division of Mental Health & Hospitals (DMH&H)

Alan G. Kaufman, Director

This division provides services in the state's four adult psychiatric hospitals and in three smaller hospitals which serve the needs of children, elderly, and forensic populations. The division also reimburses six county psychiatric hospitals for services provided to indigent clients and provides on-site licensing inspections at these facilities on behalf of the Department of Health. The division also contracts with approximately 127 private, non-profit community agencies throughout the state which provide a broad range of mental health services to people in or near their home communities.

DMH&H Operating Budget		\$455,461,000
State	\$441,706,000	
Federal	\$ 11,681,000	
Other	\$ 2,074,000	

DVD Operating Budget		\$1,150,015,000
State	\$547,597,000	
Federal	\$602,418,000	

Division of Medical Assistance & Health Services (DMAHS)

Alan G. Wheeler, Acting Director

This division administers Medicaid, a federal-state program that provides for the medical and health needs of over 500,000 needy parents and children, and people who are aged, blind or disabled.

This includes the following programs: the New Jersey Care Special Medicaid Programs for pregnant women and children under the age of six, and for people who are aged, blind or disabled; Medically Needy; Health Start; and the Garden State Health Plan. The division has also implemented the following waiver programs: Community Care Program for the Elderly and Disabled; Home and Community Based Services Waiver for the Mentally Retarded (administered by the Division of Developmental Disabilities); Model Waivers I, II and III; and the AIDS Community Care Alternatives Program.

In addition, the division administers the following programs: Pharmaceutical Assistance to the Aged and Disabled (PAAD), Lifeline, Hearing Aid Assistance to the Aged and Disabled, the Home Care Expansion program; and the Aged Drug Distribution Program. The Division is embarking on a major initiative to provide managed care to the AFDC population.

DMAHS Operating Budget		\$4,322,610,000
State	\$2,209,213,000	
Federal	\$2,113,397,000	

Division of Family Development (DFD)

Marion E. Reitz, Director

This division supervises those public agencies responsible for the administration of all public assistance programs including the Family Development Program, Aid to Families with Dependent Children, Refugee Resettlement, Supplemental Security Income, General Assistance, Emergency Assistance, and Low Income Home Energy Assistance. The division also supervises the Child Support and Paternity program, the federal Food Stamp program, and contracts with private non-profit community agencies to provide child care and homeless services.

DFD Operating Budget		\$1,150,015,000
State	\$547,597,000	
Federal	\$602,418,000	

Division of the Deaf & Hard of Hearing (DDHH)

Richard Herring, Director

This division provides information and referral services to help people with hearing loss. The division maintains a statewide sign language interpreter referral service, publishes the Monthly Communicator newsletter, publishes an annual directory of New Jersey businesses and agencies utilizing telecommunication devices for people who are deaf or hard of hearing, sponsors an annual statewide deaf and hard of hearing awareness day, presents "Orientation to Deafness" and sensitivity workshops, maintains an "800" hotline number that is accessible to deaf citizens, and maintains a Dial-A-News bulletin board service for deaf and hard of hearing citizens.

DDHH Operating Budget		\$400,000
State	\$400,000	

Commission for the Blind & Visually Impaired (CBVI)

Jamie Casabianca Hilton, Director

This commission provides a variety of services to people who are blind and visually impaired, including: vision screening, counseling, medical casework, education, training, job placement, independent living services, consumer advocacy, and a variety of other social services. The commission also participates in the state/federal vocational rehabilitation program and licenses vending facilities. It also operates the Joseph Kohn Rehabilitation Center, a residential facility which provides vocational evaluation, training, and education in the areas of travel, home and personal management, communication skills, industrial arts, clerical and secretarial skills, and operating vending facilities.

CBVI Operating Budget		\$19,547,000
State	\$ 10,319,000	
Federal	\$ 9,228,000	

Division of Juvenile Services (DJS)

Ted Joseph, Acting Director

This division provides community services to young people involved with the family courts in order to prevent their further involvement with the criminal justice system. This division was transferred from the Department of Corrections by Executive Order effective July 1, 1993.

DJS Operating Budget		\$24,740,000
State	\$ 23,444,000	
Federal	\$ 1,296,000	
Other	\$ 7,116,000	

Office of Education (OOE)

Patricia Holliday, Ed.D., Director

This office is responsible for the supervision of all educational programs for students up to age 21 in Department of Human Services' operated and contracted facilities. The Office of Education administers the educational programs within the day training centers and supervises those programs to assure an appropriate educational opportunity for eligible students.

State Facilities Education Act (SFEA) Funding **\$46,500,000.**

The Department and the Divisions are supported in their efforts by the following management offices:

Office of Public Affairs

James W. Smith, Assistant Commissioner

The Assistant Commissioner for Public Affairs is responsible for communicating with external constituencies, educating the public on human service issues, community outreach and state legislative and congressional relations. This office designs strategies to reach specific audiences and to address community, provider and constituent concerns. It is responsible for planning and implementing the community process related to Open Budget Review.

The office includes:

*The State Board of Human Services which advises the Commissioner on the operations of the department's institutions and agencies ;

*State Government Relations which coordinates the Department's legislative initiatives and responds directly to legislative requests for information and assistance with constituent problems;

*Federal Relations which monitors and analyzes federal legislation;

*Public Information which coordinates all media efforts for the Department;

*Publications and Media which oversees all Department publications;

*Volunteerism and Special Events which works to identify, recognize, encourage and expand the state's volunteer community service programs;

*State Human Services Advisory Council (SHSAC) which serves as a link between the Department and the human services community;

*Child Abuse Prevention which includes the Governor's Task Force on Child Abuse and Neglect and the Child Life Protection Commission which administers the Children's Trust Fund;

*Prevention of Mental Retardation and Developmental Disabilities which educates the community about the causes of mental retardation and developmental disabilities and develops strategies to reduce their occurrence;

*Child Care Development which coordinates child care policy and program development; and

*The Department Representatives Unit which communicates Department policies and initiatives to county government and community groups.

Office of Human Resources

Harold P. Rosenthal, Assistant Commissioner

The Office of Human Resources' serves the personnel needs of the Department's employees.

This is accomplished through:

*Office of Personnel Services which develops, implements, reviews and enforces the Department's personnel program;

*Equal Employment Opportunity and Affirmative Action Office which assists the Department in complying with federal and state laws regarding non-discrimination of employees, job applicants and programs and services for clients;

*Office of Employee Relations which represents the Department in contract negotiations between the state and labor unions and administers the ten union contracts covering department employees. It also coordinates the grievance and disciplinary action procedures; and

*Office of Human Resources Planning which formulates policies and sets standards to ensure that training programs support the Department's goals and objectives.

Office of Budget, Finance and Administration

Paul Maksimow, Acting Assistant Commissioner

The Office of Budget, Finance, and Administration establishes, implements, and enforces policies, procedures, and standards to maximize available resources, while ensuring that the Department complies with state and federal laws. The office is responsible for Department-wide accounting, finance, fiscal information systems, contract policies and procedures, and office support operations.

The Assistant Commissioner oversees:

*Office of Administration and Support Services which provides administrative and support services to the Department's central office and the divisions;

*Office of Budget Planning which directs budget planning and monitoring for the Department and integrates the statewide Strategic Planning process into the Department's budget requests;

*Office of Management Planning which manages, plans and analyzes Department operations and department-wide management; oversees contracts for social services by third-party provider agencies; and coordinates and develops Department policy and administrative procedures; and

*Office of Finance and Accounting which develops and maintains financial and accounting management information systems, and develops policies and procedures for the recovery of institutional and community maintenance costs from clients, legally responsible relatives and others determined liable.

Office of Legal and Regulatory Affairs

Edward Tetelman, Director

This office is responsible for legal and regulatory liaison activities, departmental auditing and the School Based Youth Services Program. The Director serves as liaison to the Departments of Law & Public Safety, Health and Education and the Family Net initiative.

Offices under the Director of Legal and Regulatory Affairs are:

*Legal and Regulatory Liaison which is the liaison to the Office of the Attorney General, the Office of the Public Advocate, and the Administrative Office of the Courts, and provides the Commissioner and senior management with information on legal and regulatory matters affecting the Department, divisions, clients and constituencies.

*Office of Auditing which coordinates all audits in the Department and serves as liaison to the Office of Legislative Services, the Office of Management and Budget, and the federal government on these matters.

*School Based Youth Services Program which serves the health and mental health, education, employment, and other social service needs of children and families in or near their schools. This special, statewide program has received national recognition.

*Family Net which is an eight-agency collaboration provides support to students and families in special needs school districts. The initiative works to remove barriers and gaps in services in those communities.

Office of Operations Support

Colleen Maguire, Director

The Office of Operations Support includes the following units:

*Program Support Services which provides expertise in medicine, dentistry, pharmacy, nutrition, and psychiatry primarily to DHS operated institutions.

*Facility Support Services which develops and carries out projects to improve and maintain the safety and cost effectiveness of physical plants. It also coordinates the development and approval of all capital grants to community agencies and the acquisition or disposal of physical assets.

*Environmental Safety which is responsible for all environmental issues for the DHS, including solid waste recycling, handling medical waste, and environmental litigation.

*Fire/Safety which seeks to reduce the threat of fire at all Department institutions and facilities.

*Occupational Health which directs, coordinates, and monitors health and safety programs. These programs help divisions and institutions to comply with state and federal occupational and health regulations.

*Youth Services which is responsible for coordinating the planning, policy development, and initiatives that relate to emotionally disturbed youth and youth involved with the juvenile justice system.

*Human Services Police which is responsible for criminal law enforcement jurisdiction for psychiatric hospitals and developmental centers. The police maintain security, transport patients and residents for court hearings, and conduct investigations into criminal complaints.

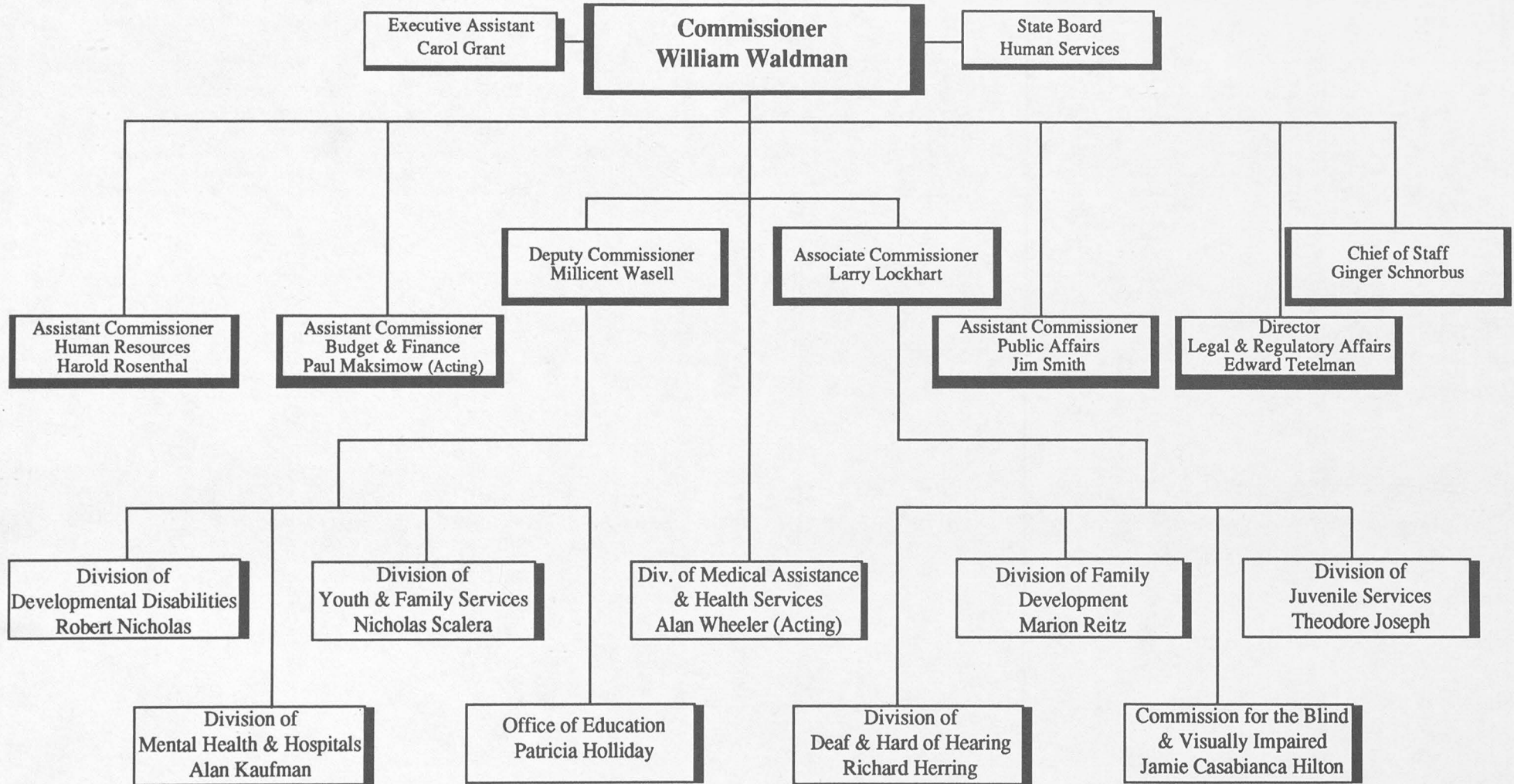
*Planning and Program Evaluation which is responsible for department-wide program planning projects and program evaluation.

The Department of Human Services' Table of Organization follows on page A- 12

New Jersey Department of Human Services



New Jersey Department of Human Services



B

DEPARTMENT OF HUMAN SERVICES
KEY PERSONNEL

The Department of Human Services is committed to providing quality services to the community. All of our employees are dedicated to providing the highest quality of service to the community. The Department of Human Services is committed to providing the highest quality of service to the community. The Department of Human Services is committed to providing the highest quality of service to the community.

MANAGEMENT AND SUPPORT

- Director William V. Adams (609) 292-5111
- Chief of Staff Steve Schaeffer (609) 914-6837
- Deputy Assistant to the Commissioner Chris Giam (609) 292-5733
- Deputy Commissioner William Wood (609) 292-8420
- Associate Commissioner Larry Lothart (609) 944-7062
- Assistant Commissioner for Public Affairs Jim Smith (609) 292-1184
- Assistant Commissioner of Human Resources Harold Rosenthal (609) 292-0102

DEPARTMENT OF HUMAN SERVICES

KEY PERSONNEL

The Department of Human Services is committed to providing prompt and courteous service to legislators. All of the individuals and offices listed below are available to provide assistance and information to you. In particular, the Office of State Government Relations is staffed to address your questions and concerns. We suggest that you contact Pam Anderson, Director, Office of State Government Relations at (609) 292-3045, or FAX (609) 393-4846

MANAGEMENT AND BUDGET

CommissionerWilliam Waldman(609) 292-3717

Chief of StaffGinger Schnorbus(609) 984-6837

Executive Assistant to
the CommissionerCarol Grant(609) 292-3717

Deputy CommissionerMillicent Wasell(609) 292-8420

Associate CommissionerLarry Lockhart(609) 984-7262

Assistant Commissioner for
Public AffairsJim Smith(609) 292-1034

Assistant Commissioner
of Human ResourcesHarold Rosenthal(609) 292-0202

Acting Assistant Commissioner for Budget, Finance
and Administration Paul Maksimow(609) 292-7912

Director, Legal and Regulatory
Affairs Edward Tetelman.....(609) 292-1617

Director, Office of Operations
Support Colleen Maguire(609) 292-3373

DIVISION DIRECTORS

Director, Division of
Developmental Disabilities..... Robert B. Nicholas, Ph.D.....(609) 292-7260

Director, Division of Family
Development..... Marion Reitz(609) 588-2401

Director, Division of Youth &
Family Services..... Nicholas R. Scalera(609) 292-6920

Director, Division of Mental
Health & Hospitals Alan Kaufman(609) 777-0702

Acting Director, Division of Medical
Assistance & Health Services..... Alan Wheeler(609) 588-2600

Director, Division of the Deaf
& Hard of Hearing..... Richard Herring.....(609) 984-7281

Executive Director, Commission
for the Blind & Visually
Impaired..... Jamie Casabianca Hilton.....(201) 648-2324

Acting Director, Division of
Juvenile Services.....Ted Joseph.....(609) 588-4560

Director, Office of Education Patricia Holliday.....(609) 588-316

COUNTY REPRESENTATIVES

The following Department personnel are located at the local level to help facilitate inter-agency cooperation and to serve as departmental links to county and local government. Among other activities, they are actively involved with the Human Services Advisory Committees and the Youth Services Committees.

SOUTHERN REGION

BURLINGTON, HUNTERDON
& ATLANTIC

Jane Berezow, Supervisor
Southern Region Office
392 North White Horse Pike
PO Box 594
Hammonton, NJ 08037
(609) 567-4815

CUMBERLAND & SALEM

Alicia Deliz Ghidetti
Southern Region Office
392 North White Horse Pike
PO Box 594
Hammonton, NJ 08037
(609) 567-4815

CAPE MAY & OCEAN

Nelson Amey
Southern Region Office
392 North White Horse Pike
PO Box 594
Hammonton, NJ 08037
(609) 567-4815

GLOUCESTER & CAMDEN

Marjorie Sheppard
Southern Region Office
392 North White Horse Pike
PO Box 594
Hammonton, NJ 08037
(609) 567-4815

CENTRAL REGION

MERCER & SOMERSET

Hilyard Simpkins, Supervisor
Central Regional Office
222 S. Warren St.
CN 700
Trenton, NJ 08625
(609) 777-2851

MIDDLESEX & MONMOUTH

Madeline Keogh
Central Regional Office
222 S. Warren St.
CN 700
Trenton, NJ 08625
(609) 777-2848

ESSEX & UNION

Joan Ayers
153 Halsey Street, 2nd Floor
Newark, NJ 07102
(201) 648-4115
(FAX # 201-648-7120)

NORTHERN REGION

PASSAIC & SUSSEX

Louis Purcaro
Northern Region Office
100 Hamilton Plaza, Rm. 701
Paterson, NJ 07505
(201) 977-4011

MORRIS & WARREN

Dianne Borgeson
Northern Region Office
100 Hamilton Plaza, Rm. 701
Paterson, NJ 07505
(201) 977-4011

BERGEN & HUDSON

Margery Runyan
Northern Region Office
100 Hamilton Plaza, Rm. 701
Paterson, NJ 07505
(201) 977-4011

C

Developmental Disabilities

The Department of Developmental Disabilities is committed to the goal of providing the highest quality services, including but not limited to, the following activities:

- Mental Health Services
- Autism
- Community Planning
- Case Management
- Employment Services
- Family Support Services

The Department will carry out its mission in accordance with the following principles:

- All people with developmental disabilities must be afforded the same basic human rights, regardless of age, sex, creed or race.
- Services for people with developmental disabilities must be designed to meet the specific needs of the individual.

The Department encourages other agencies and individuals to provide services, which may be purchased or provided by the Department, to people with developmental disabilities.

People with developmental disabilities who require services or support are to be provided with personal options in their lives. People have the right to make choices about the services to be available to them, and to accept or refuse services. Further, such choices are to be made in a way that promotes the most independent lifestyle possible for the individual.

When services are available in the community at large that can be accessed by people with developmental disabilities, they should be provided first. The Department's goal is to assist people to make maximum use of community services through support and technical assistance to resolve specific problems arising from their disabilities.

When the individual requires services, ensuring opportunity in the community at large and at the highest level possible (which ideally is in a community setting) must be assured. However, since many people

Division of Developmental Disabilities

Mission

The Division of Developmental Disabilities provides services in the least restrictive environment possible, to foster individual development and independence to people with the following disabilities:

Mental Retardation
Autism
Cerebral Palsy
Spina Bifida
Epilepsy
Other Neurological Impairments

The Division will carry out its mission in accordance with these principles:

- All people with severe developmental disabilities must be eligible to receive needed services regardless of age, sex, creed or nature of the disability.
- Services for people with developmental disabilities must be designed to meet the specific needs of the individual.
- To maximize consumer choice among services and to promote individualization, services need to be purchased competitively and may not always be delivered by a single provider, public or private.
- People with developmental disabilities who require services or support are to be provided with personal options in their lives. People have the right to make choices among options; to have available to them assistance necessary to exercise their choice; and to learn to understand and accept the consequences of choices made. Further, such choices are to be embedded within a context that promotes the most independent lifestyle possible for the person or family.
- When service options are available in the community at large that can be adapted for use by people with developmental disabilities, they should be considered first. The Division's role is to assist people to make maximum use of such generic services through support and technical assistance activities that address the specific problems arising from their disabilities.
- Adequate professional treatment and services, ensuring continuity in the least restrictive and segregated venue possible (which ideally is in a person's own community), must be assured. However, since many people

require specialized services, specialized service networks must be maintained that have trained, knowledgeable, and experienced professionals who either directly provide needed services, or serve as consultants to community-based providers.

- Opportunities and sites designed to provide training and experience in developmental disabilities to professionals must be enhanced to insure adequate numbers of qualified professionals and continued growth in field-specific knowledge. Such opportunities are to be fully supportive of advanced education and research in the field of developmental disabilities.
- Any support services required by individuals and their families (such as respite, counseling, referral, assessment and planning) that assist the person with developmental disabilities to live at home must be arranged for or provided.
- Planning and development activities of the Division are to be open and representative and address both structural and process components of the systems under consideration. Planning is to be participatory process that includes all relevant constituents.
- Those who work with people who have developmental disabilities will be valued. The valued role of those who work with people with developmental disabilities will be supported through consumer response, value-based training and other supports.

DDD Operating Budget FY '94	\$649,070,000
State	\$ 401,722,000
Federal	222,909,000

Organizational Structure

The Division of Developmental Disabilities is comprised of ten appropriated organizations. These organizations are the eight developmental centers, community services, and the management and support function based in Trenton. Two additional components were closed in 1992. The Developmental Center at Ancora closed in June and the E. R. Johnstone Training and Research Center closed in October.

Please refer to the Table of Organization for the reporting lines of the major organizational components within the Division of Developmental Disabilities.

Overview of Major Program Responsibilities

The program responsibilities of the Division are described in N.J.A.C. 10:40.

- To ensure and advocate for clients' rights, to provide their health safety and welfare, and to protect clients from abuse, neglect and exploitation (N.J.S.A. 30:6-D-1-12).
- To develop an array of services to enable eligible persons to be sustained in their own homes or other safe, wholesome and supportive living arrangements as may be most appropriate for the individual.
- To provide comprehensive evaluation, functional and guardianship services to eligible persons (N.J.S.A. 30:4-165.1).
- To develop an Individual Habilitation Plan with each eligible person admitted to ongoing services (N.J.S.A. 30:6-D-10-12).
- To help families of eligible persons to develop an understanding and acceptance of both the capabilities and needs of their relatives.
- To establish standards for services, whether provided or purchased on behalf of eligible persons. Such standards shall address the scope and quality of the services as well as recognize unique needs.
- To integrate and maximize the use of federal, State, local and private resources in providing essential services to eligible persons and their families.
- To contribute to an increased understanding of developmental disabilities through research and public education.

Services

Community Services

Over the past several years, the Division's focus has shifted from providing services in large, more restrictive institutions to services in less restrictive community settings through contracts with private non-profit community agencies. The Division provides services in the community along a continuum that ranges from the most intensive services to the least. The most intensive services consist of supervised residential and day programs and support services. The least intensive services assist people who live at home or independently, hold a competitive job and receive support services as needed.

The Division operates a statewide network of programs for persons who live and work in the community. Community Services are distributed throughout the State in four regions along county lines. The regions arrange for housing, day programs and support services to approximately 13,300 individuals living in the community. A person receives services based on his or her individual needs.

Developmental Center Services

The Division operates eight developmental centers which provide services to 4,400 persons. The developmental centers represent the most restrictive settings. Developmental centers provide a comprehensive program of habilitative and therapeutic services: residential, education, training, recreation, medical and therapy designed to maximize each person's potential. The Division remains committed to reducing the size of the developmental centers by placing people in the community.

Special Residential Services

The Division administers the Private Institutional Care program. People move into private institutions when no other appropriate placement exists. At present, 914 people live in private facilities. Of that total, 492 persons live in out-of-state facilities. The Division is developing services designed to meet the specific needs of persons in out-of-state placements in order to return them to New Jersey.

Out of State:	Children	76
	Adults	418
	Total	494
In State:	Children	80
	Adults	343
	Total	423

ALL SERVICES ARE AS OF 12/31/93

KEY STATISTICS

DIVISION OF DEVELOPMENTAL DISABILITIES

DEVELOPMENTAL CENTERS:

Number of Centers=	8
Total census=	4,385

COMMUNITY SERVICES:

Number of Group Homes=	321	
		1808 consumers
Number of Skill Development=	738	
		1397 consumers
Number of Family Care Homes=	52	
		164 consumers
Number of consumers receiving Functional Services from Community Services=	15802	
Number of consumers on waiting lists=	4283	

SPECIAL RESIDENTIAL SERVICES:

Out of State:	Children	76
	Adults	408
	Total	484
In State	Children	80
	Adults	343
	Total	423

* ALL STATISTICS ARE AS OF 12/31/93

Division of Youth and Family Services

Mission

The mission of the social service system, including the Division of Youth and Family Services (DYFS) as well as private non-profit providers, county welfare agencies, other local government agencies, and State agencies, is to:

- (1) protect vulnerable children and adults from abuse, neglect, or exploitation;
- (2) support family preservation and community living; and
- (3) prevent family violence and disruption.

In order to achieve these goals, DYFS, which has administrative responsibility at the State level for supervising social services programs, has developed four service principles to aid decision makers when faced with difficult choices among competing priorities and to suggest a common approach, or core set of ideas, for social service workers and managers. These service principles are:

- (1) an individual, family, and community approach to services, which contributes to the growth of individuals and emphasizes the maintenance of individuals within their communities, the preservation of families, the early intervention into the prevention of problems, and the protection of vulnerable children and adults;
- (2) the use of an "individual, family, and community assessment" process which is comprehensive, recognizes the important role of individuals, families, and communities in defining problems and suggesting solutions, encourages the active participation of clients in service plan implementation, and results in clear, time-limited decisions;
- (3) a "unified service system," which is geographically based and organized around the service needs of the community, with mutually agreed upon roles and responsibilities among government and private providers, encourages the use of natural and community supports (for example, family and friends) wherever possible, promotes the development and use of local services, and ensures a quality service system to protect vulnerable children and adults; and
- (4) an "advocacy" approach to services which recognizes the uniqueness of individual, family, and community problems and is committed to assist with these problems by being responsible to requests for services and respectful of the clients we serve. This approach places client concerns above all others.

Budget

DYFS Operating Budget FY '94 \$427,602,000

State	\$291,146,000
Federal	\$130,233,000
Other	\$ 6,223,000

Organizational Structure

The New Jersey Division of Youth and Family Services (DYFS) is the State's child welfare and child protective services agency. DYFS is organized into five core areas of functional responsibility.

- **Program Operations** - The Office of Program Operations oversees the mainstream direct care operations of DYFS. It is, by far, the largest single wing of the agency. Program Operations is organized into four geographic regions (Northern, Metropolitan, Central and Southern) as well as an Office of Statewide Operations which manages service operations centrally that have statewide coverage. Direct care field operations are delivered through a network of 36 District Offices, four Adoption Resource Centers, 11 DYFS-operated child care centers, four children's residential treatment centers, four Teaching Family/group homes, and an Office of Child Abuse Control. Program Operations also administers, through its regional structure, approximately 547 contracts with community social service providers with input from the County Human Services Advisory Councils (CHSACs) who serve as the primary vehicle for the planning and allocation of Social Service Block Grant (SSBG) funds. These 547 contracts represent 1,035 service components spanning the full range of child welfare and family social services.
- **Policy, Planning, Budgeting and Accountability** - The Office of Policy, Planning, Budgeting and Accountability provides the core support services for the agency. These include: the development of DYFS policies and their promulgation as formal State regulations; the operation of a Quality Assurance function which measures office-by-office compliance with these agency policy expectations; the conduct of internal and external planning activities (such as capital planning, budget initiatives, automated systems planning, designation of office catchments and staff allocations); statistical reporting; administration of the DYFS budget; administration of accounting and payments functions; maintenance and negotiation of federally required state plans; federal claiming and other revenue-generation activities; program development in the area of child day care; federal grantsmanship; and the operation of the Director's Action Line (a citizen complaint/problem-solving hotline).
- **Intergovernmental Affairs** - The Office of Intergovernmental Affairs coordinates all legislative activities for the Division. This includes analyzing

proposed State and federal legislation and regulations and providing analysis and testimony, in cooperation with the Department. This office also conducts administrative hearings through which client disputes or grievances are addressed and disciplinary hearings for employee matters. The management of interstate service activities is also placed here.

In addition, this office also supervises four regionally-based Institutional Abuse Units which are mandated to respond to all reports of child abuse and neglect in out-of-home settings such as foster homes, schools, child care centers and 24-hour care facilities. Each year, almost 3,000 reports of institutional abuse are investigated by DYFS.

Currently, the administration of Adult Protective Services -- which had been located in this office -- is in the final stages of being transferred to the Department of Community Affairs. This transfer will include responsibility for supervising county-based programs for investigating alleged maltreatment of vulnerable adults. The administration of other adult services, in the form of the Personal Attendant Services Program and supervision of boarding home-based services will remain with DYFS.

- **Licensing and Management Services** - This Office is responsible for regulating the 2,377 child care centers; 4,216 family day care homes; 132 children's residential treatment centers, group homes and shelters; and 69 adoption agencies. This regulatory function includes on-site life-safety and program inspections to ensure compliance with State published licensing or approval standards.

This office also administers the space and equipment needs for the Division's direct operations. This includes the negotiation of leases and space needs; the planning for facility location/relocation; purchasing; vehicle fleet maintenance; provision of logistical supports such as mail delivery, records maintenance and supplies. Local needs are addressed through regionally-deployed Management Services Coordinators.

Computer information and telecommunication systems are also managed in this wing. This includes maintenance of the Division's core client data base, known as the Services Information System (SIS); Personnel Computer network management and support; and management of the agency's telephone and copier systems and needs.

- **Human Resource Operations** - This office administers the personnel operations of the Division. Given the complexity and volume of personnel transactions in the agency's more than 60 field and regional office sites, local personnel needs are addressed through regionally-deployed Personnel Services Coordinators. This office is also responsible for the management of the agency's employee relations program, which includes representing

management in the conduct of employment related hearings and in coordination of union/management activities.

Human Resources also manages all DYFS training functions -- which are coordinated with the Human Resources Development Institute, which is part of the Department of Personnel. The Division also maintains a worker safety/stress management function, which ensures compliance with all PEOSHA and Americans with Disabilities Act (ADA) standards and safety concerns unique to the field work of DYFS protective services workers.

NOTE: The Division's Affirmative Action Officer reports immediately to the Director of DYFS. This organizational placement assures that highest attention is given to the mandates of this office.

Overview of Major Program Responsibilities

The preceding section described the structure of the New Jersey Division of Youth and Family Services (DYFS) along organizational lines. This section will outline the Division's operations in terms of its major client and service constituencies.

Primary among its direct service responsibilities are the receipt of, response to and investigation of allegations of suspected child abuse or neglect, as well as the provision of preventive and supportive social services in family situations where child maltreatment has been substantiated and/or where family disorganization requires intervention. The Division receives more than 50,000 allegations of suspected abuse/neglect each year. In addition, DYFS receives another 30,000 or more requests each year for child welfare services such as child care and special services and treatment for children with physical, psychological or emotional handicaps. In addition to responding to reports and/or requests, the Division provides treatment and/or social services to families either by direct provision or through referral to community providers. On any given day, DYFS staff in these offices supervise and provide services to approximately 45,000 children and their families. The Division's protective service/family support services are delivered by a statewide network of 36 local District Offices.

As part of its protective services program, the Division operates a 24-hour hotline to receive reports of suspected child abuse and neglect in the evenings and on weekends and holidays. This Office of Child Abuse Control (OCAC) is linked with a statewide network of Special Response Units which are charged with responding to emergency reports received by OCAC.

The Division strives to preserve the family by meeting protective and child welfare services needs of its clients in their own homes whenever possible. To this end, the majority of the children served by DYFS (37,958 children, or over 83 per cent) reside in their own homes. When out of home placement is necessary, the Division utilizes the least restrictive setting possible that is appropriate to the

treatment needs of the child or children involved. As a result, the majority of children in DYFS-supervised out-of-home placement reside in foster family homes (5,804 children) -- including 315 medically fragile children in Special Home Services Provider (SHSP) homes; 567 youths are in community-based treatment-oriented group care homes; 790 children are placed in specialized residential treatment facilities; with the remaining 500+ youths in temporary shelters (256 children), independent living arrangements (129 children) and non-DYFS State-operated institutions (127 youths).

The Division also stands as the State's largest adoption agency through its five Adoption Resource Centers (ARCs), again covering each region of the State. Each year, these five ARCs place some 680 children for adoption. To assist in this effort, adoptive families are provided family orientation and counseling, support services such as medical and psychological counseling and post adoption services either directly by ARC staff or through community provider contracts. These DYFS offices are virtually the only resource serving minority children in need of adoptive placement.

The Division is the largest single direct provider of child day care services in New Jersey, operating 11 Day Care Centers which provide child care and support services to some 850 protective services children and their families. The Division also contracts with another 225 private, community-based child care centers throughout the State to provide services to children eligible under the Social Services Block Grant. DYFS also participates in the federal Child Care Development Block Grant by providing vouchers to eligible protective services children for the purchase of child care at the center or registered family care home of their choice.

Child care is only one aspect of the broad infrastructure of the community-based purchased services program. DYFS administers approximately 547 contracts with private, non-profit community social service providers, with input from the County Human Services Advisory Councils (CHSACs), who serve as the primary vehicle for the planning and allocation of Social Service Block Grant (SSBG) funds. These 547 contracts represent 1,035 service components spanning the full range of child welfare and family social services. In addition, the Division's District Offices and Adoption Resource Centers also enter into agreements for an additional 2,000 service components. These Grant-in Aid vendor agreements are geared to specific DYFS-supervised clients and provide supportive social services tailored to individual client needs. All together, over 250,000 individuals receive contracted services financed by DYFS.

Lastly, the Division supervises the operations of the social services sections of the 21 County Welfare Agencies in New Jersey. DYFS annually channels some \$24.3 million to support these county-based service activities. Services are directed to persons who have a mental or physical disability, lack the capacity to act on his own behalf, live alone or with others in a private residence and are being abused,

neglected or exploited. Services include the provision of emergency housing, medical care, heat and food; the arrangement of homemaker, respite care and home-health care; select legal services, such as power of attorney and guardianship actions; and outreach services; and services to families whose level of functioning is marginal.

Total number of child abuse- neglect investigations-	80,009
Number of child abuse/neglect reports substantiated-	30,048
Percentage of child abuse/neglect reports substantiated	35%

CHILDREN UNDER STATE SUPERVISION*

Total number of children under supervision-	45,273
In their own homes (including adoption subsidies)-	32,410 (71.6%)
Receiving adoption subsidies-	5,190 (11.5%)
In placement-	7,673 (16.9%)
• foster care (including para- foster care)-	5,804
• group homes-	467
• shelter care-	256
• teaching family homes-	100
• non-D/P5 public institutions-	127
• supervised independent living-	120
• residential treatment-	790
out-of-state residential placements-	121
out-of-state residential placements beyond 50 miles-	9

RENTAL AREAS OF JANUARY 7, 1994

KEY STATISTICS

DIVISION OF YOUTH AND FAMILY SERVICES

FOR CALENDAR YEAR 1992:

Total number of child referrals=	80,009
Number of child abuse/neglect investigations=	50,043
Number of child abuse/neglect reports substantiated=	17,499
Percentage of child abuse/neglect reports substantiated	35%

CHILDREN UNDER DYFS SUPERVISION:*

Total number of children under supervision=	45,273
In their own homes (excluding adoption subsidies)=	32,410 (71.6%)
Receiving adoption subsidies=	5,190 (11.5%)
In placement=	7,673 (16.9%)
• foster care (including para-foster care)=	5,804
• group homes=	467
• shelter care=	256
• teaching family homes=	100
• non-DYFS public institutions=	127
• supervised independent living=	129
• residential treatment=	790
out-of-state residential placements=	121
out-of-state residential placements beyond 50 miles=	9

* STATISTICS ARE AS OF JANUARY 7, 1994

Division of Mental Health and Hospitals

Mission

The mission of the mental health system in New Jersey is to promote opportunities for persons with serious mental illness to maximize their ability to live, work, socialize and learn in communities of their choice. This shall be accomplished through a comprehensive system of care, including psychiatric inpatient settings and community-based support services comprised of partnerships among the Division of Mental Health and Hospitals, other State agencies, consumers, families, providers and mental health advocates, with the understanding that persons with serious mental illness are entitled to dignified and meaningful lives.

This mission is realized in both new and existing Division programs by application of the following operating principles:

- Services are to be delivered by means of a comprehensive system of care which emphasizes the most appropriate, least restrictive settings to promote the highest level of functioning.
- There must be continuity of care and coordination of services within the State and between the public and private sector.
- The range of services within the system of care must respond to the needs of the individual consumers and to the special populations served.
- The Division must assure appropriate, high quality care for the State's most severely disabled citizens in State psychiatric hospitals, and for those less disabled citizens in community programs.

DMHH Operating Budget FY '94	\$455,461,000
State	\$441,706,000
Federal	\$11,681,000
Other	\$2,074,000

Organizational Structure and Table of Organization

Central Office

The Division's Central Office, under the direction of the Division Director, provides technical and managerial supports to the Division's operational units. Specifically, Central Office staff set Statewide mental health policy, guide overall systems planning, establish monitoring systems to ensure conformity with policies, provide technical assistance to hospital

and community programs in the provision of quality care, and monitor the expenditure of public dollars in the pursuit of these responsibilities.

Regional Structure

The State's mental health system is divided into three geographical regions, which are in turn subdivided into 53 service areas. Except for specialized services, program planning is driven by the unique needs of the State's mental health regions and service areas.

The Northern Region, which is served by Greystone Park Psychiatric Hospital, encompasses six counties (Bergen, Hudson, Morris, Passaic, Sussex, Warren) and 19 service areas.

The Central Region, which is served by Marlboro and Trenton Psychiatric Hospitals, encompasses eight counties (Essex, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset, Union) and 24 service areas.

The Southern Region, which is served by Ancora Psychiatric Hospital, encompasses seven counties (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem) and 10 service areas.

Specialized Services

The Division's only Statewide operations are its three special purpose State hospitals which are organized to meet the unique needs of three client populations: children and youth (Arthur Brisbane Child Treatment Center), the elderly (Garrett W. Hagedorn Center for Geriatrics) and patients who have special security requirements (Forensic Psychiatric Hospital).

Overview of Major Program Responsibility

As the designated mental health authority, the Division of Mental Health and Hospitals is responsible for:

- Regulation, monitoring, certification, and purchase of services from private non-profit agencies for the provision of community-based mental health services. Includes 127 agencies providing over 575 separate programs.
- Operating seven State psychiatric facilities.
- Monitoring the fiscal and programmatic operations at the six county psychiatric hospitals per the 90-10 State Aid program.

- Performing mental health provider certification for the Division of Medical Assistance and Health Services; psychiatric licensing inspections for the Department of Health; and formal designation of inpatient Short Term Care Facilities (adults) and Children's Crisis Intervention Services Units (youth) in local community hospitals.

Community Services

The Division purchases community mental health services through contracts with 127 not-for-profit provider corporations. These organizations provide 575 discrete mental health programs. The Division classifies these programs into the following elements of service:

- Emergency Screening Services to provide crisis stabilization and to determine need for involuntary commitment.
- Outpatient Services -- ambulatory community mental health services such as periodic therapy and counseling.
- Partial Care, the most intensive ambulatory community mental health service provides day treatment and psycho-social rehabilitation services.
- Residential Services in group homes, supervised apartments, and residential health care facilities.
- Case Management Services to consumers who are unwilling or unable to link with other mental health services. Specialized case management programs includes clinical case management, youth case management, homeless case management and case management to "450" clients.
- Systems Advocacy includes legal and companionship services.
- Other services include liaison services, supported employment and intensive family support services.

Through its community-based programs, the Division is projected to serve 253,893 clients in 1994 at an annual cost of \$138.5 million.

State Hospital Services

The Division directly operates seven psychiatric hospitals which provide intensive inpatient mental health services to individuals experiencing problems which may constitute a threat to self, family or others.

The State operated facilities provide acute, intermediate, and long term inpatient care with additional acute services provided through a network of affiliated general acute care hospitals.

While approximately 7,500 clients are served annually in the hospitals, an average of 2,550 clients are served on a daily basis. It is anticipated that this number will decrease slightly in FY'94. Approximately 5,000 full-time and 600 part-time employees staff the seven facilities.

County Hospital Services

The Division's State Aid program funds approximately 90% of the costs of indigent inpatient psychiatric care at six county psychiatric hospitals. The county hospitals are operated under the direction of the respective County Boards of Chosen Freeholders (Bergen, Hudson, Union, Essex, Burlington and Camden).

The Division has been appropriated \$88.816 million for FY '94 in State Aid funding for the six county psychiatric facilities. Total costs to operate the six county hospitals in FY '94 is estimated to be about \$115-120 million.

Approximately 5,200 clients are served annually, with the net average daily population in the county hospitals being 876 in FY '93. Of these 876, approximately 600 clients were billable to the State Aid program.

- 106 programs to serve children, operated by community agencies in 21 counties
- Specialized programs for the deaf, mentally ill, chemical abusers, the homeless and family support groups
- 11 consumer operated drop-in centers and 16 consumer operated residences
- 32 adult clinical case management programs in 21 counties, serving 3,419 program-resistant clients with high risk of hospitalization
- Specialized homeless programs in 20 counties, serving 3,200 homeless mentally ill

GROSS OPERATING EXPENDITURES

State Hospitals	\$228.1 million
Community Agencies	\$286.5 million

ALL STATISTICS ARE FOR STATE FISCAL YEAR 1993

KEY STATISTICS

DIVISION OF MENTAL HEALTH AND HOSPITALS

EPISODES OF CARE/TREATMENT PROVIDED:

In public hospitals & community agencies=	261,700 episodes 190,000 individuals
In seven state and six county hospitals=	12,700 episodes 10,600 individuals
By 127 contract agencies=	249,000 episodes
By emergency/screening centers of care to individuals in crisis Services to 78% of all seriously mentally ill (SMI) people annually=	101,000 episodes

COMMUNITY BEDS:

Group home beds (910) and supervised apartment beds (955) in the community, serve 3,250 clients annually

OTHER PROGRAMS:

- 106 programs to serve children, operated by community agencies in 21 counties
- Specialized programs for the deaf, mentally ill chemical abuser, the homeless and family support groups
- 11 consumer operated drop-in centers and 16 consumer operated residences
- 32 adult clinical case management programs in 21 counties, serving 3,419 program-resistant clients with high risk of hospitalization
- Specialized homeless programs in 20 counties, serving 3,200 homeless mentally ill

GROSS OPERATING EXPENDITURES:

State Hospitals=	\$288.1 million
Community Agencies=	\$266.5 million

* ALL STATISTICS ARE FOR STATE FISCAL YEAR 1993

Division of Medical Assistance and Health Services

Mission

The Division's mission is:

To continue to provide cost-effective quality health care to approximately 672,000 Medicaid clients including 48,200 children, 7,700 pregnant women, 11,400 aged and 9,500 disabled clients under the growing New Jersey Care....Special Medicaid Programs.

To continue to provide pharmaceutical benefits to 210,000 aged clients and 19,000 disabled clients under the Pharmaceutical Assistance for the Aged and Disabled Program.

To continue to provide utility benefits to 143,600 households under the Lifeline Credit Program, 40,100 households under the Tenants Lifeline Assistance Program and 135,900 households through the Special Utility Supplement to SSI recipients.

To provide hearing aid assistance to 400 clients under the Hearing Aid Assistance to the Aged and Disabled Program.

To provide home care services to 550 clients eligible for the Home Care Expansion Program.

To provide the highest level of health care services in the most cost-effective manner through quality assurance, program monitoring and quality control. Toward these objectives we are seeking to move the AFDC and AFDC-related clients out of the fee-for-service program into managed care and to expand and create various community care alternatives to institutional care.

Budget

DMA&HS Operating Budget FY '94 **\$4,200,461,000**

* State \$2,087,563,000

Federal \$2,113,397,000

* Includes Casino Revenue Funds

Organizational Structure

Office of the Director

This office is responsible for the overall management, administration and development of the programs administered by the Division. Areas of responsibility of this staff include interpretation of program policy and related program activity, study of federal and state legislation and federal regulations as they pertain to program functioning, policy formulation, issuance of Final Agency Decisions in contested cases, provider suspensions and debarments, and program planning and evaluation.

Medical Assistance Advisory Council (MAAC)

This council, comprised of providers, consumers, Division staff and staff from other State and Federal agencies provides advice and consultation on Medicaid policy.

PAAD Advisory Council (PAAD/AC)

This council is composed of representatives from DMAHS, various senior citizens groups, the disabled community, the Medical Society, legislative staff, the Division on Aging, Department of Insurance, the Office of Management and Budget, Blue Cross/Blue Shield, pharmaceutical manufacturers, pharmacists, and the NJ Pharmaceutical Association. This council makes recommendations on policy for the Pharmaceutical Assistance to the Aged and Disabled Program (PAAD).

The other offices of the Division include the Office of the Deputy Director, Affirmative Action, Program Integrity, Administration, Budget and Fiscal Affairs, Program Support, Medical Care Administration, Medical Affairs and Provider Relations, Program Administration, Garden State Health Plan and the Office of Managed Health Care.

Medicaid District Office Regional Director

There are two regional directors - northern and southern. Each regional director provides overall administrative direction and supervision to staff within his/her jurisdiction. The Regional Director interprets Division policy on a regional basis and through monitoring activities assures staff and Medicaid providers' compliance with Division policies, regulations and procedures. The regional director assures appropriate distribution of staff throughout the region.

Medicaid District Office (MDO)

Each MDO is headed by a director and is comprised of social workers, nurses, physicians, pharmacists, other medical specialists, field staff and clerical support staff. The MDO staff inform and guide providers on program policies and procedures. They assist Medicaid clients by answering questions concerning services provided under the program and aid them in finding participating providers. MDO's also refer over utilization and abuse cases to the proper units. The MDO staff are also responsible for assessment, periodic medical review and monitoring of the quality of care provided to Medicaid recipients. Staff members evaluate requests for services and make the authorization decisions on long term care, home health care, medical day care, rehabilitation services, child health care, mental health care, Supplemental Security Income (SSI) Medicaid Identification Cards, transportation, prosthetics and orthotics, medical supplies and equipment, certain drugs and out-of-state hospital care.

Regional Staff Nurses (RSN) are the focal point of state mandated PreAdmission Screening Assessment (PAS) and federally required PreAdmission Screening and Annual Resident Review (PASARR) activities. The RSNs visit individuals seeking nursing facility (NF) placement. RSNs also visit individuals in NFs who are converting from private to Medicaid status. The purpose of these visits is to assess the individual's medical, nursing and social needs and determine the most suitable setting and services for these LTC needs to be met.

The regional pharmaceutical consultant performs on site visits to ensure new pharmacy and durable medical equipment providers meet the standards of the New Jersey Medicaid program. They also perform utilization review of various services and items requiring prior authorization by the Medicaid District Offices. In this capacity, the regional pharmaceutical consultant performs on site visits to clients to determine their need for the requested item or service. They also provide consultation to other professional staff concerning various pharmaceutical and medical supply and equipment issues.

Medical Social Care Specialists (MSCS) staff in the MDOs interact with professional medical staff and providers to facilitate the timely discharge of patients in nursing homes who can be served in the community. MSCS staff also perform Home Care Quality Assurance reviews to determine whether the client is receiving appropriate services and determine the degree of client satisfaction with the home care services. MSCS staff also provide case management, advocacy services, investigate complaints in social care areas and represent the Division in the fair hearing process.

Nursing and social work staff conduct federally mandated inspections of care on an annual basis on all Medicaid patients in state psychiatric hospitals, county psychiatric hospitals, private psychiatric hospitals, Intermediate Care Facilities for the Mentally Retarded (ICF/MR), and in residential treatment facilities. Additionally, they serve as liaisons to other governmental agencies.

Overview of Major Program Responsibility

The Division of Medical Assistance and Health Services is responsible for the administration of a number of programs which provide medical and health care services and utility credits to the citizens of the State of New Jersey.

These programs include the federal/state funded Medicaid program, including New Jersey Care...Special Medicaid Programs, and HealthStart (jointly with the Department of Health), as well as the general state funded/casino revenue funded Pharmaceutical Assistance to the Aged and Disabled (PAAD) program and the Lifeline programs, the casino revenue funded Hearing Aid Assistance to the Aged and Disabled (HAAAD) program, the Home Care Expansion Program (HCEP), and the statewide Respite Care Program (RCP).

The following information is intended to provide an overview of the programs administered by the Division.

MEDICAID

Medicaid, a health program for the poor, reimburses providers for health care services provided to individuals whose income and resources are equal to or below the limits established for the programs.

Medically Needy

The Medically Needy Program is made available to pregnant women and children, and the aged, blind and disabled. Medically Needy are those individuals whose income is too high to qualify for the regular Medicaid program, but who have excessive medical bills.

HealthStart

Effective July 1, 1987 in conjunction with the New Jersey Department of Health (DOH), the New Jersey Medicaid program implemented an initiative to provide expanded maternal and child health coverage to pregnant woman in New Jersey who were eligible for Medicaid benefits. Known as HealthStart, this maternal and child health initiative provides an enhanced package of Medicaid benefits to eligible pregnant women during their pregnancy and for 60 days following delivery or the date the pregnancy ends. Children up to the age of two are also eligible for enhanced health care services.

WAIVER PROGRAMS

In addition to the regular Medicaid programs, DMAHS identified a need to provide an alternative to institutional care for the elderly and disabled. Utilizing the opportunities available under Section 1915(c) of the Social Security Act,

DMAHS implemented the following waivers to provide community based long term care alternatives.

Community Care for the Elderly and Disabled (CCPED)

A home and Community-Based Services Waiver Program for the elderly and disabled in need of long-term institutional care.

AIDS Community Care Alternatives Program (ACCAP)

This program is designed to serve individuals who are diagnosed as having AIDS or children under five diagnosed as HIV positive who, without home services would need institutional care.

Model Waivers I, II, and III

Provides community-based services for severely disabled children and adults who are in need of long term care.

Home and Community Based Service Waiver for the Developmentally Disabled

This program is administered by DDD with oversight by DMAHS. It provides community-based services for developmentally disabled individuals who are in need of long term institutional care who, with community services, can remain at home.

Home and Community-Based Services Waiver for Medically Fragile Children

This program, known as the ABC Program is administered by DYFS in cooperation with staff from the DMAHS to help eligible children who are in need of nursing facility or hospital setting care remain in the community or return to the community.

Home and Community-Based Services Waiver for Persons with Traumatic Brain Injuries

This program is designed to provide community alternatives for brain injured individuals currently in nursing facilities or who have a potential for placement in nursing facilities both in and out of state. The client population to be served is primarily young adult and ambulatory with cognitive, behavioral and physical deficits which require supervised and supported care.

MANAGED CARE

Garden State Health Plan

The Division of Medical Assistance and Health Services established the nation's first State-operated health maintenance organization (HMO) known as the Garden State Health Plan (GSHP).

Unlike the fee-for-service system, GSHP provides each enrolled member with a Physician Case Manager (PCM) selected by the member. The PCM is available to the member on a 24-hour, seven day per week basis and is responsible for providing primary care services and managing referral, ancillary, and inpatient services. In this way, members receive continuity of care in all ambulatory and inpatient settings.

Private Managed Care

The Division is in the process of developing a mandatory managed care program for the AFDC population. The program will be phased-in beginning in January 1995. In addition, other Division clients will be allowed the opportunity to enroll in managed care on a voluntary basis. This initiative will significantly change the operation of the Medicaid program.

OTHER PROGRAMS

Statewide Respite Care Program

This casino revenue funded program provides respite care services for elderly and functionally impaired persons to relieve their unpaid caregivers of the stress arising from the responsibility of providing daily care. A secondary goal of the program is to provide the support necessary to help families avoid making nursing home placement of their loved ones.

Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program

This program provides prescription legend drugs, insulin and insulin supplies, and diabetic testing materials to eligible New Jersey residents at a copayment of \$5.00 per prescription to the beneficiary. To be eligible, New Jersey residents must either be 65 years of age or older, or be permanently and totally disabled and a recipient of Social Security Title II benefits, while having an annual income of less than \$16,171 if single and less than \$19,828 if married with the incomes of both spouses combined.

Lifeline

Lifeline consists of three programs. They are the Lifeline Credit Program, which provides a \$225.00 credit on eligible individuals' electric and gas utility bills; the Tenants Lifeline Assistance Program, which provides a \$225.00 check to eligible tenants who have the cost of electric and gas included in their rent; and the Special Utility Supplement, which provides a DMAHS supplement of up to \$18.75 in lieu of a Lifeline credit or Tenants Lifeline Assistance payment to recipients of SSI.

AIDS Drug Distribution Program (ADDP)

Funded by a federal grant issued to the Department of Health, the Division's PAAD bureau administers ADDP on behalf of the Department of Health.

In order to be eligible, an applicant must be a resident of New Jersey, currently ineligible for Medicaid or PAAD, have a letter from a physician attesting to the need for Retrovir, Pentamidine or Alpha Interferon and must have income which does not exceed \$30,000 for single individual, or \$40,000 for a two person household. For each additional person in the household up to 5, the maximum household income increases by \$10,000 increments. The program assists eligibles by paying for the costs of these drugs.

Hearing Aid Assistance to the Aged and Disabled (HAAAD) Program

This program is being administered by the Department of Human Services through the Bureau of Pharmaceutical Assistance to the Aged and Disabled in DMAHS. HAAAD provides a reimbursement of up to \$100 per year to persons who meet the age or disability, income and residency requirements of the PAAD program to offset the purchase of hearing aids. The program requires a physician's statement that the hearing aid is medically necessary, and a receipt for its purchase.

Home Care Expansion Program (HCEP)

The intent of the program is to offer home care services to elderly and disabled persons in New Jersey who are at risk of institutionalization and whose income and resources exceed the financial requirements for Medicaid and the Community Care Program for the Elderly and Disabled (CCPED). The income standards for this program are \$18,000 if single, \$21,000 if married and the resource standard is \$15,000.

KEY STATISTICS
DIVISION OF MEDICAL ASSISTANCE AND HEALTH
SERVICES

MEDICAID:

Persons enrolled as of 12/31/93= 672,000

**PHARMACEUTICAL ASSISTANCE
TO THE AGED AND DISABLED:**

Persons enrolled as pf 12/31/93= 229,400

**COMMUNITY CARE PROGRAM FOR
THE ELDERLY AND DISABLED:**

Total person served as of 12/31/93= 12,451

MODEL WAIVERS I, II AND III:

Total persons served as of 12/31/93= 612

AIDS COMMUNITY CARE ALTERNATIVES:

Total persons served as of 12/31/93= 3,821

HOME CARE EXPANSION PROGRAM:

Number of slots currently allocated= 550

Total persons on waitig list, as of
12/31/93= 535

Total persons served as of 12/31/93= 2,122

Division of Family Development

Mission

It is the mission of the Division of Family Development (DFD), to provide basic income and an opportunity for self-sufficiency for individuals and families served by the Division's programs. The Division provides leadership, direction, and supervision to those public agencies responsible for administering those programs and will plan for and develop policies to promote self-sufficiency. These programs include AFDC, General Assistance, Food Stamps, Emergency Assistance, FDP, JOBS, Child Support Enforcement, Child Care, Home Energy Assistance, Refugee Resettlement Program, and Supplemental Social Security Income Program.

In fulfilling its mission, the Division provides financial resources, information management services, administrative support for effective program operation, and will advocate for those agencies and their beneficiaries.

DFD Operating Budget FY '94		\$1,150,015,000
State	\$ 547,597,000	
Federal	\$ 602,418,000	

Organizational Structure

DFD is organized functionally, rather than by program; the offices developing policy, directing operations, maintaining system support, and overseeing fiscal issues will each have some degree of involvement in every program. The advantages of the Division's organization have included a reduced span of control for the Director, resolution of the agency's problem of fragmented responsibilities, and improved delivery of service to the county and municipal welfare agencies and clients.

Major changes suggested by a recent organizational design analysis have been implemented. They include:

- * all units responsible for the delivery of services to county and municipal welfare agencies have been consolidated into the Office of County Operations, which has been organized regionally to coincide with regional organization in Divisions of the Department of Human Services;
- * data-gathering functions are combined, with research, analysis, and planning functions in the Office of Planning and Operations Review; and

- * responsibility for the development, maintenance, and operation of all of the Division's information and data communication systems have been consolidated in the Office of Information Systems.

Overview of Major Program Responsibility

Aid to Families with Dependent Children (AFDC)

The AFDC Program, administered through County Welfare Agencies, provides financial assistance for dependent children and their natural and/or adoptive parents, or certain of their relatives recognized as taking the place of a parent. Eligibility is limited to families with gross monthly incomes (excluding AFDC payments, food stamps, and Home Energy Assistance [HEA] benefits) of less than 185% of the State's standard of need for that family size. Currently, the monthly AFDC grant amount for a family of three is \$424.

In New Jersey, there are three "segments" in the AFDC program, AFDC-C, AFDC-F, and AFDC-N. These segments are differentiated by program eligibility requirements. AFDC-C provides assistance when only one parent is in the home or both parents are in the home but one is incapacitated. AFDC-F provides assistance when both parents are in the home, neither is incapacitated, and the principal wage earner meets the federal criteria for unemployment. AFDC-N provides assistance when both parents are in the home and one parent meets the definition of underemployment. AFDC-N follows federal AFDC eligibility criteria except for certain State statutory requirements, such as different amounts of disregards applied to earned income. AFDC-C and AFDC-F are 50% federally funded and AFDC-N is 100% State funded.

Job Opportunity and Basic Skills Program (JOBS)

Pursuant to the Federal Family Support Act of 1988, the Job Opportunity and Basic Skills (JOBS) program is Federal welfare reform, administered through County Welfare Agencies, for AFDC recipients. It provides eligible families with the opportunity to become self-sufficient and economically independent through employment. Participants take part in employment directed activities (education, training, and/or job search), which are designed to help them prepare for and obtain full time employment. In addition, the program offers support services and benefits such as case management, child care, and funds to pay for transportation to and from employment-directed activities and worksites. Once a participant becomes ineligible for AFDC due to employment, the program continues to provide child care and Medicaid services for up to one year.

The Family Development Program (FDP)

The Family Development Act of 1992 is New Jersey's welfare reform of the public assistance system and builds upon the federal JOBS program, expanding services and participation requirements. The program is administered through County Welfare Agencies.

Child Care

In November 1990, the Federal Omnibus Budget Reconciliation Act of 1990 authorized two new federal programs: The Child Care and Development Block Grant (CCDBG) and the Title IV-A Child Care (ARCC) Programs.

DHS was designated as the lead state agency responsible for the development and implementation of a statewide comprehensive child care certificate/voucher system that supports the needs of eligible (low income, working or in training, needing child care) families. The program, designated "New Jersey Cares for Kids Child Care Certificate Program", is a coordinated effort between the Division of Family Development and the Division of Youth and Family Services.

Child Support Enforcement Program

The Child Support Enforcement Program was established in 1975 as Part D of Title IV of the Social Security Act. The purpose of the program is to locate non-custodial parents, establish paternity for children born out-of-wedlock, and obtain and enforce child support orders. The original legislation was primarily focused on AFDC with an emphasis on cost recovery. In 1984, with passage of the Child Support Amendments, the program was expanded to provide equal service to both AFDC and non-AFDC families.

In New Jersey, the program is State supervised and county administered. The Division of Family Development, Office of Child Support and Paternity Programs, serves as the State IV-D agency and has a cooperative agreement with the Administrative Offices of the Courts for the enforcement of child support orders. County welfare agencies are responsible for providing assistance in the location of obligers, assisting in the establishment of paternity, and obtaining court orders for child support. The county probation departments are responsible for the enforcement and collection of these orders.

Food Stamps

The Food Stamp Program is a nutritional supplement program authorized by Congress to provide low income households with more food of greater variety and better nutrition through regular channels of trade. Program eligibility is based upon a household's income, resources, and expenses for medical, shelter,

and dependent care. The program benefits are 100% federally funded and administrative costs are 50% federally funded.

General Assistance (GA) Program

The General Assistance (GA) Program, which is administered through Municipal Welfare Agencies, provides financial and medical assistance primarily to single adults 18 years or older and childless couples. GA has two monthly payment standards: \$140 per month for an individual who is considered employable; and \$210 per month for an individual considered unemployable. GA grants are 100% State funded and municipalities assume administrative costs.

GA recipients considered to be employable must participate in the General Assistance Employability Program (GAEP). GAEP provides an opportunity for the recipient to obtain unsubsidized employment, in an effort to reduce the number of persons dependent on GA. GAEP is administered jointly by the municipal welfare agencies and the Employment Service Units of the Department of Labor (DOL). The Division of Family Development provides an allocation to the DOL for support costs related to GAEP.

Emergency Assistance (EA)

Emergency Assistance, administered through County Welfare Agencies, is an extra or additional payment to AFDC and GA recipients authorized during a period of 30 consecutive days immediately following the occurrence of an emergency. An emergency is defined as a substantial loss of shelter, food, clothing, or household furnishings by fire, flood, or other similar disaster. In addition, if the eligible family is in a state of homelessness and the county welfare agency can determine that the providing of shelter and/or food and/or emergency clothing and/or minimum essential house furnishings are necessary for health and safety. Payments may also be authorized in situations of impending homelessness due to eviction or foreclosure.

Home Energy Assistance (HEA) Program

The Home Energy Assistance Program (HEA) was established by the Omnibus Budget Reconciliation Act of 1981. HEA is funded by the Federal Low Income Home Energy Assistance Block Grant for the purpose of helping low income families and individuals pay for home heating and medically necessary cooling costs. In order to be eligible for HEA benefits, a household must pay for its own heating and/or medically necessary cooling cost directly to the fuel supplier, pay its landlord according to usage, or pay a rental charge which includes such costs. In addition, the households total income must be less than or equal to 150% of the Federally defined poverty line. The HEA program can also provide emergency benefits to those households facing the danger of being without heat.

Emergency benefits are available for the purchase of fuel, furnace repair, and temporary, emergency rehousing in heating related situations.

Supplemental Security Income (SSI) Program

The Social Security Administration administers the Supplemental Security Income (SSI) Program under which persons age 65 years and older or who are blind or disabled (including children), receive maintenance payments from that agency and supportive services and payment for burial through the county welfare agencies. For those individuals residing in the community who are eligible for the federal program, a state and county supplement is provided in order to increase the net countable income up to the State standard for the respective living arrangement. In addition, there can be instances of persons residing in Title XIX (Nursing Home) facilities who receive a \$35 personal need allowance.

Refugee Resettlement Program (RRP)

The Refugee Resettle Program (RRP) provides cash and medical assistance to individuals who fled from and cannot return to their place of national origin because of fear of persecution due to race, religion, or political opinion. All refugee cases, including GA-type, are administered by the county welfare agencies for the 24 month period of possible eligibility. All refugee cases are 100% federally funded.

Average monthly recipients-	40
Fiscal year 1993	
Expenditures-	\$3,362,418

Average monthly recipients-	29,142
Fiscal year 1993	
Expenditures-	\$68,360,000

Fiscal year 1993	
Expenditures-	\$424,935,813

Employment directed activities	76,866
Participation rate	14.41%
Employed that month	972
Working post AFDC child care	1,194

KEY STATISTICS

DIVISION OF FAMILY DEVELOPMENT

AFDC:

Average monthly cases=	128,750
Average monthly recipients=	363,370
State fiscal year 1993 expenditures=	\$477,867,438

FOOD STAMPS:

Average monthly households=	215,176
State fiscal year 1993 expenditures=	\$38,006,419

GENERAL ASSISTANCE MAINTENANCE:

Average monthly recipients=	35,123
State fiscal year 1993 expenditures=	\$170,789,053

GENERAL ASSISTANCE HOSPITALIZATION:

Average monthly recipients=	40
State fiscal year 1993 expenditures=	\$3,362,448

EMERGENCY ASSISTANCE:

Average monthly recipients=	29,142
State fiscal year 1993 expenditures=	\$66,360,000

CHILD SUPPORT AND PATERNITY:

State fiscal year 1993 collections=	\$424,935,813
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FDP/JOBS-AS OF JUNE, 1993:

In various employment directed activities	16,866
Federal participation rate	14.41%
Employed that month	972
Receiving post AFDC child care	1,194

Division of the Deaf and Hard of Hearing

Mission

The Division of the Deaf and Hard of Hearing (DDHH), as mandated by enabling legislation, acts as an advocate for New Jersey's Deaf and hard of hearing population by promoting increased accessibility to programs, services, and information routinely available to the State's general population. The accessibility emphasis was originally directed toward employment and vocational training opportunities, however, the needs of the Deaf population have necessitated the Division's involvement in social, legal, medical, education, and recreational areas.

DDHH Operating Budget FY '94 \$ 400,000

State \$ 400,000

Organizational Structure

DDHH has six full time budgeted positions. The Division Director oversees all aspects of program management and is the link to the Deaf and hard of hearing communities. The executive assistant acts as the internal manager and as such is the liaison to central office administration. Two coordinators of the Interpreter Referral Service respond to the requests for sign language interpreters from government and private entities. The principal clerk typist edits the Monthly Communicator newsletter while the secretarial assistant handles the majority of the correspondence, typing and related duties.

Overview of Major Program Responsibility

The New Jersey Division of the Deaf and Hard of Hearing was established in 1977 with passage of Public Law 1977, Chapter 166 and began operations on May 15, 1978 as a division within the Department of Labor. On April 28, 1989 the Division was transferred by Executive Order to the Department of Human Services. The following are the major areas of program responsibility.

A. Information and Referral

The Division is the primary contact agency in New Jersey for information and referral on topics relating to hearing loss and hearing impairments. In this role, Division staff responded to approximately 3,000 requests (telephone and written) for information related to hearing loss during FY 1993.

In addition, the Division publishes the Monthly Communicator newsletter, which is mailed to more than 4,000 Deaf and hard of hearing individuals and professionals serving Deaf people. The newsletter is a major source of information for the Deaf and hard of hearing community and includes cultural, social, education and employment activities.

B. Interpreter Referral Service

The Division houses New Jersey's primary sign language interpreter referral service. Sign language interpreters facilitate communications between Deaf people and those who are not familiar with American Sign Language. Requests for sign language interpreters are received by the Coordinators of Interpreter Referral Service (IRS). The coordinators contact individual vendor interpreters listed with the DDHH to determine their availability for the particular day and time requested. The coordinators will then contact the requester to confirm the availability of the interpreter. Due to a greater general awareness of the communication assistance required by Deaf people and the shortage of qualified sign language interpreters, the workload has increased significantly. The IRS has handled more than 3,800 requests during the last fiscal year.

The Division also screens candidates who want to become "qualified" sign language interpreters on its referral list. To qualify, candidates must pass a unique examination during which they must demonstrate their abilities. Presentation of a current Registry of Interpreters for the Deaf (RID) certificate may also entitle one to be placed on the referral list in lieu of the screening.

C. TDD Distribution Program For the Indigent Deaf

In FY '94, for the second consecutive year, the Division has distributed free Telecommunication Devices for the Deaf (TDDs) to qualified indigent Deaf and hard of hearing New Jersey residents. A TDD is a device which enables people who have hearing loss to communicate with hearing people via telephone lines. The program has given Deaf and hard of hearing people access to any telephone number in the world now that the New Jersey Relay Service is in operation. Consequently, they have had a greater opportunity to seek employment and become more independent.

D. Other Programs

The Division also conducts many workshops and town meetings related to subjects important to Deaf individuals, publishes a NJ Business and Agency TTY Directory, and advocates for its constituents in helping assure that there is access as per the Americans with Disabilities Act (ADA) to public and private services.

COMMUNITY REFERRAL SERVICES

Total number of requests received 3,824

INFORMATION AND REFERRAL

Total number of requests received 2,781

TRANSITION PROGRAM FOR THE INCIDENT DEAF

Total number distributed in FYs 93 & 94 495

NEWSLETTER

There are more than 4,000 subscribers to the Monthly Communicator

ANNUAL DEAF AND HARD OF HEARING AWARENESS DAY

Attended by over 7,000 people

ALL STATISTICS ARE FOR STATE FISCAL YEAR 1993

Commission for the Blind and Visually Impaired

KEY STATISTICS

DIVISION OF THE DEAF AND HARD OF HEARING

The mission of the Commission for the Blind and Visually Impaired (CBVI) is to assist persons with vision problems to reach their potential and to ensure the quality provision of services throughout the State.

INTERPRETER REFERRAL SERVICES:

Total number of requests received= 3,824

INFORMATION AND REFERRAL:

Total number of requests received= 2,781

TDD DISTRIBUTION PROGRAM FOR THE INDIGENT DEAF:

Total number distributed in
FYs 93 & 94= 495

NEWSLETTER:

There are more than 4,000
subscribers to the Monthly
Communicator

ANNUAL DEAF AND HARD OF HEARING AWARENESS DAY:

Attended by over 7,000 people

* ALL STATISTICS ARE FOR STATE FISCAL YEAR 1993

The New Jersey Commission for the Blind and Visually Impaired is headquartered at 155 Halsey Street, Newark. Its central administration includes the office of the Executive Director, the Deputy Executive Director, Fiscal and Management Operations and the Chief of Field Operations. All personnel, policy, information systems, public information, the Rehabilitation Advisory Council, Board of Trustees and fiscal matters are part of central administration.

NJ Commission for the Blind and Visually Impaired

Mission

The mission of the Commission for the Blind and Visually Impaired (CBVI) is to promote eye health and to assist individuals with vision problems to reach their potential by whatever means possible and to support the quality provision of services throughout every component of the organization.

The Commission recognizes two major thrusts in carrying out this mission, which are (1) working with the community in regard to education and attitudes concerning visual impairment, and (2) providing client services to persons with vision problems.

CBVI seeks to provide or ensure access to services which will enable clients to obtain their fullest measure of self-reliance, and improved quality of life. It seeks to assure them treatment as individuals with dignity and worth who are fully integrated into their community.

To achieve this mission, the Commission has established the following goals for itself and for the New Jersey community serving the blind and visually impaired.

Prevention Goal: Because 50% of all blindness and loss of vision can be prevented or minimized, the Commission will use its resources to maximize, coordinate and increase efforts to conduct programs of education and detection to prevent blindness, to retain or restore vision, and to increase public awareness of the causes and treatment of vision loss.

Independent Living Goal: To provide the opportunity to persons who are blind or visually impaired to achieve their maximum level of independence and productive functioning in the most appropriate, least restrictive setting.

Organizational Structure

The New Jersey Commission for the Blind and Visually Impaired is headquartered at 153 Halsey Street, Newark. Its central administration includes the office of the Executive Director, the Deputy Executive Director, Fiscal and Management Operations and the Chief of Field Operations. All personnel, policy, information systems, public information, the Rehabilitation Advisory Council, Board of Trustees and fiscal matters are part of central administration.

Overview of Major Program Responsibility

Most of the Commission's services are provided on a one-to-one basis to or on behalf of individual clients, by itinerant staff, at the client's residence, school or place of employment. Program information as follows:

EDUCATIONAL SERVICES: CBVI provides educational services from birth through high school years to eligible children and their families. These services are designed to allow students who are visually impaired to participate equally with other students in regular classroom activities.

Services include: Institutional and day training center programs; services to deaf-blind children; residential and special placement programs; counseling and training for families of infants and preschool children; tutoring in special areas; instruction in independent travel and daily living skills; reader services; summer camp for children and teenagers; assistance with adaptive equipment; special books, materials and technical aids from CBVI's Meyer Instructional Resource Center; vision restoration and/or enhancement of the use of remaining vision.

VOCATIONAL REHABILITATION: This program helps persons who are blind or visually impaired develop, acquire or update skills that will assist in securing and maintaining suitable employment. This may include working in the competitive labor force, operating their own business, supportive employment, or managing their own home.

Services include: Vocational evaluation, counseling, guidance and training; job placement; post-employment services; college counseling/support; vending facility and business enterprise programs; marketing of home-crafted products; high school transitional services; special services for multi-handicapped persons; and training at the Joseph Kohn Rehabilitation Center in New Brunswick.

INDEPENDENT LIVING: This program enables persons who are blind or visually impaired to lead a full and productive life and to assist them in adjusting to their vision loss.

Services include: Social casework; in home instruction in daily living skills; instruction for independent travel and orientation to the home community, work or school environment; child care training; instruction in communication methods; referral to community resources; and training at the Joseph Kohn Rehabilitation Center in New Brunswick.

PREVENTION OF BLINDNESS AND EYE HEALTH SERVICES: The goal of this program is to save sight and restore vision whenever it is medically possible. Statistics show that 50% of all blindness and vision loss could have been prevented with proper medical eye care. CBVI conducts and sponsors a variety

of educational programs and eye health screening throughout the State to detect vision problems.

Services include: mobile eye examination units; vision screening for preschool and school-age children; eye health nursing; on-site screening at institutions and in communities on invitation; special diabetic outreach program; and other specialized eye screening programs which target historically underserved populations (i.e. minorities, the elderly, migrant farm workers, etc.)

ADDITIONAL SERVICES: CBVI consumers can request any of the following services through their primary caseworker or by calling the toll free information and referral line (800-962-1233): Theater passes; handicapped parking placards; income tax certification letters; Div. of Motor Vehicles identification card; self-help peer groups; community companions or volunteers; referral to community based programs and services; reduce fare applications for public transportation; low and high technical aids and appliances; complaint resolution; and consumer advocacy.

KEY STATISTICS COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED

TOTAL NUMBER OF CLIENTS RECEIVING:

Education services=	2,476
Vocational rehabilitation services=	2,663
Placement into paid employment=	450**
Services by the Joseph Kohn Rehabilitation Center=	144
Independent living services=	3,816
(Uninsured clients) medical casework for treatment of eye conditions=	1,928

VENDING FACILITIES PROGRAM:

Number of vendors=	71
Gross sales of all facilities=	6.9 million

EYE SCREENING SERVICES:

DJS Operated	Number of persons receiving screening=	23,929
State	Individuals found to have previously undetected eye problems=	2,255
Federal		

INFORMATION AND REFERRAL REQUESTS:

Handled by toll-free line=	10,119
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* ALL STATISTICS ARE FOR STATE FISCAL YEAR 1993

** THIS STATISTIC IS FOR FEDERAL FISCAL YEAR 1993 (10/1/92-9/30/93)

Division of Juvenile Services

Mission

The mission of the Division of Juvenile Services (DJS) is to provide services to young people involved with the family courts in order to prevent their further involvement with the criminal justice system. The Division seeks to rehabilitate adjudicated juveniles through a variety of strategies that serve as alternatives to incarceration. These include: residential and day programs with a variety of treatment modalities; assessment and therapy; educational evaluation, counseling and programming; vocational training and counseling; and aftercare services. Additionally, DJS is obligated by statute to oversee conditions and treatment of juveniles in county detention facilities and municipal lockups.

DJS also promotes local involvement in planning of services for adjudicated juveniles. Programs that involve the family, local institutions, and local communities have the best chance of preventing delinquency and retarding criminal activity once it has started. Local needs often differ and local approaches are often more effective and less costly than state-delivered services. The Department supports local efforts through Youth Services Commissions, Human Services Advisory Councils, and other advisory and planning bodies.

Budget

DJS Operating Budget FY '94	\$24,740,000
State	\$23,444,000
Federal	\$ 1,296,000

Overview of Major Program Responsibility

The Division of Juvenile Services is the newest Division in the DHS. By Executive Order effective July 1, 1993, the Division was transferred from the Department of Corrections to the Department of Human Services. The transfer was undertaken as the result of recommendations by the Cabinet Action Group on Juvenile Justice, which spent two years researching, collecting public input and developing policy in the area of juvenile justice. Cabinet members from eight departments and the Director of the Administrative Office of the Courts participated as well as the Governor's Office.

The reorganization was done to better address New Jersey's need for an effective juvenile justice system. The goal was to better protect the community both now and in the future by providing quality rehabilitative programs for appropriate youth while keeping those young people who pose a threat to their community in secure settings.

KEY STATISTICS:

Housing this Division in DHS, where the majority of services for youth and families are located, enables the better coordination and delivery of services (including elimination of duplication and the consolidation of services) and the provision of services to meet the health, mental health and educational needs of youth at risk. It also better positions the Division to aggressively pursue federal and foundation funding. Additionally, it provides the DJS with support services to improve facility standards, contracting capacity and staff training.

Under the reorganization, two secure facilities, the Training School for Boys at Jamesburg and the Juvenile Medium Security Unit at Bordentown, remain with the Department of Corrections. In order to assure public safety and the best possible outcomes for juveniles, the Department has established a close working relationship with the Department of Corrections.

The Reorganization Act additionally calls for a report to the Governor and the Legislature within fifteen months of the effective date on the status of the implementation and additional needs of the juvenile justice system. In order to assure public input on the transfer, DHS has established an Advisory Task Force on Juvenile Justice which will work closely with the Department on the development of goals and objectives and future initiatives within the Division. This task force is chaired by the Commissioner of the Department of Human Services.

Youth currently served by DJS include:

- a. Youth committed by the court for placement in a training school for classification and placement in a community based program;
- b. Youth on probation who are accepted by the Division for placement in a residential or day placement program; and
- c. Youth who may or may not be on probation but are referred by DHS and accepted for a specific jointly funded program.

KEY STATISTICS - DIVISION OF JUVENILE SERVICES

***AVERAGE POPULATION COUNTS FROM 7/1/93 TO 12/31/93
NUMBER OF DJS PROGRAMS BY CATEGORY:**

	Residential	Day	Total
DJS Operated Programs	20	14	34
P.O.S. Contract Programs	4	2	6
County Based Alternative	2	7	9
Total	26	23	49

POPULATION COUNTS FOR DJS PROGRAMS:

	Residential	Day	Total
DJS Operated Programs	363	181	544
P.O.S. Contract Programs	65	35	100
County Based Alternative	7	83	90
Total	435	299	734

* July 1, 1993 represents the date the Division was transferred to DHS.

****CLIENT DEMOGRAPHIC BREAKDOWN FOR JANUARY 25, 1994**

Ethnicity	Males	Females	Total
African-American	387	49	436
Asian	65	35	100
Hispanic	108	6	114
Caucasian	57	1	58
Total	553	56	609
Average Age	16	16	16

****Please note that this breakdown doesn't include counts for County Based Alternative Programs**

Office of Education

Mission

The State Facilities Education Act (N.J.S.A. 18A:7B), implemented on July 1, 1980, established the Office of Education (OOE) in the Department of Human Services for the purpose of assuring a thorough and efficient education for children within State facilities.

Organizational Structure

OOE is divided into three major components: A) the administrative component, which is responsible for fiscal resources, personnel services, certification of professional staff, and contracts for educational services and programs for all DHS' divisions serving school-age clients; B) program development for facilities operated by the Divisions of Youth and Family Services, Mental Health and Hospitals and Juvenile Services; and C) Program Development for Day Training Centers and facilities operated by the Division of Developmental Disabilities.

The administrative component is headed by the Deputy Director and the program development components by two Assistant Directors, all of whom report to the Director. Twelve units, consisting of direct services staff, report to the Deputy and Assistant Directors as assigned.

Budget Overview

Fiscal Year 1994 SFEA Budget

	<u>ALLOCATION</u>
DDD Residential	\$ 1,981,963
Day Training	\$20,640,879
DYFS	\$ 1,344,181
DMHH	\$ 1,526,773
DJS	\$ 7,953,045
OOE	\$13,072,622
TOTAL	\$46,519,463

Major Program Responsibility

The primary purpose of the OOE is to provide educational programs to pupils ages 0 through 21 in DHS' State-operated and State-contracted facilities. These programs have been developed to complement the primary mission of the implementing agencies and provide educational opportunities that meet the identified needs of the pupils placed in State facilities. These programs are delivered through traditional or alternative learning experiences and are provided in accordance with Department of Education regulations.

The Office has specific responsibility to:

Assure compliance with Federal laws and State education regulations for all programs serving pupils with educational disabilities;

Supervise education programs and assure appropriately certified staff;

Administer the expenditure of State and Federal education funds;

Manage \$46,000,000 in SFEA funds and an additional \$3,000, 000 in Federal education grant funds utilized by the DHS;

Assure the proper certification of 400 professional education staff within the DHS and review all personnel actions regarding over 1,000 educational positions within the DHS.

Assure the provision of educational services to any pupil placed in DHS' facility who does not have an identified district of residence (determined to be "state responsible" by the Department of Education);

Develop traditional and functional curriculum for all academic domains and develop, implement and evaluate grant funded educational programs involving basic skills, vocational education and library services;

Coordinate the mandated (PL. 1986, Chapter 32) planning and referral process for pupils with disabilities who will require educational services after they attain age of 21;

Administration of the High School Proficiency Test to eligible pupils;

Develop and implement educational programs for adult pupils;

Provide child study team services in accordance with N.J.A.C. 6:28;

Provide technical expertise for computer assisted education modules;

Evaluate school supervisors and educational staff;

Develop Chapter 1 funded services for DYFS Day Care Centers;

Provide itinerant technical support for related services (i.e., nursing, physical therapy, occupational therapy and speech therapy) to all DHS facilities;

Initiate the Request for Proposal process for the delivery of related services in Day Training Centers;

Develop, implement, and evaluate grant funded educational programs involving services for pupils with multiple sensory disabilities (P.L. 94-142 Section 622, Part C, Title VI);

Participate on the Interdepartmental Committee (along with the Departments of Health and Education) which facilitates major activities related to the planning, development and implementation components of P.L. 99-457 and other issues related to the provision of early intervention services, for eligible children ages birth through two years;

Develop and implement admission criteria, transportation, food service and building maintenance procedures necessary to assume operation of Day Training Centers.

State Contract Programs	404
TOTAL	501

PROVIDES EDUCATION RELATED SERVICES TO STUDENTS IN THE FOLLOWING AREAS:

Adaptive technology services=	194
Child study services=	1419
Remedial/supplemental services=	699

PROVIDES EDUCATION PROGRAMS AND SERVICES THROUGHOUT:

State-operated centers=	74
State contracted centers=	35

ALL STATISTICS ARE AS OF OCTOBER 15, 1993 UNLESS OTHERWISE NOTED

KEY STATISTICS*
OFFICE OF EDUCATION

FUNDS: Administers \$44,741,543 in State Facilities Education Act (SFEA) funds in state fiscal year 1994 and 3,621,515 funds in federal year 1994

NUMBER OF PERSONS SERVICED BY GENERAL PROGRAM CATEGORIES

DYFS Residential Facilities=	89
DMH&H Residential & Community Facilities=	74
Division of Juvenile Services=	663
DYFS Day Care Centers=	938
DDD Residential Facilities=	91
Day Training Centers=	899
Commission for the Blind Adult Services=	966
State Responsible Pupils	829
State Contract Programs	98
	404
TOTAL	5051

PROVIDES EDUCATION RELATED SERVICES TO STUDENTS IN THE FOLLOWING AREAS:

Adaptive technology services=	194
Child study services=	1419
Remedial/supplemental services=	899

PROVIDES EDUCATION PROGRAMS AND SERVICES THROUGHOUT:

State-operated centers=	74
State contracted centers=	35

* ALL STATISTICS ARE AS OF OCTOBER 15, 1993, UNLESS OTHERWISE NOTED

D

Department of Health and Human Services

The Department of Health and Human Services is pleased to announce the release of the 1994 Budget. This budget is a landmark document that reflects the Department's commitment to providing the highest quality health care services to all Americans. It is a budget that is both ambitious and realistic, and it is a budget that is based on the principles of transparency and accountability.

The 1994 Budget is a comprehensive document that covers all aspects of the Department's operations. It includes information on the Department's overall budget, as well as detailed information on the budgets for each of the Department's major programs. This information is available in a format that is easy to understand and use.

The 1994 Budget is a landmark document that reflects the Department's commitment to providing the highest quality health care services to all Americans. It is a budget that is both ambitious and realistic, and it is a budget that is based on the principles of transparency and accountability. The Department's commitment to transparency and accountability is a key element of its mission, and it is a commitment that we are proud to uphold.

The Open Budget Process

The Open Budget Process

The Open Budget Process

The Open Budget Process is a key element of the Department's commitment to transparency and accountability. It is a process that allows the public to see how the Department's money is being spent, and it is a process that allows the public to provide input on the Department's budget. The Open Budget Process is a process that is based on the principles of transparency and accountability, and it is a process that is designed to ensure that the Department's budget is both ambitious and realistic.

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Introduction to the Budget of the Department of Human Services

The Department of Human Services FY '94 Appropriation for operating funds is \$7,104,091,000 (gross funding) or \$3,939,248,000 in state funds. This section contains details of this appropriation by expenditure category and fund source. The figures show an increase of \$768,572,000 (gross) from the FY '93 adjusted appropriation, requiring \$333,452,000 in additional state funds. Also, this section provides information which shows where the major growth occurred in FY '94.

The Department of Human Services operates a year round multi pronged budget approach which culminates with the presentation of the Executive Recommendation in January, Legislative deliberations through June, and a new Appropriations Act by June 30 of each year.

Three separate DHS processes are provided to ensure that all Human Service constituents and staff have reasonable input in setting the Department's priorities. It is ultimately the Commissioner who examines the results of these processes and directs the decisions which are represented as the Department's request in the Executive Recommendation. The three processes are:

- The Open Budget Process
- The Current Services Budget
- The Capital Budget

The Open Budget Process is supervised by the Office of the Assistant Commissioner for Public Affairs. It begins in July and actively runs through November. This process offers regional, constituent, and advocacy groups individualized presentations by the Commissioner and DHS senior staff to inform them of potential policy directions and implications. The Open Budget Process actively seeks written and verbal comments on DHS policy and specific initiatives which groups and individuals feel should be considered as priorities in the future budget. The Department of Human Services is the only Department of New Jersey State Government to invite those who use and provide our services to participate in priority setting at this level.

The Current Services Budget is supervised and prepared by the DHS Office of Budget Planning. This planning group determines the amount and allocation of all (federal and state) resources in the budget, prepares and coordinates the preparation of all technical evaluation data for the DHS budget, and acts as the initial negotiator of all Departmental non capital requests. The results of the Open Budget Process are incorporated into the DHS budget by the Office of Budget Planning. Preparation of the Commissioner's Legislative Hearings

Briefing Book is coordinated by this office. (This group is also responsible for the submission of quarterly spending plan monitoring reports to the Executive and the Legislative bodies.)

The Capital Budget is prepared by the Office of Operations Support. This Office assimilates, coordinates and prepares the request for future needs for new and replacement capital items across the Department. It negotiates with the Executive branch in a process which parallels the operating budget. However, the result of these two processes are joined by OMB in the Executive Recommendation.

DHS Current Service Budget requirements represent the Department's estimate of the cost of maintaining current program operations in the coming fiscal year. These are based on program recommendations made by the division directors. Gross funding requirements are first determined. Then, once a decision is made to include a recommendation into the Departmental request, adjustments are made for the availability of nonstate funds, fees and/or copayments. Restricted grants, revenues appropriated to the General Fund, and language changes are then included.

Several of the more significant critical factors which shape the development of DHS current service needs are identified below. These areas are heavily interrelated and they are evaluated repeatedly throughout the budget process.

- **Institutional program costs**

Several successful depopulation efforts over the past decade have significantly reduced the institutional population. While allowing the movement of the more capable clients to alternative residential programs, those clients now placed in the institutions generally are more involved and require more intensive coverage. Appropriate staffing is both critical and costly in these facilities. Institutional programs are reviewed by certification agencies regularly, and as a result of accreditation generate over \$217 million annually in offsetting federal revenues. The FY '94 institutional budget is \$418 million.

- **Entitlement programs**

Programs administered by DFD and the DMA and HS are generally regarded as the primary economic and service entitlement programs under DHS. These programs account for almost 65% of all DHS services and costs. Regarded as "drivers" of the DHS budget, estimates are updated monthly based upon anticipated client growth and utilization projections. Historic cost data is also reviewed to ensure the highest possible confidence in budget calculations. Many of the areas identified below are examined in detail in this regard.

- **Service and Client trends in community programs**

Community programs are generally viewed as the less costly, least restrictive environment for clients in all divisions. DHS administers an extensive community network of contracted services budgeted at \$979 million. In 1982 these contracts were valued at \$230 million. Some community programs generate extensive federal, client/guardian, or county/municipal revenue.

- **Type, location and availability of services offered to clients**

The cost of many services is determined by the availability of an appropriate service within a reasonable geographic area. In many cases evaluation teams will deem it necessary to seek a more expensive treatment privately or in an out of state setting to provide the most appropriate services.

Additionally, persons seeking services from the Department are generally those most in need, whether children and families requiring support, or persons with disabilities. Many such non entitlement DHS services are now provided via community contracts, thus failure to accurately assess and obtain the necessary funding for a lower cost avoidance alternative generally results in a higher cost or less appropriate service being provided. Some examples of cost avoidance alternative services are the Garden State Health Plan, School Based Youth Services, Youth Incentive Program. Several divisions also maintain large waiting lists for services should funding become available.

- **Size and category of eligibility groups**

Especially in entitlement programs such as those administered by DMAHS and DFD, changes in demographics and population service demands impact budgetary forecasts. Changes in eligibility status generally affect the size of the population expected to request a service.

- **Cost of services most frequently used by clients**

Changes in the types of services demanded or deemed most effective also can dramatically alter cost projections. The more intensive needs of the medically frail and AIDS clients highlight this variable.

- **Effect of State and Federal legislation and regulations**

Changes in these areas have a significant effect on the State budget. Many federal changes lean toward restricting or eliminating fund source flexibility. Mandated expansions to new populations are also problematic. The cost of various expansions to new groups of eligibles for Medicaid

programs since 1989 is estimated at over \$200 million (state). Programs such as JOBS/FDP, designed to provide permanent employment at the completion of the program, also tend to require additional resources to avoid the problem of ongoing welfare dependency.

- **Personnel costs**

Currently the Department has less than 20,000 employees, and a payroll of \$717 million (10/93). 13,300 employees operate and provide care in institutional programs, 24 hours a day. There are approximately 9,000 clients in 15 institutions.

The balance of employees operate community day and residential alternative programs, and provide case management and supervision or administration for all programs including programs administered by the Division of Medical Assistance and Health Services, Division of Family Development, Division of Youth and Family Services, Division of Developmental Disabilities, Division of Mental Health and Hospitals, Commission for the Blind and Visually Impaired, Division of the Deaf and Hard of Hearing, the Division of Juvenile Services and the Office of Education.

- **Other operating costs**

Generally, those services administered directly by the divisions require an appropriate level of support to carry out necessary case management, medical, rehabilitation, etc. care. DHS must also meet many other standards and demands, such as environmental compliance, and supporting interdepartmental accounts. Maintenance of staff and client adaptive equipment including EDP hardware continue to require more support than ever.

- **Changes in resource availability.**

Changes in non-state revenue seem to occur more often at the Federal level. These may be driven by changes in the population of the State which affects the allocation of Social Service Block Grant, or come in the form of new regulations which close avenues of flexibility to use a revenue stream for a particular purpose. DHS aggressively pursues all avenues of reasonable chance for obtaining new revenue streams. The FY '94 budget alone relied on over \$440 million in new revenue which DHS has received or is actively pursuing.

DEPARTMENT OF HUMAN SERVICES

FY 94 APPROPRIATION ACT
ALL FUNDS
(\$000)

	<u>Salary</u>	<u>Non-Salary</u>	<u>Special Purpose</u>	<u>Grants</u>	<u>State Aid</u>	<u>Equipment</u>	<u>Total</u>
Mental Health and Hospitals	186,950	33,922	1,047	142,185	88,816	2,541	455,461
Developmental Disabilities	310,130	53,196	2,266	280,135	0	3,343	649,070
Commission for the Blind	9,240	1,977	0	7,934	0	396	19,547
Youth and Family Services	107,503	24,606	578	293,299	0	1,616	427,602
Family Development	18,138	15,045	66,069	293,215	757,527	21	1,150,015
Medical Assistance	34,138	12,749	30,535	4,244,524	0	664	4,322,610
Deaf and Hard of Hearing	222	86	39	52	0	1	400
Juvenile Community Services	16,348	2,716	4,252	1,400	0	24	24,740
Management and Budget	<u>9,301</u>	<u>14,399</u>	<u>15,390</u>	<u>15,500</u>	<u>0</u>	<u>56</u>	<u>54,646</u>
	691,970	158,696	120,176	5,278,244	846,343	8,662	7,104,091

DEPARTMENT OF HUMAN SERVICES

FY 94 APPROPRIATION ACT
ALL FUNDS
(\$000)

	<u>State</u>	<u>Casino</u>	<u>State Aid</u>	<u>Federal</u>	<u>Other</u>	<u>Total</u>
Mental Health and Hospitals	352,890	0	88,816	11,681	2,074	455,461
Developmental Disabilities	377,201	24,521	0	222,909	24,439	649,070
Commission for the Blind	10,319	0	0	9,228	0	19,547
Youth and Family Services	285,994	5,152	0	130,233	6,223	427,602
Family Development	70,180	0	477,417	602,418	0	1,150,015
Medical Assistance	1,990,400	218,813	0	2,113,397	0	4,322,610
Deaf and Hard of Hearing	400	0	0	0	0	400
Juvenile Community Services	16,328	0	0	1,296	7,116	24,740
Management and Budget	<u>20,817</u>	<u>0</u>	<u>0</u>	<u>25,568</u>	<u>8,261</u>	<u>54,646</u>
	3,124,529	248,486	566,233	3,116,730	48,113	7,104,091

DEPARTMENT OF HUMAN SERVICES

FY 1994 APPROPRIATION

(\$000)

FY 93 Adjusted State Appropriation **\$3,605,796**

Changes from the FY93 Appropriation

Medicaid Payments **\$279,503**

Community Provider Payments **45,916**

County and Municipal Aid **7,544**

Administration and Direct Operations **489**

Total FY 94 **\$3,939,248**

Total Change **\$333,452**

94014028

Federal Funding

The Department receives over \$3.1 billion in federal funds from over 50 different fund or grant sources.

Federal Funds are appropriated by the NJ Legislature as a means of controlling the size and policy direction of programs. However, the Legislature cannot unilaterally change the intended purpose of federal or other dedicated funds, except as noted below.

Federal funds come in two basic forms:

1. as a full or partial reimbursement for an expenditure the State is making. For example, the intermediate care facility for the mentally retarded program (ICF/MR) in the Title XIX funding source is a reimbursement of expenditures made by the State. There is no arbitrary limit on how much funding is available.
2. as a general purpose block grant or a specifically dedicated grant. For example, the Alcohol, Drug Abuse and Mental Health Block Grant, which supports MH community programs, specifically limits the amount of money that is available, regardless of what the State spends.

As a budget practice, New Jersey sometimes treats the budgeted allocation of Federal money differently from the way it is earned from the federal government. In some cases, New Jersey redirected the money to the General Treasury. In other cases, it allocates it to the Department for specific purposes. Please reference Page A-8, A-14, A-15, attached, of the FY 94 Appropriation Handbook for a listing of funds appropriated to either DHS or to the General Fund.(information follows this section)

- For instance, Developmental Disabilities earns approximately \$155 million in the DDD Developmental Centers. Of this amount, \$110 million is spent in the institutions, and approximately \$45 million is redirected to community programs.
- This occurs because of a cost audit and rate setting process that will prove to the federal government that we spend \$310 million on DDD clients in federally approved ICF/MR beds.

- If DHS rates are set too high and we claim too much money from the federal government, New Jersey must repay them with State dollars. This would happen after the close of the fiscal year.
- If our rates are too low - or if we can prove that the federal government owes us money for other reasons - the federal government must pay the State. This also happens after the close of the year and, since the State has already incurred the cost, produces a one-time source of funds.
- This latter situation was used in FY 1992 to create the \$22.4 Bridge Fund. The Bridge Fund consists of:
 1. \$16.5in adjustment to prior year claims
 2. \$ 4.4in adjustments to prior year rates
 3. \$ 1.5in adjustments to the number of people claimed in the current year

\$22.4 million
- The State has several options on using these funds, including using them as revenue to the General Treasury or dedicating them to specific programs. If the program is short term in nature, such as a construction project, there is no long term costs.
- If the program is long term, the State must be willing to commit State funds to replace the one-time federal money.
- For the FY 92 Bridge Fund initiative, the savings realized in the DMH institutional Budgets have been transferred to community programs to replace the one-time federal money.

Each of the available Federal fund sources has some specific requirements or unique characteristic that must be reviewed and analyzed as part of the DHS Trend and Data Analysis function identified in the Budget Development Process chart.

Examples of Interrelationships:

Program planning decisions can have a variety of different impacts depending on which federal fund sources are available and what budget allocation decisions are made.

Federal Regulations, Federal and State Court Decisions, and client growth and utilization pattern can affect the amount of federal funds that flow to the State.

Union negotiated Salary schedules can affect federal reimbursement.

Overview of Federal Revenue Sources

TITLE IV-A -- AID TO FAMILIES WITH DEPENDENT CHILDREN

Provides aid to families with dependent children; temporary emergency assistance to families with children; emergency welfare preparedness; aid to the aged, blind, permanently and totally disabled; administration of these welfare programs; and to monitor performance.

TITLE IV-B -- CHILD WELFARE

Establishes, extends, and strengthen child welfare services provided by State and local public welfare agencies in order to enable children to remain in their own homes, or, where that is impossible, to provide alternate permanent homes for them.

TITLE IV-D -- CHILD SUPPORT AND PATERNITY

To enforce the support obligations owed by absent parents to their children, locate absent parents, establish paternity, and obtain child and spousal support.

TITLE IV-E -- FOSTER CARE

To provide Federal Financial Participation (FFP) in assistance on behalf of eligible children needing care away from their families (in foster care) who are in the placement and care of the State agency administering the program and to provide FFP in the cost of proper and efficient administrative and training costs.

TITLE IV-F -- JOB OPPORTUNITIES AND BASIC SKILLS TRAINING PROGRAM

To assure that needy families with children obtain the education, training, and employment that will help them avoid long-term welfare dependence.

TITLE XIX -- MEDICAL ASSISTANCE, ICF/MR, COMMUNITY CARE WAIVER

To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients and, in certain States, on behalf of other medically needy, who, except for income and resources, would be eligible for cash assistance.

MEDICARE PART B

To provide medical insurance protection for covered services to persons age 65 and over, to certain disabled persons and to individuals with chronic renal disease who elect this coverage.

TITLE XIX -- DISPROPORTIONATE SHARE

Provides reimbursement for the costs of unreimbursed indigent services for clients in acute care hospitals, state psychiatric hospitals, and county psychiatric hospitals.

SOCIAL SERVICES BLOCK GRANT

This block grant will provide funds to States to help those with special needs to achieve and maintain a greater degree of economic self-sufficiency, and to prevent neglect, abuse or exploitation of children and adults who are unable to protect their own interests. Its services may be particularly directed to the special needs of children, the aged, the mentally retarded, the blind, the emotionally disturbed, the handicapped, alcoholics and drug addicts.

LOW INCOME ENERGY ASSISTANCE

This block grant provides funds to states to help eligible low-income people meet the costs of home energy and, at a state's option, to provide low-cost residential weatherization or other energy-related home repairs for low-income households.

RESPIRE CARE FOR THE ELDERLY

Funds are provided by Health Care Financing Administration for programs and focusing on analyses, experiments, demonstrations and pilot projects that provide information useful for the administration of the Medicare and Medicaid programs.

REFUGEE AND ENTRANT ASSISTANCE

To help refugees, including Cuban and Haitian entrants, resettle throughout the country, by funding maintenance and medical assistance, social services and targeted assistance for needy refugees and Cuban and Haitian entrants through designated State agencies. State agencies may purchase training and services from other providers.

FOOD STAMP PROGRAM

To improve diets of low-income households by increasing their food purchasing power.

DEVELOPMENTAL DISABILITIES

To assist States in the provision of comprehensive services to assure that developmentally disabled persons receive services necessary to enable them to achieve their maximum potential through a comprehensive system of services and which insures the protection of their legal and human rights.

SUPPLEMENTAL SECURITY INCOME

To provide supplemental income to persons aged 65 and over and to persons blind or disabled whose income and resources are below specified levels.

ALCOHOL, DRUG ABUSE AND MENTAL HEALTH SERVICES BLOCK GRANT

To provide financial assistance to States to support projects for the development of more effective prevention, treatment, and rehabilitation programs and activities to deal with alcohol and drug abuse; and to support community mental health centers for the provision of services for chronically mentally ill individuals, severely mentally disturbed children and adolescents, mentally ill elderly individuals, identifiable populations which are currently underserved, and for coordination or mental health and health care services provided with health care centers.

TEENAGE PARENT PROGRAM

To discover, test, demonstrate, and promote utilization of new concepts which will increase cost effectiveness, reduce welfare dependency, provide service and enhance the income security for low-income families with dependent children.

COMMUNITY MENTAL HEALTH SERVICES FOR THE HOMELESS

Provides financial assistance to States to support services to chronically mentally ill individuals who are homeless, or who are subject to a significant probability of becoming homeless. Programs and activities include; (1) outreach services; (2) community mental health services; (3) diagnostic services; (4) crisis intervention services; (5) habilitation and rehabilitation service referrals to hospital services; (6) referrals to hospital services, health services and substance abuse services; (7) staff training; (8) case management services; and (9) supportive and supervisory services in residential settings.

FOOD STAMP PROGRAM

To improve diets of low-income households by increasing their food purchasing ability.

FOSTER GRANDPARENT PROGRAM

Dual purposes of the program are; (1) to provide part-time volunteer services opportunities for low-income persons age 60 and over and (2) to give supportive person-to-person service in health, education, welfare and related settings to help alleviate the physical, mental, and emotional problems of infants, children, or youth having special or exceptional needs.

VOCATIONAL REHABILITATION SERVICES

To provide vocational rehabilitation services to persons with mental and/or physical handicaps.

STATE LEGISLATION IMPACT ASSISTANCE GRANT

To help defray some of the State cost of providing public assistance, public health assistance and educational services to eligible legalized aliens.

DHS levies no fines.

DHS performs no work for which it receives a commission. DMAHS provides a commission to Health Management Services (HMS) which acts on behalf of the Division to recoup improper payments to nursing homes.

There are however a number of receipts/recoveries and other offsets included throughout the Department's Budget which are provided for either by statute, language in the Appropriations Act, or by convention. These include, but are not limited to:

Legally Responsible Relative assessments	50,091
Pharmaceutical Manufacturer Drug Rebates	438
Third Party Liability Recoupments	1,019
CBVI LEA School District Billings	334
CBVI Vending Machine Receipts	138
Marriage License fees	100
Child Care fees	956
Probation assessments	400
General Medical Services recoveries	32,674
Child Support Incentives	5,396

Miscellaneous Taxes, Fees, Revenue

(thousands of dollars)

Department of Human Services:

Child Care Licensing/Adoption Law.....	70
Marriage License Fees.....	1,409
Medicaid Uncompensated Care - Acute.....	262,500
Medicaid Uncompensated Care - Psychiatric.....	163,300
Medicaid Uncompensated Care - UMDNJ.....	15,100
Patient's and Residents' Cost Recovery - Developmental Disability.....	17,321
Patient's and Residents' Cost Recovery - Psychiatric Hospitals.....	52,154
Patient's and Residents' Cost Recovery - Special Residential Services.....	453
Title XIX Health Facility Rate Setting & Inspection.....	300
Subtotal, Department of Human Services.....	512,607

Federal Revenue

Department of Human Services:

AFDC Transitional Housing Demonstration Program.....	942
Aid to Families with Dependent Children - Title IV-A.....	380,322
Carri Crisis Nursery Project.....	270
Challenge Grant (Children's Trust Fund).....	396
Child Abuse and Neglect State Grant-Disabled Infants.....	210
Child Care Development Block Grant.....	18,520
Child Support and Paternity - Title IV-D.....	73,509
Child Welfare - Title IV-B.....	7,685
Children's Justice Act.....	388
Community Care Waiver.....	65,634
Dependent Care Planning and Development.....	450
Developmental Disabilities Council.....	1,566
FSA Grant to Improve Child Care Licensing and Registration.....	379
Family Life Center 2.....	200
Family Violence Prevention and Services.....	270
Federal Independent Living.....	497
Food Stamp Program.....	53,645
Foster Care - Title IV-E.....	11,998
Foster Grandparents Program.....	900
Grassroots Adoptive Families.....	80
Head Start State Collaboration Project.....	85
Juvenile Substance Abuse Services - Various.....	75
Low Income Energy Assistance Block Grant.....	56,091
Multi-Purpose Resource Center.....	450
National Center for Child Abuse and Neglect.....	1,016
National Center for Child Abuse and Neglect.....	536
New Jersey Consumer Movement Initiative.....	138
New Jersey HRD Psychosocial Rehabilitation Academic Linkage Project.....	125
Newark Reunification Project.....	100
Office of Prevention.....	936
Pediatric Aids Grant Project.....	400
Projects for Assistance in Transition from Homelessness (PATH).....	1,373
REACH Federal Title IV-F.....	32,673
Refuge Resettlement Program.....	5,396
SHSP Respite Program.....	270
Social Service Block Grant.....	86,536
State Legalization Impact/Assistance Grant.....	2,002
Supplemental Security Income - Title XIV.....	400
Title IV A/E.....	8,589
Title IVA at Risk Child Care.....	8,323
Title XIX ICF/MR.....	155,141
Title XIX Medical Assistance.....	2,173,312
Various Federal Programs.....	446
Vocational Rehabilitation.....	8,607
Subtotal, Department of Human Services.....	3,160,881

TOLL-FREE HOTLINES
OPERATED/CONTRACTED BY THE
DEPARTMENT OF HUMAN SERVICES

Adoption Information	800-992-3678 (800-99-ADOPT)
Adult Protective Services/Boarding Homes — Complaints & Emergencies.....	800-792-8672
Aid To Families With Dependent Children	800-792-9773
Child Abuse Reporting.....	800-792-8610
Commission For The Blind and Visually Impaired — Information and Referral.....	800-962-1233
N. J. Developmental Disabilities Council— Information and Referral Statewide Computerized Referral Information Program..	800-792-8858 Voice/TYY
Division of the Deaf and Hard of Hearing — General Information	800-792-8339 Voice/TDD
Division of Family Development— Fair Hearings/General Program Information.....	800-792-9773
Division of Youth and Family Services Director's Action Line.. (Questions/Information about DYFS)	800-331-3937 (800-331-DYFS)
Family Day Care — General & Registration Information	800-332-9227
Family Help Line..... (Assistance with Parenting Problems, Child Abuse)	800-843-5437 (800-THE KIDS)
Food Stamps	800-792-9773
Foster Care Information	800-222-0047

Emergency Home Health Program	609-792-9745
Emergency Care Program	609-792-9745
Energy Assistance Program	609-792-9745
Food Program	609-792-9745
Home Care Program	609-792-9745
Emergency Care - Special Medical Programs	609-792-9745
Financial Assistance to the Aged and Disabled	609-792-9745

Garden State Health Plan	800-525-0047
Home Care Programs	800-792-9745
Home Energy Assistance	800-792-9773
Lifeline Program.....	800-792-9745
Medicaid	800-792-9745
New Jersey Care...Special Medicaid Programs	800-792-9745
Pharmaceutical Assistance to the Aged and Disabled.....	800-792-9745

APPENDIX

Department of Health and Human Services
Office of the Assistant Secretary for Health
Office of the Assistant Secretary for Policy and Planning
Office of the Assistant Secretary for Quality and Safety
Office of the Assistant Secretary for Research and Statistics
Office of the Assistant Secretary for Workforce

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Office of the Assistant Secretary for Health
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APPENDIX

- (DMSA) Adult Developmental Center Assessment Program (DMSA) (DMSA)
- (DMSB) A National Child Support Enforcement System (DMSB) (DMSB)
- (DMSD) Adult Developmental Center Assessment Program (DMSD) (DMSD)
- (DMSF) Business Enterprise Program (DMSF) (DMSF)
- (DMSG) Child Assessment Program (DMSG) (DMSG)
- (DMSH) Children's Child Intervention System (DMSH) (DMSH)
- (DMSI) Community Case Reviews for the Elderly & Disabled (DMSI) (DMSI)
- (DMSJ) Child Abuse Reporting System (DMSJ) (DMSJ)
- (DMSK) Community Case Reviews for the Elderly & Disabled (DMSK) (DMSK)
- (DMSL) Child Support Program (DMSL) (DMSL)

ACRONYMS

The following is a list of frequently used acronyms referring to offices, programs and services of or affecting the Department of Human Services, and the divisions with which they are associated or through which they are administered.

Department of Human Services' Divisions

CBVI	Commission for the Blind & Visually Impaired	
DDD	Division of Developmental Disabilities	
DDHH	Division of the Deaf and Hard of Hearing	
DFD	Division of Family Development	
DHS	Department of Human Services	
DJS	Division of Juvenile Services	
DMA&HS	Division of Medical Assistance & Health Services	
DMH&H	Division of Mental Health & Hospitals	
DYFS	Division of Youth and Family Services	
OOE	Office of Education	

Offices/Programs/Services

ACCAP	AIDS Community Care Alternatives Program.....	(DMA&HS)
ACSES	Automated Child Support Enforcement System.....	(DFD)
AFDC	Aid to Families with Dependent Children.....	(DFD)
BEP	Business Enterprise Program.....	(CBVI)
CART	Case Assessment Resource Team.....	(DHS)
CCIS	Children's Crisis Intervention Service	(DMH&H)
CCPED	Community Care Program for the Elderly & Disabled	(DMA&HS)
CFAU	Capital Facilities Approval Unit.....	(DHS)
CIACC	County Interagency Coordinating Council.....	(DYFS)
CSP	Child Support Program	(DFD)

EA	Emergency Assistance.....	(DFD)
EPSDT	Early Periodic Screening, Diagnosis & Treatment.....	(DMA&HS)
FDP	Family Development Program.....	(DFD)
FSETP	Food Stamp Employment and Training Program.....	(DFD)
FPS	Family Preservation Services.....	(DYFS)
FUP	Family Unification Program.....	(DYFS/DCA)
GA	General Assistance.....	(DFD)
GSHP	Garden State Health Plan	(DMA&HS)
HAAAD	Hearing Aid Assistance to the Aged & Disabled	(DMA&HS)
HCEP	Home Care Expansion Program	(DMA&HS)
HCFA	Health Care Financing Administration	(Fed)
IHP	Individualized Habilitation Plan.....	(DDD)
IEP	Individualized Education Plan.....	(OOE)
JCAHCO	Joint Commission on Accreditation of Health Care Organizations	(Fed.)
JOBS	Jobs Opportunity & Basic Skills Program (also known as FDP [Family Development Program]).....	(DFD)
LIHEAP	Low Income Home Energy Assistance Program.....	(DFD)
OPMRDD	Office for Prevention of Mental Retardation and Developmental Disabilities.....	(Management & Budget)
PAAD	Pharmaceutical Assistance to the Aged & Disabled.....	(DMA&HS)
P and T	Pharmacy and Therapeutic Committee.....	(DHS)
PNA	Personal Needs Allowance	(DMA&HS)
SBYSP	School Based Youth Services Program.....	(Management & Budget)
SFEA	State Facilities Education Act.....	(Office of Education)

SHSAC	State Human Services Advisory Council	(Management & Budget)
SSI	Supplemental Security Income	(DFD)
TBIWP	Traumatic Brain Injury Waiver Program.....	(DMA&HS)
TDD	Telecommunication Device for the Deaf.....	(DDHH)
YIP	Youth Incentive Program	(DHS)

State of New Jersey
Department of Health and Senior Services
Locations of New Jersey
State-Operated Facilities

PSYCHIATRIC HOSPITALS

- 1 State Hospital, Woodrow
- 2 Delaware Park Psychiatric Hospital, Englewood Park
- 3 Eastern Psychiatric Institute, Newark
- 4 Jersey Psychiatric Hospital, Trenton
- 5 Jersey State Psychiatric Hospital, Trenton
- 6 Jersey State Child Treatment Center, Atlantic
- 7 Jersey State Child Treatment Center, Camden

DDC - Developmental Centers

- 8 Jersey Parkland Developmental Center, Easton
- 9 New Jersey Developmental Center, Passaic
- 10 New Liberty Developmental Center, New Liberty
- 11 Woodbine Developmental Center, Woodbine
- 12 Vineland Developmental Center, Vineland
- 13 Green Brook Regional Center, Green Brook
- 14 Woodbridge Developmental Center, Woodbridge
- 15 Hopatcong Developmental Center, Hopatcong

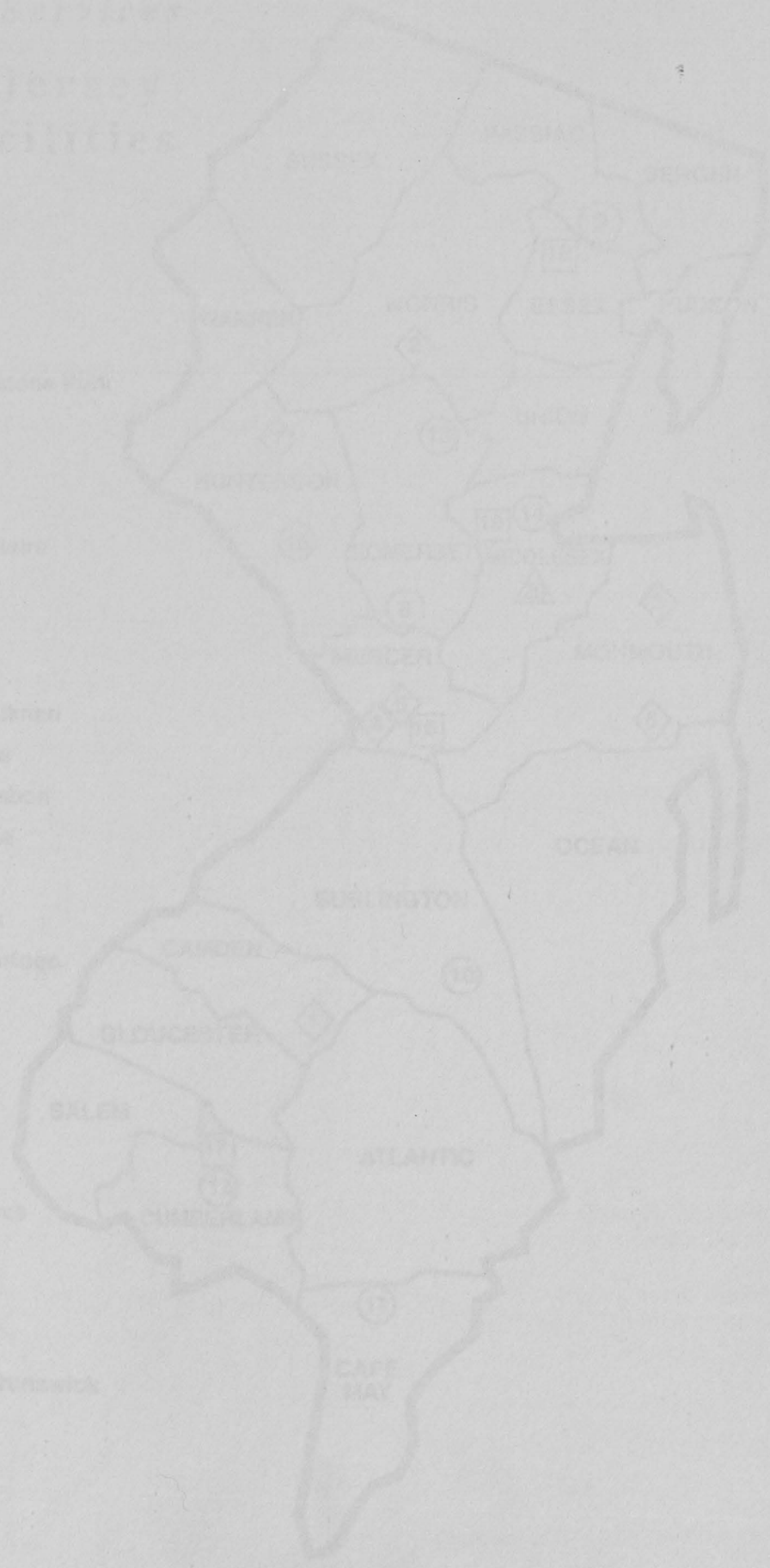
DYPS - Residential Centers

- 16 Spring Residential Center, Trenton
- 17 Vineland Residential Center, Vineland
- 18 Cedar Grove Residential Center, Cedar Grove
- 19 Woodbridge Residential Center, Woodbridge

CSRI - Rehabilitation Center

- 20 Joseph Kohr Rehabilitation Center, New Brunswick

D.C. Facilities assumed by the Department
in August 1988 are on separate map.



State of New Jersey
Department of Human Services

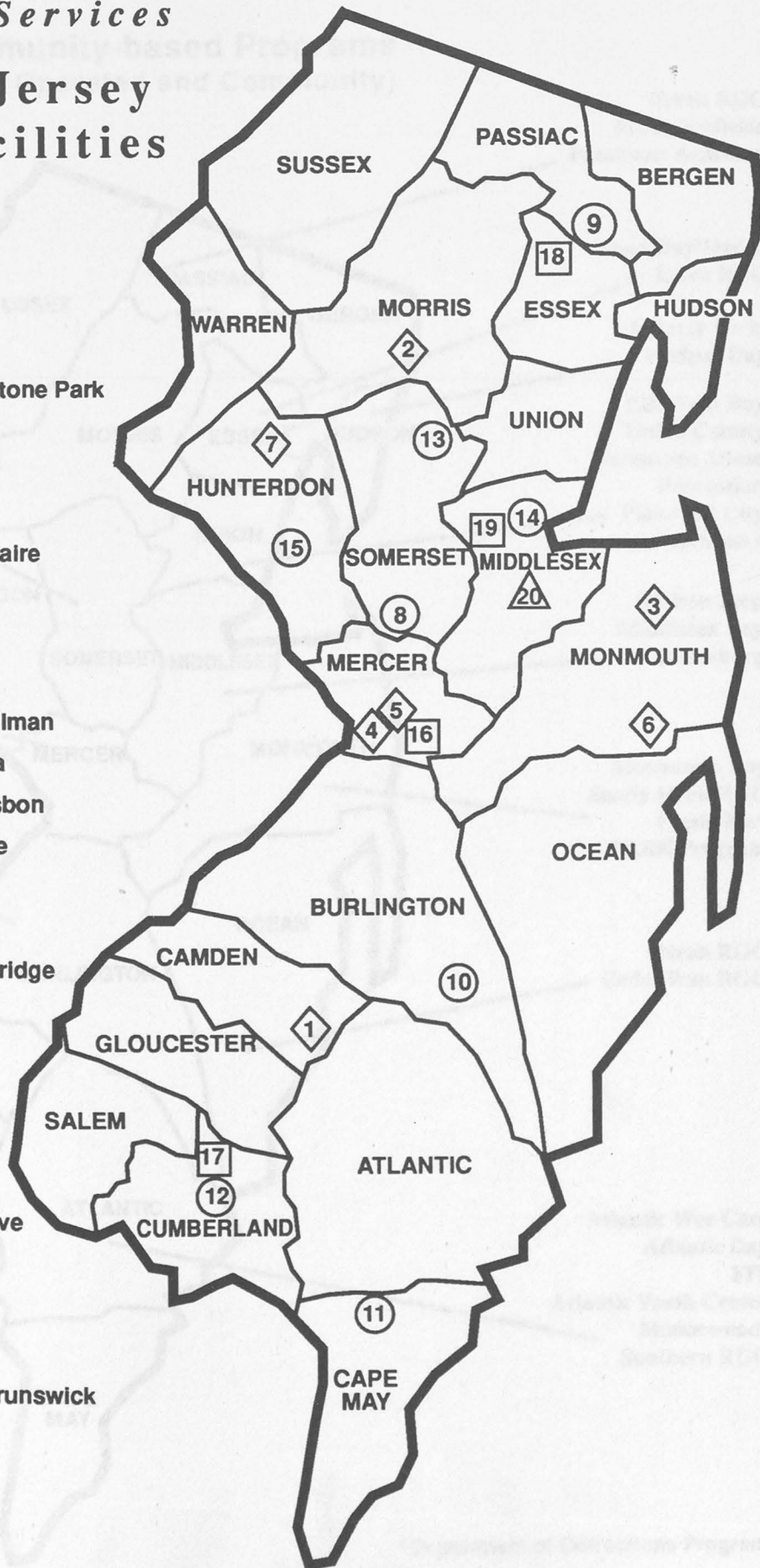
**Locations of New Jersey
 State-Operated Facilities**

- ◇ **DMH&H Psychiatric Hospitals**
- ① Ancora Psychiatric Hospital, Hammonton
- ② Greystone Park Psychiatric Hospital, Greystone Park
- ③ Marlboro Psychiatric Hospital, Marlboro
- ④ Trenton Psychiatric Hospital, Trenton
- ⑤ Forensic Psychiatric Hospital, Trenton
- ⑥ Arthur Brisbane Child Treatment Center, Allaire
- ⑦ Hagedorn Geriatric Center, Glen Gardner

- **DDD Developmental Centers**
- ⑧ North Princeton Developmental Center, Skillman
- ⑨ North Jersey Developmental Center, Totowa
- ⑩ New Lisbon Developmental Center, New Lisbon
- ⑪ Woodbine Developmental Center, Woodbine
- ⑫ Vineland Developmental Center, Vineland
- ⑬ Green Brook Regional Center, Green Brook
- ⑭ Woodbridge Developmental Center, Woodbridge
- ⑮ Hunterdon Developmental Center, Clinton

- **DYFS Residential Centers**
- ⑯ Ewing Residential Center, Trenton
- ⑰ Vineland Residential Center, Vineland
- ⑱ Cedar Grove Residential Center, Cedar Grove
- ⑲ Woodbridge Residential Center, Avenel

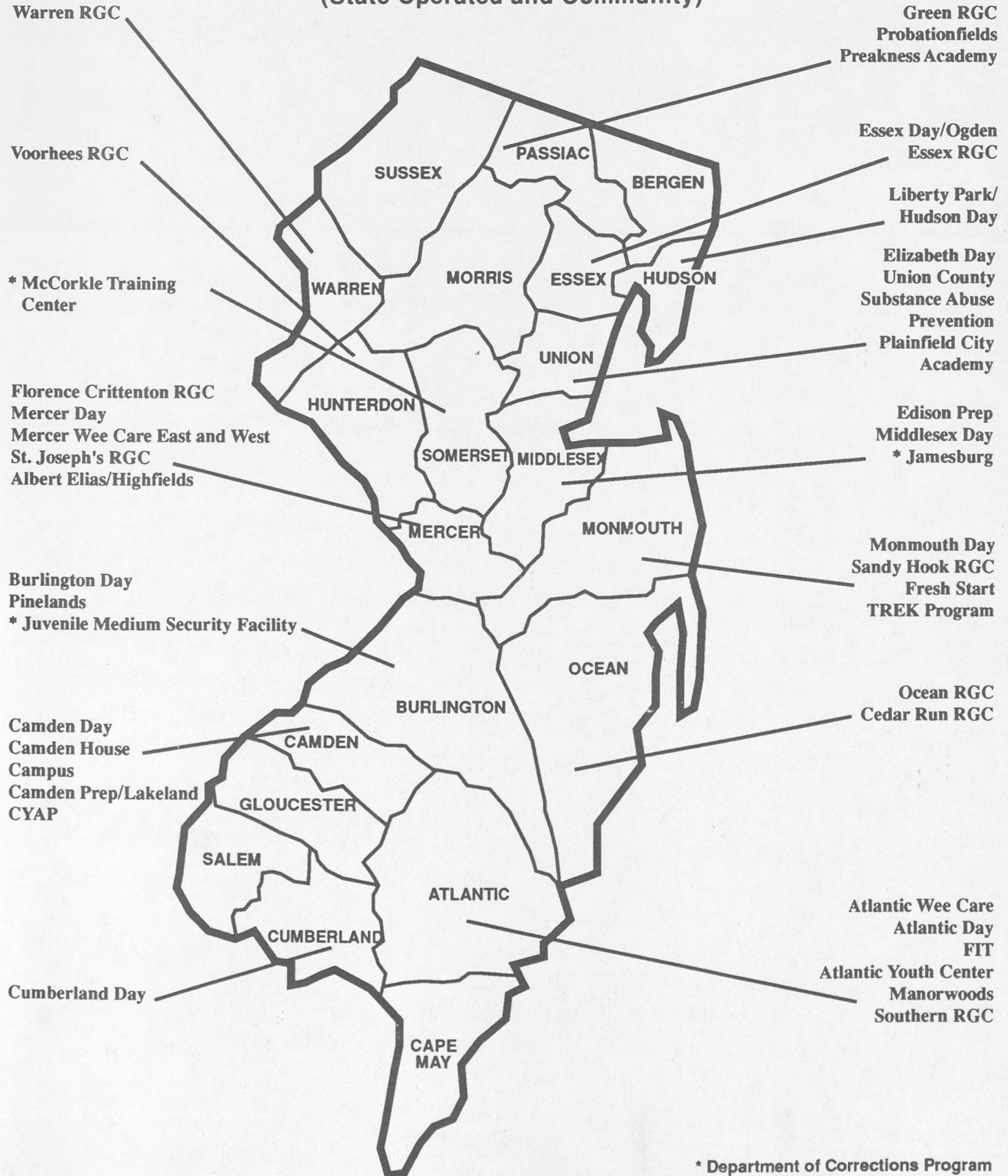
- △ **CBVI Rehabilitation Center**
- ⑳ Joseph Kohn Rehabilitation Center, New Brunswick



* DJS Facilities assumed by the Department in August 1993 are on separate map.

New Jersey Department of Human Services Division of Juvenile Services

Community-based Programs (State Operated and Community)



H

FACILITIES OPERATED BY THE DEPARTMENT OF HUMAN SERVICES

The following is a listing of the major facilities operated by the Department of Human Services. Facilities which have not been listed are following pages.

Division of Mental Health and Hospitals

Atlantic Psychiatric Hospital	Camden	H-3
Atlantic Psychiatric Child Treatment Center	Camden	H-4
Atlantic Psychiatric Hospital	Camden	H-5
Atlantic Psychiatric Hospital	Camden	H-6
Atlantic Psychiatric Hospital	Camden	H-7
Atlantic Psychiatric Hospital	Camden	H-8
Atlantic Psychiatric Hospital	Camden	H-9
Atlantic Psychiatric Hospital	Camden	H-10
Atlantic Psychiatric Hospital	Camden	H-11

Division of Developmental Disabilities

Atlantic Psychiatric Hospital	Camden	H-12
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Atlantic Psychiatric Hospital	Camden	H-14
Atlantic Psychiatric Hospital	Camden	H-15
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Atlantic Psychiatric Hospital	Camden	H-19
Atlantic Psychiatric Hospital	Camden	H-20

Division of Youth and Family Services

Atlantic Psychiatric Hospital	Camden	H-21
Atlantic Psychiatric Hospital	Camden	H-22
Atlantic Psychiatric Hospital	Camden	H-23
Atlantic Psychiatric Hospital	Camden	H-24

FACILITIES OPERATED BY THE DEPARTMENT OF HUMAN SERVICES

The following is a listing of the major facilities operated by the Department of Human Services. Details on each facility can be found in the following pages, listed by county.

Division of Mental Health and Hospitals

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Arthur Brisbane Child Treatment Center	Monmouth.....	H-14
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Marlboro Psychiatric Hospital.....	Monmouth.....	H-14
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Division of Developmental Disabilities

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Division of Youth and Family Services

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Commission for the Blind and Visually Impaired

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Division of Juvenile Services

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DEPARTMENT OF HUMAN SERVICES FACILITIES LOCATED IN BURLINGTON COUNTY

New Lisbon Developmental Center, New Lisbon, New Jersey — New Lisbon Developmental Center provides resident care, training, education and habilitation to mentally retarded residents. A program providing for limited enrollment in community centers is administered. During FY 1983, New Lisbon began operating a long-term care facility for 60 geriatric residents, located adjacent to the school hospital. Federal funds provide education and habilitation of residents, community living and training programs.

The hospital has the capacity to serve a maximum of 650 patients.

**DEPARTMENT OF HUMAN SERVICES FACILITIES
LOCATED IN CAMDEN COUNTY**

Ancora Psychiatric Hospital, Ancora, New Jersey — Ancora Psychiatric Hospital, the State's newest regional psychiatric facility, began accepting admissions in 1955. The hospital, located on 755 acres in eastern Camden County, serves the State's southern region (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem and Ocean).

Since August of 1988, Ancora has set aside two homes formerly occupied by employees to serve as "Campus Brief Visit" settings where family members from distant areas of the region can spend some time in a home-like setting with their hospitalized relatives. This program is the only one of its kind in the State. Other housing units once used by employees are now also serving various clinical and humanitarian purposes.

The hospital has the capacity to serve a maximum of 650 patients.

DEPARTMENT OF HUMAN SERVICES FACILITIES
**DEPARTMENT OF HUMAN SERVICES FACILITIES
LOCATED IN CAPE MAY COUNTY**

Woodbine Developmental Center, Woodbine, New Jersey — Woodbine Developmental Center provides care and training for males with severe or profound mental retardation. The Center's program is designed to encourage residents to become as self-sufficient as possible. Federal funds provide training and educational programs. It has the capacity to serve 695 individuals.

Vineland Residential Treatment Center, 2000 Maple Avenue, Vineland, New Jersey — Vineland Residential Center is one of four DYPS residential facilities. Initially, the facility served only males. However, the facility became co-ed in 1976. Its purpose is primarily to provide services for hard-to-place children who cannot be maintained in the community. Vineland offers a variety of treatment modalities, with emphasis on behavior modification. The treatment staff work in concert with the child's family, as well as with representatives of the community, in order to develop appropriate discharge and aftercare planning for the children. The educational program is located off grounds, in a leased school building in Minotola. This has proven to be valuable to the total functioning of the program. The school facility is approved by the Department of Education to provide certificates in recognition of academic achievement. The facility is identified as a psychiatric facility for children, and due to its Joint Commission on Accreditation of Health Organizations (JCAHO) accreditation, the center is eligible for Medicaid reimbursement. Vineland has the capacity to serve 44 children.

**DEPARTMENT OF HUMAN SERVICES FACILITIES
LOCATED IN CUMBERLAND COUNTY**

Vineland Developmental Center, Vineland, New Jersey — Vineland Developmental Center, founded in 1888, provides services for all levels of mentally retarded females. The institution has a unique feature in that 62% of the population is located at the East Campus at Main and Landis Avenues, Vineland, and the remaining 38% is located at the West Campus on Orchard Road, Vineland. The East provides special medical/surgical services for its clients and those at the Woodbine, Hunterdon, North Princeton, New Lisbon and Johnstone Centers. Both facilities function under a single administrative organization. Federal funds provide educational programs and adult contact for deprived children. The center has the capacity to serve 1,003 individuals.

Vineland Residential Treatment Center, 2000 Maple Avenue, Vineland, New Jersey — Vineland Residential Center is one of four DYFS residential facilities. Initially, the facility served only males. However, the facility became co-ed in 1976. Its purpose is primarily to provide services for hard-to-place children who cannot be maintained in the community. Vineland offers a variety of treatment modalities, with emphasis on behavior modification. The treatment staff work in concert with the child's family, as well as with representatives of the community, in order to develop appropriate discharge and aftercare planning for the children. The educational program is located off grounds, in a leased school building in Minotola. This has proven to be valuable to the total functioning of the program. The school facility is approved by the Department of Education to provide certificates in recognition of academic achievement. The facility is identified as a psychiatric facility for children, and due to its Joint Commission on Accreditation of Health Organizations (JCAHO) accreditation, the center is eligible for Medicaid reimbursement. Vineland has the capacity to serve 44 children.

DEPARTMENT OF HUMAN SERVICES FACILITIES
**DEPARTMENT OF HUMAN SERVICES FACILITIES
LOCATED IN ESSEX COUNTY**

Cedar Grove Residential Center, 240 Grove Avenue, Cedar Grove, New Jersey — Cedar Grove Residential Center is one of four DYFS residential facilities. Cedar Grove has an all-male population and offers a variety of treatment modalities, with emphasis on behavior modification. The treatment staff work in concert with the child's family, as well as with representatives of the community, in order to develop appropriate discharge and aftercare planning for the children.

DYFS contracts with two off-grounds, private, alternate day schools to provide educational services for the residents of Cedar Grove. This has proven to be a valuable asset to the total operation of the facility. The day schools are certified by the Department of Education to provide certificates in recognition of academic achievement.

This facility is identified as a psychiatric facility for children and, due to its Joint Commission on Accreditation of Health Organizations (JCAHO) accreditation, the center is eligible for Medicaid reimbursement. It has the capacity to serve 24 individuals.

DEPARTMENT OF HUMAN SERVICES FACILITIES LOCATED IN HUNTERDON COUNTY

Hunterdon Developmental Center, P. O. Box 5220, Clinton, New Jersey — Hunterdon Developmental Center is located adjacent to the Edna Mahan Correctional Facility for Women. This Center serves as a treatment and training facility for profoundly to mildly retarded residents. The physical plant consists of 18 cottages. Federal funds provide for education programs. Additionally, the federal foster grandparents program provides socialization skills through contact with senior citizens.

The maximum number the center can serve is 645.

Senator Garrett W. Hagedorn Center for Geriatrics, Glen Gardner, New Jersey — The Senator Garrett W. Hagedorn Center for Geriatrics, located on a 586-acre tract in Glen Gardner Borough in Hunterdon County, was for many years New Jersey's Hospital for Chest Diseases. Closed in 1975, it reopened in 1977 as the Glen Gardner Center for Geriatrics, with a new mission to serve selected gero-psychiatric patients then residing in the regional State hospitals. The Center's name was subsequently changed in 1986 to honor the late Senator Garrett W. Hagedorn, a long-time advocate for the State's mentally ill.

In 1987, the hospital was again reorganized to provide more comprehensive rehabilitation and treatment services for the elderly, with the goal of more quickly returning its patients to normalized community settings. The facility was clearly defined as an acute care gero-psychiatric hospital, and began admitting patients directly from the community as well as from the State hospitals.

The hospital can serve a maximum of 181 patients.

DEPARTMENT OF HUMAN SERVICES FACILITIES LOCATED IN MERCER COUNTY

Ewing Residential Center, 1610 Stuyvesant Avenue, Trenton, New Jersey — Ewing Residential Center is one of four DYFS residential facilities. Initially, the facility was for both girls and boys and the population served was hard-to-place children who could not adjust in foster care. In the early eighties, Ewing became a facility strictly for girls. There is a wide variety of treatment modalities utilized for the children, including behavior modification. The treatment staff works closely with the District Office staff to develop adequate aftercare planning for the children. The education component is located off grounds in a leased school building in Ewing Township. The Ewing school facility is approved by the Department of Education to give a High School and Junior High School Certificate.

The facility is classified as a psychiatric facility for children and, due to its Joint Commission on Accreditation of Health Organizations (JCAHO) accreditation, the center is eligible for Medicaid reimbursement. It has the capacity to serve 32.

Forensic Psychiatric Hospital (FPH), Sullivan Way, Trenton, New Jersey Forensic Psychiatric Hospital is the State's newest psychiatric facility. Prior to 1982, it was known as "The Vroom Building," a special maximum-security section of Trenton Psychiatric Hospital. Though still located in the same building (which it shares with the Department of Corrections), the hospital now has its own administration and budget. It continues, however, to serve as New Jersey's state-wide maximum security setting for inpatient psychiatric services, caring for patients charged with violent crimes, for inmates transferred from state and county corrections settings, and for other patients who are judged to be either highly dangerous or special security risks.

FPH serves a maximum population of 154 male and female patients, who are housed on eight wards.

DEPARTMENT OF HUMAN SERVICES

Trenton Psychiatric Hospital (TPH), Sullivan Way, Trenton, New Jersey — Trenton Psychiatric Hospital, the first public inpatient psychiatric facility in New Jersey, opened its doors in 1848. The hospital was commissioned by the State Legislature following a vigorous campaign organized by Dorothea Dix, the famous nineteenth-century humanitarian and social reformer. Ms. Dix spent the last years of her life as a guest of the hospital, living in a small apartment in its main building. She expressed a special affection for the hospital, christening it her "first born."

Trenton Psychiatric Hospital, located on 835 acres in Mercer County, can serve a maximum of 430 patients. Its service area includes the two western counties in the State's Central Region (Mercer and Hunterdon) and it also provides specialized regional and state-wide services for patient populations. Included among those operations are the Mentally Ill Chemical Abuser (MICA) program, which is designed to serve 40 resident patients, and the Raycroft Building, an inpatient program that serves a geropsychiatric patient population of 123 drawn from throughout the State.

Woodbridge Developmental Center, Box 20, Woodbridge, New Jersey — Woodbridge Developmental Center admits mentally retarded individuals five years of age and over. The center provides special training to meet the diversified needs of those who reside there. Federal funds supplement ongoing training, rehabilitation, education and health programs. In addition, the federal foster grandparents program provides socialization skills for retarded persons through senior citizens. The center has the capacity to serve 645 individuals.

Woodbridge Child Diagnostic and Treatment Center, 13 Paddock Street, Assted, New Jersey — Woodbridge Child Diagnostic and Treatment Center is one of four DYFS residential facilities. The facility, which has always been co-ed, is responsible for performing Child Study Team Evaluations of those children who cannot be maintained in the community. Woodbridge offers a variety of treatment modalities, with emphasis on behavior modification. The recreational program is located on the grounds of the facility.

DEPARTMENT OF HUMAN SERVICES FACILITIES LOCATED IN MIDDLESEX COUNTY

Joseph Kohn Rehabilitation Center, 130 Livingston Avenue, New Brunswick, New Jersey — This center offers a program of services to blind and visually impaired persons for the purpose of acquiring skills that will enable them to become as independent as their disabilities will allow. The program of services are vocational evaluation, orientation and mobility, home and personal management, communication skills, industrial arts, arts and crafts, clerical and secretarial skills and a vending program that trains qualified individuals to operate vending stands under the Federal Randolph-Sheppard Vending Facilities Program.

The center features residential facilities for 25 program participants, accommodations for deaf/blind persons and other physically impaired individuals and programming for 25 commuters.

Woodbridge Developmental Center, Box 20, Woodbridge, New Jersey — Woodbridge Developmental Center admits mentally retarded individuals five years of age and over. The center provides special training to meet the diversified needs of those who reside there. Federal funds supplement ongoing training, rehabilitation, education and health programs. In addition, the federal foster grandparents program provides socialization skills for retarded persons through senior citizens. The center has the capacity to serve 645 individuals.

Woodbridge Child Diagnostic and Treatment Center, 15 Paddock Street, Avenel, New Jersey — Woodbridge Child Diagnostic and Treatment Center is one of four DYFS residential facilities. The facility, which has always been co-ed, is responsible for performing Child Study Team Evaluations of those children who cannot be maintained in the community. Woodbridge offers a variety of treatment modalities, with emphasis on behavior modification. The educational program is located on the grounds of the facility

with instruction provided by certified personnel. The treatment staff work in concert with the child's family and representatives of the community, in order to develop appropriate discharge and aftercare planning.

This facility is identified as a psychiatric facility for children and, due to its Joint Commission on Accreditation of Health Organizations (JCAHO) accreditation, the center is eligible for Medicaid reimbursement. It has the capacity to serve 34 children.

Inpatient care at the center is now provided to youngsters 11 through 17 years of age who need intermediate or long term care (30 days or longer) and cannot be adequately treated in a less-restrictive community setting. The center is rated, for life safety purposes, to serve a maximum of 72 clients. The goal of the Department of Human Services is to reduce the census to 40.

Marlboro Psychiatric Hospital (MPH) - Station A, Route 520, Marlboro, New Jersey — Marlboro Psychiatric Hospital was opened in 1931 to reduce admissions to Greystone Park and to Trenton Psychiatric Hospitals. It was the first State hospital built in a free-standing "cottage" arrangement, rather than in accordance with the standard "Kirkbride model" (a central administrative core situated between male and female patient wings). Marlboro is located on a tract of approximately 1,000 acres in Monmouth County, several miles from Freehold Township. MPH receives patients from the eastern part of the State's central region (Middlesex, Monmouth, Ocean, Union and Essex Counties).

The hospital can serve a maximum of 880 patients.

DEPARTMENT OF HUMAN SERVICES FACILITIES LOCATED IN MONMOUTH COUNTY

Arthur Brisbane Child Treatment Center, P. O. Box 625, Allaire Road, Farmingdale, New Jersey — Since January 1989, the Arthur Brisbane Child Treatment Center has served as the State's exclusive psychiatric inpatient service for children and adolescents. The facility is located in Farmingdale, in southern Monmouth County, on the former estate of newspaper publisher Arthur Brisbane. Brisbane no longer accepts very young children. Seriously emotionally disturbed children under eleven years of age are now cared for in community inpatient and residential settings, rather than at the center. Though the State's inpatient population of children and adolescents has been reduced, New Jersey's overall system of psychiatric services for those youngsters is in the midst of a dramatic expansion aimed at providing a far greater number and range of coordinated community alternatives.

Inpatient care at the center is now provided to youngsters 11 through 17 years of age who need intermediate or long term care (30 days or longer) and cannot be adequately treated in a less-restrictive community setting. The center is rated, for life safety purposes, to serve a maximum of 72 clients. The goal of the Department of Human Services is to reduce the census to 40.

Marlboro Psychiatric Hospital (MPH), Station A, Route 520, Marlboro, New Jersey — Marlboro Psychiatric Hospital was opened in 1931 to reduce admissions to Greystone Park and to Trenton Psychiatric Hospitals. It was the first State hospital built in a free-standing "cottage" arrangement, rather than in accordance with the standard "Kirkbride model" (a central administrative core situated between male and female patient wings). Marlboro is located on a tract of approximately 1,000 acres in Monmouth County, several miles from Freehold Township. MPH receives patients from the eastern part of the State's central region (Middlesex, Monmouth, Ocean, Union and Essex Counties).

The hospital can serve a maximum of 880 patients.

**DEPARTMENT OF HUMAN SERVICES FACILITIES
LOCATED IN MORRIS COUNTY**

Greystone Park Psychiatric Hospital, West Hanover Avenue, Greystone Park, New Jersey — Greystone Park Psychiatric Hospital, New Jersey's second oldest State-run regional psychiatric hospital, was opened in 1876 to relieve overcrowding at Trenton Psychiatric Hospital. Situated on a tract of 687 acres in suburban Morris County, Greystone presently serves residents originating from the State's northern region (Bergen, Morris, Passaic, Sussex, Hudson, and Warren Counties).

Once by far the largest state hospital, with a patient population of nearly 8,000, Greystone has been scaled back considerably in recent decades. It can presently serve a maximum of 657 patients.

DEPARTMENT OF HUMAN SERVICES FACILITIES
LOCATED IN PASSAIC COUNTY

North Jersey Developmental Center, Box 169, Totowa, New Jersey — The North Jersey Developmental Center provides residential services for mentally retarded men and women at all levels of capabilities on its main campus as well as servicing the needs of multiply handicapped and primarily non-ambulatory adolescents and young children in its nursery. Federal funds provide education and training programs. It has the capacity to serve 463 individuals.

North Princeton Developmental Center, Skillman, New Jersey — North Princeton Developmental Center provides services for mentally retarded males and females. Federal funds provide training, education and habilitation projects. The center provides grounds and vehicle maintenance, security and fire protection services to the adjacent Albert C. Wagner Youth Correctional Facility. The center has the capacity to serve 533 individuals.

**DEPARTMENT OF HUMAN SERVICES FACILITIES
LOCATED IN SOMERSET COUNTY**

Green Brook Regional Center, 275 Green Brook Road, Green Brook, New Jersey — Green Brook Regional Center, an Intermediate Care Facility of the Division of Developmental Disabilities, provides habilitative and residential functional services for residents over age 55. Residents of the center range from moderately to profoundly retarded. It has the capacity to serve 118 individuals.

North Princeton Developmental Center, Skillman, New Jersey — North Princeton Developmental Center provides services for mentally retarded males and females. Federal funds provide training, education and habilitation projects. The center provides grounds and vehicle maintenance, security and fire protection services to the adjacent Albert C. Wagner Youth Correctional Facility. The center has the capacity to serve 533 individuals.

Division of Juvenile Services Programs

Atlantic County

Atlantic County

Atlantic County

Atlantic County

The Atlantic County Institute for Juvenile Rehabilitation is a program which serves a maximum of six adolescent offenders. The program is directed by the Atlantic County Institute for Juvenile Rehabilitation and is under the supervision of the State Department of Corrections. The program is designed to provide a secure and structured environment for the placement of juvenile offenders. The program is designed to provide a secure and structured environment for the placement of juvenile offenders. The program is designed to provide a secure and structured environment for the placement of juvenile offenders.

Atlantic County Detention Center

Located in Egg Harbor, this program serves as the County's secure detention center. The program serves a maximum of 24 juvenile offenders who are awaiting trial. The program offers 24-hour custodial supervision, care and security. The program offers educational, recreational, and vocational opportunities. The Eastern Residential Group Center and the F.I.T. program are co-located at this facility.

Manor Woods

Manor Woods, located in Egg Harbor, serves a maximum of 24 male juveniles between the ages of 13 and 15. The program is open to youth referred by the court as well as probationers. The program uses Golden Group interaction for intensive adult supervised positive peer pressure modality as its main treatment modality. Remedial education and vocational training in carpentry and building construction are central to the program. Work skills are practiced in community sites provided by the Atlantic County Parks system, Garden Township, and independent community organizations. In the summer, residents participate in an employment program through the Job Training Partnership Act Program. Manor Woods has a baseball team and competes against local freshman high school teams.

Division of Juvenile Services Programs

Listed by County

ATLANTIC COUNTY

Residential Services

The F.I.T. Program (Females in Transition)

The FIT Program, located in Egg Harbor, is a residential program which serves a maximum of six adolescent females. The program accepts juveniles committed by the court, probationers, and "at risk teens" under the supervision of DYFS. FIT additionally, meets the secure pre- adjudication detention needs for Atlantic County's juvenile females. The purpose of the program is to introduce the young women to a more appropriate life style and value system while helping them accept accountability for their actions. The program provides remedial education, individual and group counseling, a vigorous physical training program, career training, health seminars, social and cultural activities, dance, recreation and problem solving workshops. In addition to program staff, F.I.T. utilizes the services of local social service agencies, local volunteers and interns.

Harborfields, Atlantic County Detention Center **

Located in Egg Harbor, this program serves as the County's secure detention center. The program serves a maximum of 19 juveniles awaiting court review. The program offers 24 hour custodial supervision, care and security. The program offers educational; recreational, and social opportunities. Southern Residential Group Center and the F.I.T program are co-located at this facility.

Manor Woods

Manor Woods, located in Estell Manor, serves a maximum of 24 male juveniles between the ages of 13 and 15. The program accepts young people committed by the court as well as probationers. The program uses Guided Group Interaction (an intensive adult supervised positive peer pressure modality) as its main treatment modality. Remedial education and vocational training in carpentry and building construction are central to the program. Work skills are practiced at community sites provided by the Atlantic County Parks system, Hamilton Township, and independent community organizations. In the summer, residents participate in an employment program through the Job Training Partnership Act Program. Manor Woods has a baseball team and competes against local freshman high school teams.

Southern Residential Group Center

Southern RGC, located in Egg Harbor, serves a maximum of 30 male probationers and court committed youth who are between the ages of 15 and 18 at the time of admission. All residents participate in basic skills education, Guided Group Interaction, vocational training and community activities. A culinary arts program provides training at Atlantic County Community College and participants receive certification from the college if they successfully complete the program. The five key principles used in the program are respect, responsibility, accountability, determination and good decision making. Southern has varsity and junior varsity basketball teams which compete throughout the State.

Day Programs

The Atlantic Day Aftercare Program

Atlantic Day Aftercare, located in Egg Harbor, serves a maximum of 15 adolescent males, primarily from Atlantic County. This program is targeted to juveniles completing their stay at Southern RGC. The program continues remedial and vocational educational services as well as Guided Group Interaction with the goal of helping re integrate these adolescents into a more positive community life and thereby reducing incidents of recidivism.

Atlantic County Wee Care

Atlantic Wee Care, located in Atlantic City, is a day program which serves a maximum of five pregnant adolescent girls and five teenage mothers. These Atlantic County teens are considered "at serious risk" for involvement in both the child welfare and juvenile justice systems. Girls attend with their babies and learn parenting and child care skills. The program provides group counseling, remedial education, and training seminars by a variety of social services agencies, interns and volunteers. The teens attend social and cultural events when possible.

BURLINGTON COUNTY

Residential Programs

Pinelands Residential Group Center

The Pinelands Program, provides residential placement for a maximum of 18 court committed teenagers and juvenile probationers between the ages of 15 and 18. The program is located in a remote area of the Pinelands State Forest and is the only State program serving adolescent sex offenders. The program consists of intensive daily group therapy sessions, academic instruction, supervised work

details, environmental education and wilderness experiences. The program has an average length of stay of approximately eighteen months, the longest of any Division program. Because of the nature and intensive level of counseling, the program only admits juveniles who accept some level of responsibility for their crimes, do not need to be maintained on any type of medication and who are not developmentally delayed. This initiative is a cooperative effort between the Division of Juvenile Services and the Division of Youth and Family Services.

Day Programs

Burlington Day Program

Burlington Day Program, located at Whitesbog Village in Browns Mills, serves ten male court committed teenagers and juvenile probationers between the ages of 13 and 18. The program offers education and counseling with a heavy emphasis on a pre-apprenticeship carpentry program. This program is a cooperative effort between the departments of Human Services, Environmental Protection, Labor and Education. The program does not accept youngsters adjudicated for violent offenses.

CAMDEN COUNTY

Residential Programs

Alpha House

Alpha House, in south Camden, is a community-based residential treatment program serving 10 juvenile female offenders between the ages of 15 and 18. The program is designed to aid in eliminating delinquent behaviors while encouraging young females to develop pro-social behaviors. This program serves some of the most difficult, multi-need females in the Division. The program consists of individual and group counseling, family counseling when possible, remedial education, G.E.D. preparations, and life skills workshops.

Camden Community Service Center

Located in south Camden, CCSC is a residential treatment program for 30 male adjudicated youths ages 16 to 18. Educational services for residents include both remedial education and GED. preparation. Juveniles in this program actively participate in vocational programs including building skills and culinary arts. CCSC has a close working relationship with The Heart of Camden, a non-profit program that has restored and made available for occupancy many formerly abandoned houses to low income families at risk of homelessness.

Camden P.R.E.P. (Camden Probation Residential Education Program) *

Camden P.R.E.P., located in Blackwood, serves 20 male offenders aged 14 to 16. The program serves juveniles at risk of incarceration as a condition of probation. Emphasis is on education and computer assisted learning is the primary methodology. Additionally, the program offers wilderness experiences, environmental/agricultural activities and Guided Group Interaction.

Camden Youth Agricultural Program (CYAP)

CYAP, located in Blackwood, is a "special needs" program serving a maximum of 8 juveniles. These youngsters, the youngest served by the Division, are under the age of 14. CYAP places small, low functioning, easily intimidated, passive youths, in a therapeutic home atmosphere. The daily program is arranged to suit the special needs of a younger child by alternating short periods of academic work with agricultural tasks and animal husbandry. The program stresses personal skills and responsibility.

Campus Program

Campus, located at the Lakewood Facility in Blackwood, is a "special needs" program serving 30 male adolescent substance abusers. The goal is to blend the philosophies of Guided Group Interaction and Alcoholics and Narcotics Anonymous. The entire treatment approach is reinforced by educational and vocational participation as outlined in an individualized treatment plan.

Day Programs

Camden Day Program

Camden Day Program serves 15 male juveniles between the ages of 13 and 15. The program provides education, work experience, and peer group counseling. The goal of this program is to prevent out-of-home placement while holding youth accountable for their actions.

CUMBERLAND COUNTY

Day Programs

Cumberland Day Program

Cumberland Day Program, located in Bridgeton, serves 15 male juvenile offenders between the ages of 14 and 16. The program uses a daily hands-on pre-vocational component that instructs the youth in the renovation of historic homes in the city of Bridgeton. This experience builds the youths' self-confidence and teaches them various construction skills. The academic portion

focuses on remediation of basic skill deficiencies through individual plans executed within a classroom and a computer assisted instruction lab.

ESSEX COUNTY

Residential Programs

Essex Residential Group Center

Essex Residential Group Center, located in Newark, serves 24 male juveniles between the ages of 14 and 18 years. The program utilizes a Guided Group Interaction methodology and family counseling. Educational programs stress an individual evaluation and performance plan and basic skills remediation. Vocational education stresses hands on experiences, work attitudes and values. Additionally, the program seeks to make the necessary linkages with educational, social and vocational institutions and agencies to assist participants to make a successful transition back to their home communities.

Ogden Residential Group Center

Ogden Residential Group Center, located in Newark, serves 30 male juveniles between the ages of 16 and 18. The program consists of a vigorous work/school/counseling regimen. The program of community residential living promotes more activity with the community by those youths who can benefit from that type of program. Community service work is done by the juveniles including maintenance of the residence and volunteer work with the Habitat for Humanity.

Independence High School *

Independence, in addition to an extensive alternative high school program, provides two alternative homes for juveniles whose behavior warrants remaining in the home community and who could benefit from the educational model at the high school but who lack a stable living environment. Juveniles admitted to this program attend the regular day at Independence High and then return to their alternative home. There, in a supportive environment, behaviors and responsibilities are addressed as well as accountability.

Day Programs

Essex Day Program

The Essex Day Program, located in Newark, serves 15 male juvenile offenders aged 14 to 18. The program provides a non-custodial experience to adolescents at risk of incarceration. It affords a supervised treatment program leading to reintegration into the community. Program components include: Guided Group

Interaction, educational instruction, work experience and individual and family counseling.

HUDSON COUNTY

Day Programs

Hudson Day/Liberty Park Program

This program serves 15 male juveniles between the ages of 14 and 18. The program provides education, work experience, and peer group counseling. The goal of this program is to prevent out-of-home placement while holding youth accountable for their actions.

HUNTERDON COUNTY

Residential Programs

Voorhees Residential Group Center

Voorhees, located in Voorhees State Park, serves 22 male juvenile offenders between the ages of 15 and 18. This program serves alcohol dependent youthful offenders for a 6 month treatment component. While the program stresses the correctional treatment approaches of education/work/counseling, emphasis is also placed on reaching the alcohol addiction problems of youth. Certified alcohol counselors provide individual, group and family counseling.

MERCER COUNTY

Residential Programs

Albert Elias Residential Group Center (Highfields)

This program, established in 1950, has served as a model for many juvenile correctional programs in New Jersey and across the nation. It is located in Hopewell, on the former estate of Charles A. Lindbergh. The program serves 16 male adolescents ages 14 to 16. The program was a pioneer in the use of Guided Group Interaction and continues to use it today in conjunction with work and school related activities.

Florence Crittenton Residential Group Center

Florence Crittenton Residential Group Center, in West Trenton, is a community based treatment program that provides services to a maximum of 10 females between the ages of 13 and 18 with an emphasis on young or less mature girls. The program is formulated on Guided Group Interaction. Crittenton

additionally offers individualized educational programs of remediation and preparation for GED at the Lincoln School.

Saint Joe's Residential Group Center

Saint Joe's, located in Trenton, is a community based substance abuse treatment facility serving 25 male juvenile offenders ages 15 to 18. This program focuses on the reduction of the incidence of delinquent behavior and the reduction of drug and alcohol dependence. Program components include Guided Group Interaction, work projects and school. Work projects have centered on contributions to the immediate neighborhood and have included such activities as housing restoration and community gardening. This is the only program in the Division with a specific emphasis on Hispanic youth.

Day Programs

Mercer Day Program

This program serves a maximum of 10 male juveniles at risk of incarceration. Located in Trenton, the program consists of group, individual and family counseling, school and work. The program serves young people ages 15 to 17.

Mercer County Wee Care, East and West

Mercer County Wee Care, located at two sites within the city of Trenton, are day programs which serve a total of 20 pregnant adolescent girls and teenage mothers between the ages of 13 and 18. These teens are considered "at serious risk" for involvement in both the child welfare and juvenile justice systems. Girls attend with their babies and learn parenting and child care skills. The program provides group counseling, remedial education, and training seminars by a variety of social services agencies, interns and volunteers. The teens attend social and cultural events when possible.

MIDDLESEX COUNTY

Residential Programs

Edison Prep

The Edison Prep program, located on the grounds of Job Corps in Edison serves 30 male juvenile offenders between the ages of 16 and 18. The program has a close working relationship with Rutgers University. Edison Prep has the most fully developed vocational component of the Division's programs as young people accepted into the program can participate in the vocational training available at Job Corps. Additionally, successful program graduates are eligible for continuing education at Job Corps.

Day Programs

Middlesex Day Program

This program provides a non-custodial experience to adjudicated youths, male and female, between the ages of 14 and 18, from the Perth Amboy area. The juveniles are placed on probation with the condition that they attend and successfully complete the program for four to six months. The program is comprised of group therapy, school and vocational worksite experiences. The worksite experience teaches job readiness skills and current projects, provided by the city's recreation department and Cook College, include assisting in the maintenance of low income housing.

MONMOUTH COUNTY

Residential Programs

Fresh Start

The Turrell Fresh Start Program is located in the Allaire State Park on the grounds of the Arthur Brisbane Child Treatment Center. The program serves a maximum of 12 male juvenile offenders between the ages of 14 and 18. This program is a "special needs" facility, serving young people with serious mental health needs or documented developmental disabilities. The program includes education, a variety of counseling modalities and vocational experiences. Young people in this program volunteer their time at a program providing services to seriously handicapped children and adults.

Sandy Hook Residential Group Center

Located at Fort Hancock, the program provides services to 30 male juvenile offenders between the ages of 14 and 18. The program is operated on a strict Guided Group Interaction methodology. The program has an education program which provides G.E.D. preparation and remedial studies. Young people in this program have provided thousands of volunteer hours to erosion control and beach clean up at the Sandy Hook State Park.

Project Trek *

The Trek program is headquartered in Red Bank but serves 9 male juvenile offenders in a variety of wilderness experiences throughout New Jersey. It is a 60 day, experiential wilderness program run by the non-profit organization Project USE. The program is conducted for 5 or 6 cycle per year with a maximum of 54 annual participants. The youth participate in an intense outdoor program which includes team building, problem solving, outdoor skills, short and long-term expeditions within New Jersey, community service and daily

Guided Group Interaction. The goals of this program are to stress individual accountability, improve decision making, and increase self esteem.

Day Programs

Monmouth Day Program

This program, located in Freehold, serves 10 juvenile offenders. Monmouth Day provides counseling and education and stresses vocational and job readiness training. Projects include community services to surrounding municipalities, horticulture, vehicle maintenance, building trades and maintenance, plumbing, masonry and tiling. The program has the capacity to provide two participants with alternative living arrangements if they lack an adequate home environment.

OCEAN COUNTY

Residential Programs

Cedar Run Residential Group Center

Cedar Run, located in Forked River, serves 4 young male offenders between the ages of 12 and 14. The program centers on Guided Group Interaction and residents must have the necessary verbal and intellectual skills to participate in daily program activities. The program offers group and individual counseling, education, pre-vocational skills and a variety of structured recreation skills to promote good decision making and accountability.

Ocean Residential Group Center

This program, located in Forked River, serves to 30 male juvenile offenders ages 15 through 18. In addition to counseling and education, the program stresses job readiness and employment skills. Juveniles are involved in the raising of game birds and a variety of horticultural programs.

PASSAIC COUNTY

Residential Programs

Green Residential Group Center

This program, located in Ringwood, serves 30 male juvenile offenders between the ages of 14 and 17. Green utilizes Guided Group Interaction, education and work experience. Youth employment fosters positive work habits and skills through grounds maintenance for the state park system and an active culinary arts program which provides meals to the center.. The program additionally has an active wilderness component Residents in this program have been trained and

volunteer their time to provide physical therapy to a severely handicapped youngster.

Day Programs

Preakness Academy

Located at two sites on the grounds of Preakness Hospital, one in Haledon and one in Wayne, Preakness Academy serves 10 male juvenile offenders between the ages of 12 and 16. Participants are involved in a highly structured daily routine consisting of school, work detail, group counseling, and family counseling. Participants are assigned curfews and household chores as a part of their requirements. Work detail involves a variety of health trade related activities including volunteering with elderly patients suffering from Alzheimer's Disease.

Probationfields *

This program, run by the Passaic County Probation Department in conjunction with Passaic County College, serves 20 male and female juvenile offenders between the ages of 14 and 18. It is located in Paterson. Participants are required to attend five and one half days per week and are involved with vocational training, education, intensive counseling and, to the extent possible, family counseling.

UNION COUNTY

Residential Programs

Union County Substance Abuse Program *

This program serves 10 male juvenile offenders between the ages of 15 and 17. It is located in Elizabeth and is a collaborative project of the Division of Juvenile Services and the Urban League of Union County. The program is targeted to juveniles with a significant history of substance abuse. In addition to the program components of counseling, education and vocational experiences, Alcoholics and Narcotics Anonymous meetings are required. The program also has an active physical education program.

Day Programs

Elizabeth Day Program

Elizabeth Day Program serves 15 male and female juveniles between the ages of 12 and 18 in downtown Elizabeth. The central goal of the program is to improve self-esteem and develop a sense of self worth. In addition, this program

seeks to insure a continuation of existing relations with community resources that provide important services to participants.

Plainfield City Academy *

This program, a contracted service with the Volunteers of America, is located in Plainfield and serves 22 male and female juveniles between the ages of 14 and 18. It is based on the Boys Town Model and stresses educational excellence.

WARREN COUNTY

Residential Programs

Warren Residential Group Center

This program, located in Oxford, is a community based treatment program open to male juvenile offenders between the ages of 15 and 18. Great emphasis is placed on the individual's ability to function as a group family member. Guided Group Interaction, "Family Meetings," and one to one counseling are tools used to help provide a safe, stable environment. This highly structured program stresses personal accountability. Education, vocational experiences and an active experiential wilderness component are program elements.

* These programs are contracted by the Division of Juvenile Services to non-profit organizations

** This program is run by the Division of Juvenile Services under contract to Atlantic County

Department of Human Services
 Contract Provider Agencies and Services
 Summary of the Number of Contracts Per County and Total Funding
 As of February 1994

Funded County	Contracts per County	Funding Total
ATLANTIC	65	21,966,343
BERGEN	104	57,529,210
BURLINGTON	57	29,027,795
CAMDEN	118	57,867,623
CAPE MAY	27	7,720,095
CUMBERLAND	83	32,184,302
ESSEX	244	74,222,266
GLOUCESTER	41	18,386,328
HUDSON	105	39,190,392
HUNTERDON	32	4,844,952
MERCER	152	55,356,192
MIDDLESEX	166	55,233,686
MONMOUTH	156	29,835,809
MORRIS	92	28,241,771
MULTI-COUNTY	4	1,159,392
OCEAN	72	18,906,185
OUT-OF-STATE	85	41,031,464
PASSAIC	126	45,704,437
SALEM	32	8,448,726
SOMERSET	49	24,199,428
SUSSEX	47	18,729,458
UNION	110	38,577,336
WARREN	37	8,457,387

Total Contracts 2004

Total Funding 716,820,578

Duplicated Funding -15,597,845

Total State Funding 701,222,733

DEPARTMENT OF HUMAN SERVICES
 DIVISION OF FAMILY DEVELOPMENT
 SUMMARY OF PUBLIC ASSISTANCE EXPENDITURES AND AVERAGE
 MONTHLY NUMBER OF RECIPIENTS
 STATE FISCAL YEAR 1993

	Total Expenditures	Average Monthly Persons
	<u>State</u>	<u>State</u>
AFDC Regular Segment (b)	441,496,881	332,943
AFDC Unemployed Parent	23,249,841	19,706
AFDC Underemployed Parent	13,120,716	10,721
AFDC Emergency Assistance	66,360,000	29,142
General Assistance	170,789,053	35,123
Supplemental Security Income (c)	57,288,144	118,875
Total	<u>772,304,635</u>	<u>546,510</u>

- (a) Includes total assistance costs (i.e., federal, State, and/or county funds). AFDC Assistance costs eligible for federal financial participation (FFP) are shared 50% federal, 45% State and 5% county. Costs not eligible for FFP are shared 95% State and 5% county. General Assistance payments eligible for State reimbursement and SSI payments are 100% State.
- (b) Net of Child Support Collections
- (c) Includes State Supplemental Payments and Emergency and Burial Payments.

**State Medicaid Total
Payments By Service
SFY 1993**

SERVICE	
ACUTE CARE HOSPITAL	983,587,680
OTHER HOSPITAL	34,902,892
RES TREATMENT CENTER	31,197,284
INPATIENT MENTAL-GOVT	26,818,574
INPATIENT MENTAL-PVT	2,735,283
OUTPATIENT	330,364,244
ICF-MR	286,927,336
NURSING FACILITY	929,931,331
MENTAL CLINIC	33,611,384
OTHER CLINIC	20,737,332
OPTICAL APPLIANCES	3,998,331
PHYSICIAN	98,351,241
DENTAL	34,652,461
FREESTANDING ASC	2,768,341
OPTOMETRY	2,170,440
CHIROPRACTOR	456,445
PSYCHOLOGIST	1,260,352
PODIATRIST	2,062,208
	0
PROSTHETICS & ORTHOTICS	4,633,435
MIDWIFERY	710,617
DRUGS-LTC	56,209,129
DRUGS-RETAIL	236,839,219
MEDICAL SUPPLIES	14,388,714
DURABLE MED EQUIPMENT	22,222,226
HEARING-AID SERVICES	1,700,541
HOME HEALTH	91,510,540
HOSPICE CARE	367,116
LABORATORY	12,473,092
RADIOLOGY	11,326,735
TRANSPORT	36,194,555
MED DAY CARE	16,451,334
PERSONAL CARE	50,346,591
GSHP	31,726,603
PREPAID HEALTH	2,534,247
OTHER	4,139
SFY 1993 SUB TOTAL -----	3,416,171,992
BUY IN - A	2,347,688
BUY IN - B	44,556,769
MEDICAID SFY 93 TOTAL -----	3,463,076,449
=====	=====
PAAD	184,113,305
LIFELINE	68,411,910
GRAND TOTAL -----	3,715,601,664
=====	=====

New Jersey
Department of
Human Services

Overview

New Jersey Department of Human Services

- Income security
- Health insurance for low-income persons
- Protection of children
- Preservation of families

Full range of services to people who are developmentally disabled, mentally ill, at risk, blind or visually impaired, deaf or hard of hearing.

Overview

DHS Customer Responsibilities

Serve over 1 million customers in State of New Jersey through provision of:

- Income security
- Health insurance for lowest income citizens
- Protection of children
- Preservation of families

Full range of services to people who are developmentally disabled, mentally ill, youth at risk, blind or visually impaired, deaf or hard of hearing.

Resources

Staffing

	Budget	FY '95 (Recommended)
FY '94	20,107	20,107
Casino	246,768	260,756
State Aid	586,159	595,276
FY '95 (Proposed)	19,675	19,675
Other	48,113	48,217
Total	\$6,862,875	\$7,285,091

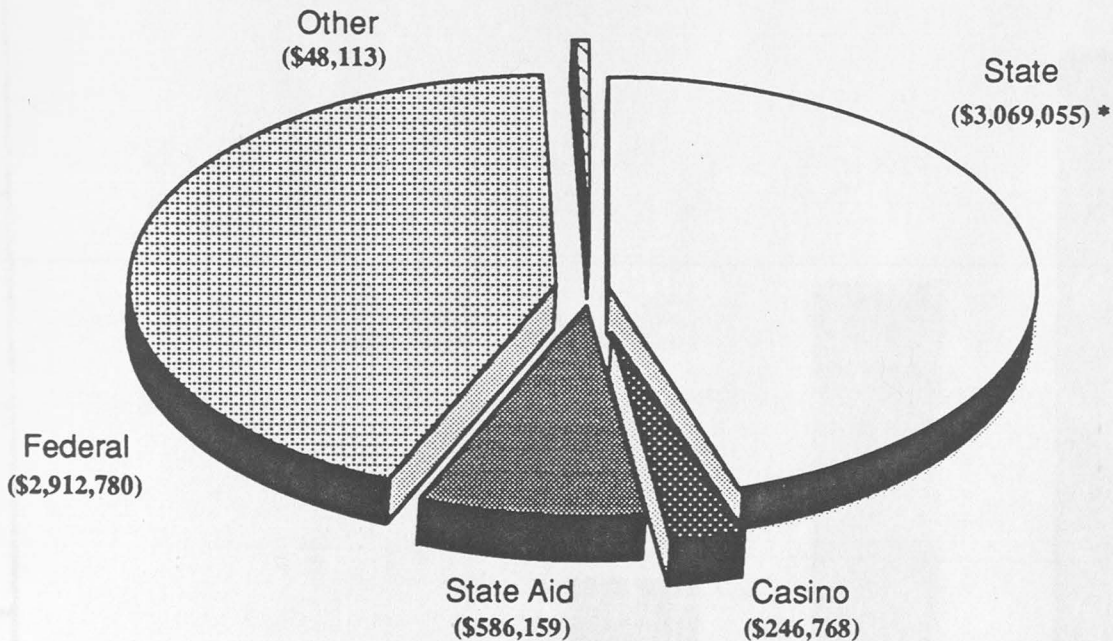
Resources

Budget

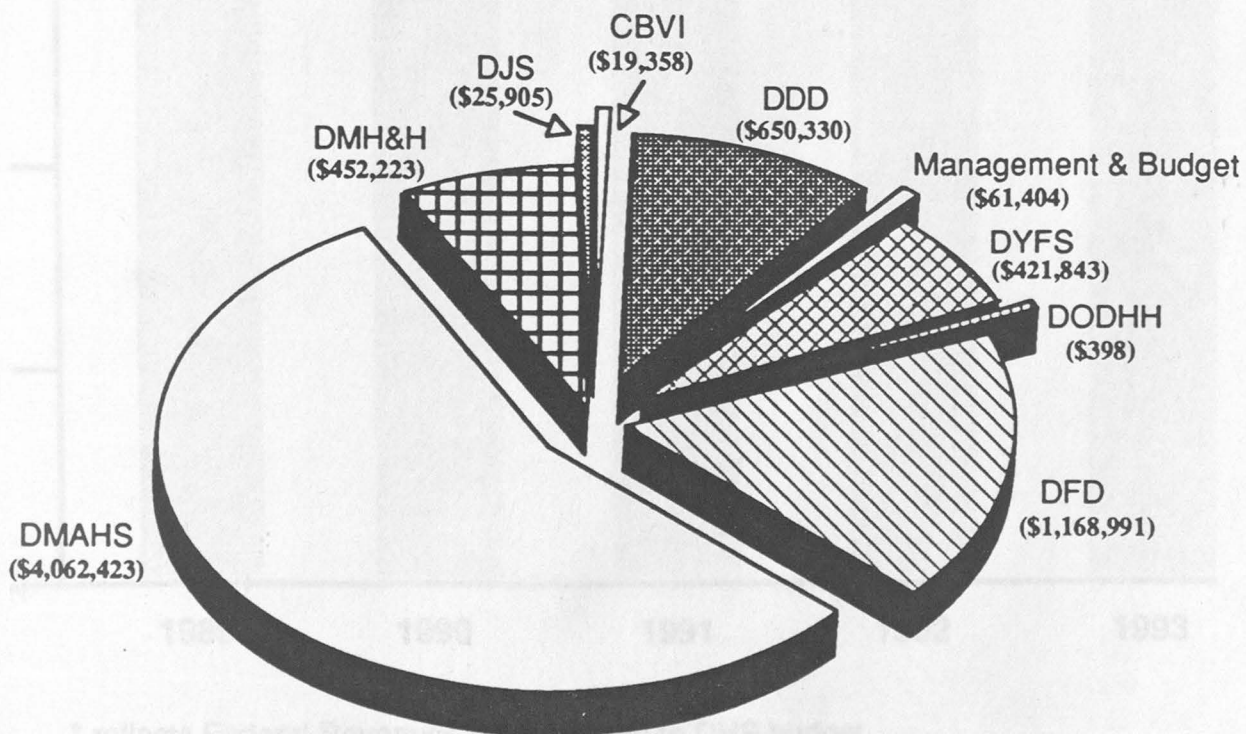
FY '94		FY '95
Adjusted Appropriation		(Recommended)
State	3,069,055	3,258,745
Casino	246,768	260,756
State Aid	586,159	595,276
Federal	2,912,780	3,122,097
Other	48,113	48,217
Total	\$6,862,875	\$7,285,091

Department of Human Services
 All Funds
 FY'93 Appropriation Act

By Fund Source
 (In Thousands)



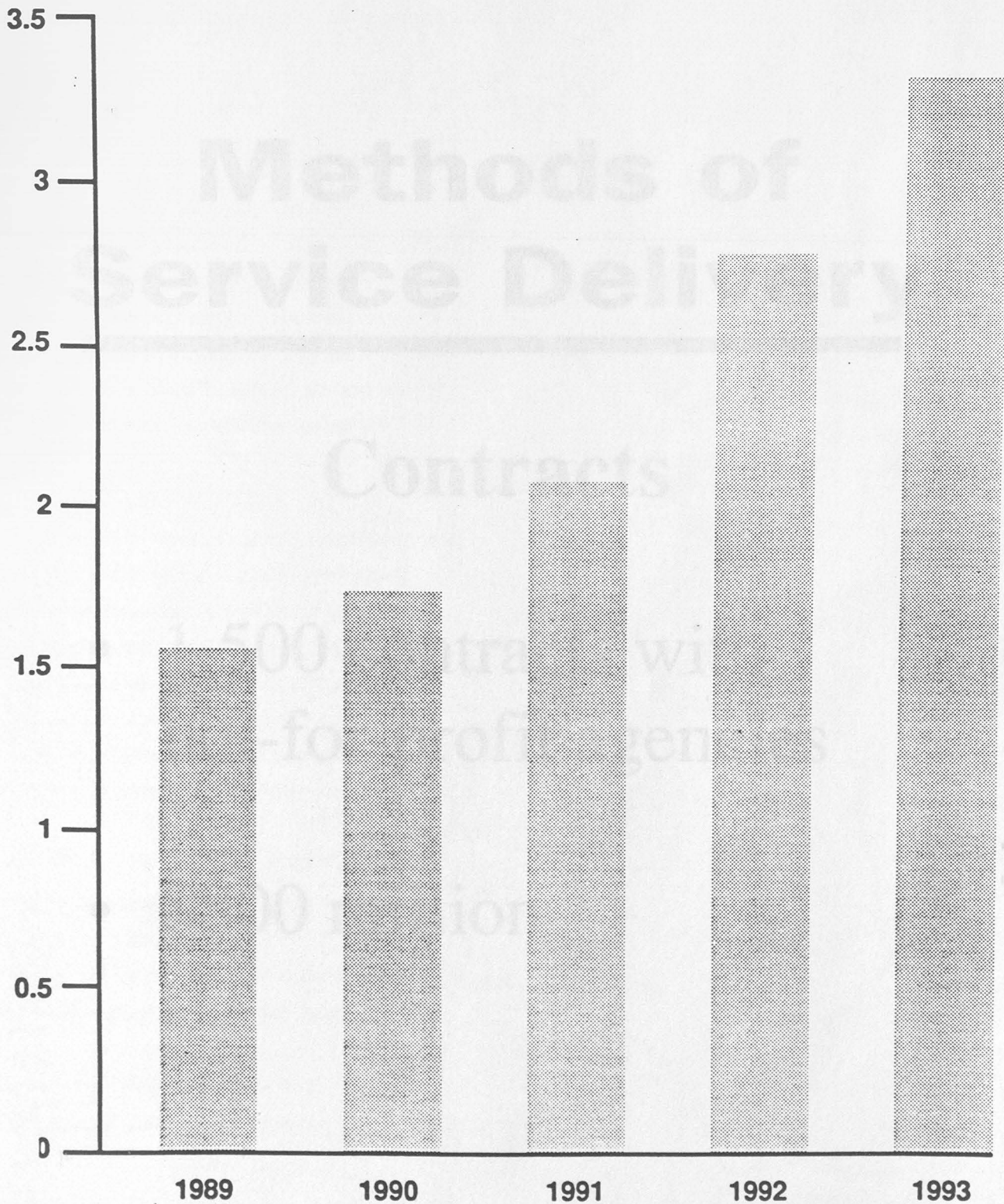
By Division
 (In Thousands)



* Includes Medicaid Payments

New Jersey Department of Human Services Federal Revenues *

In Billions



* reflects Federal Revenues not allocated to DHS budget

Methods of Service Delivery

Contracts

- 1,500 contracts with not-for-profit agencies
- \$800 million

CBVI Rehabilitation Center
Joseph Kohl Rehabilitation Center, New Brunswick

State of New Jersey
Department of Human Services

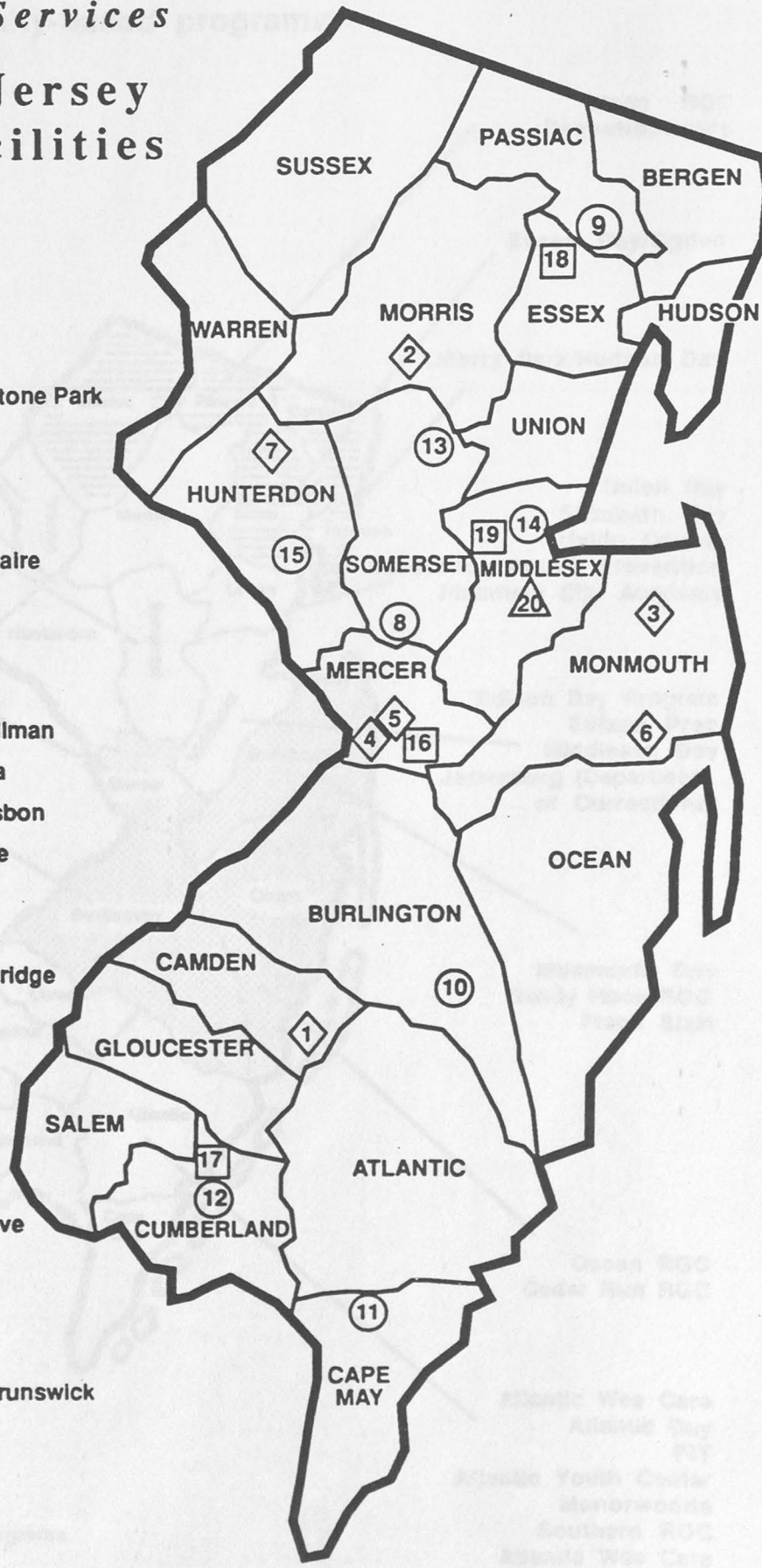
**Locations of New Jersey
 State-Operated Facilities**

- ◇ **DMH&H Psychiatric Hospitals**
 - 1 Ancora Psychiatric Hospital, Hammonton
 - 2 Greystone Park Psychiatric Hospital, Greystone Park
 - 3 Marlboro Psychiatric Hospital, Marlboro
 - 4 Trenton Psychiatric Hospital, Trenton
 - 5 Forensic Psychiatric Hospital, Trenton
 - 6 Arthur Brisbane Child Treatment Center, Allaire
 - 7 Hagedorn Geriatric Center, Glen Gardner

- **DDD Developmental Centers**
 - 8 North Princeton Developmental Center, Skillman
 - 9 North Jersey Developmental Center, Totowa
 - 10 New Lisbon Developmental Center, New Lisbon
 - 11 Woodbine Developmental Center, Woodbine
 - 12 Vineland Developmental Center, Vineland
 - 13 Green Brook Regional Center, Green Brook
 - 14 Woodbridge Developmental Center, Woodbridge
 - 15 Hunterdon Developmental Center, Clinton

- **DYFS Residential Centers**
 - 16 Ewing Residential Center, Trenton
 - 17 Vineland Residential Center, Vineland
 - 18 Cedar Grove Residential Center, Cedar Grove
 - 19 Woodbridge Residential Center, Avenel

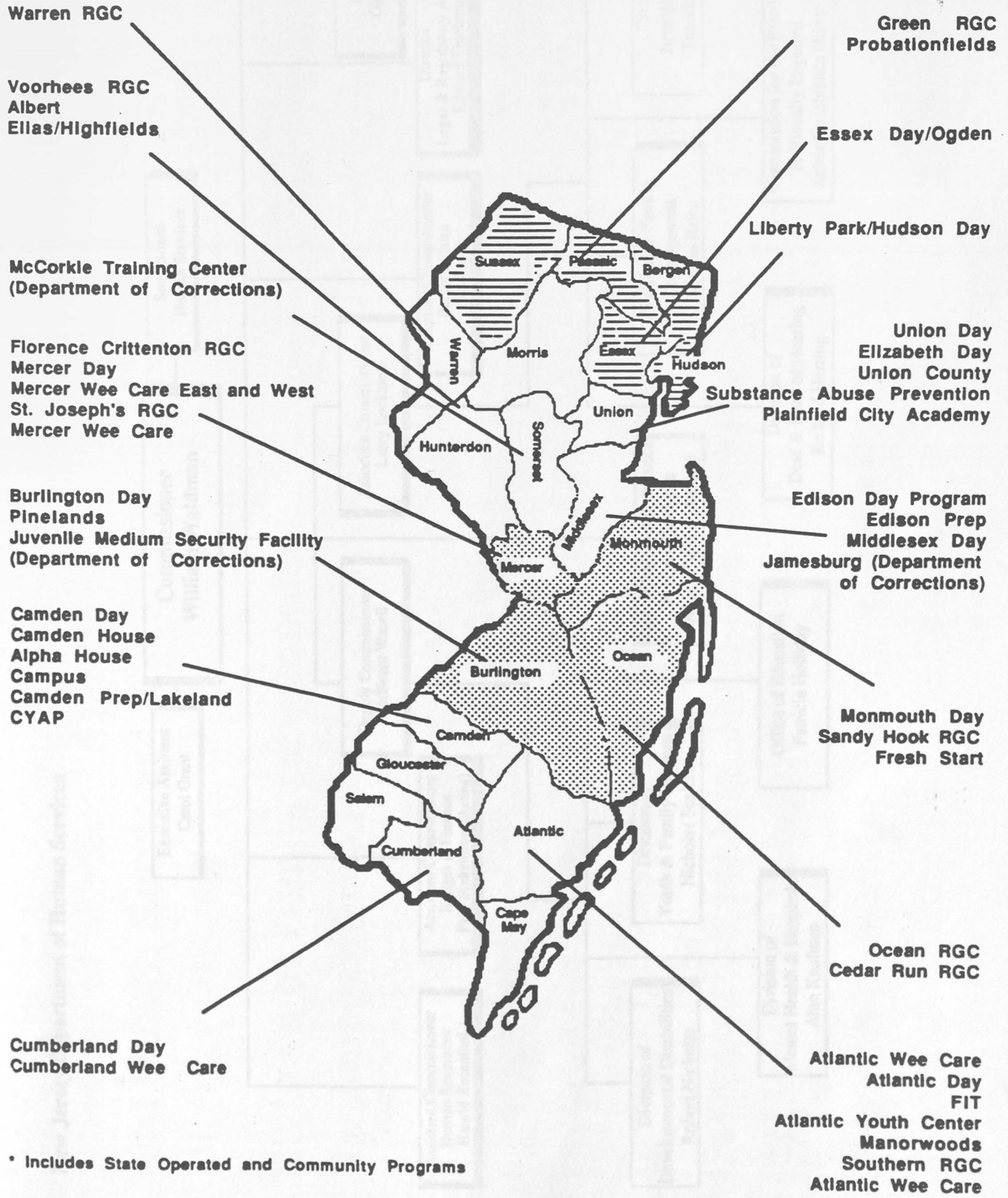
- △ **CBVI Rehabilitation Center**
 - 20 Joseph Kohn Rehabilitation Center, New Brunswick



* DJS Facilities assumed by the Department
 in August 1993 are on separate map.

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES
Division of Juvenile Services**

Community-based programs



Warren RGC

Green RGC
Probationfields

Voorhees RGC
Albert
Elias/Highfields

Essex Day/Ogden

McCorkle Training Center
(Department of Corrections)

Liberty Park/Hudson Day

Florence Crittenton RGC
Mercer Day
Mercer Wee Care East and West
St. Joseph's RGC
Mercer Wee Care

Union Day
Elizabeth Day
Union County
Substance Abuse Prevention
Plainfield City Academy

Burlington Day
Pinelands
Juvenile Medium Security Facility
(Department of Corrections)

Edison Day Program
Edison Prep
Middlesex Day
Jamesburg (Department of Corrections)

Camden Day
Camden House
Alpha House
Campus
Camden Prep/Lakeland
CYAP

Monmouth Day
Sandy Hook RGC
Fresh Start

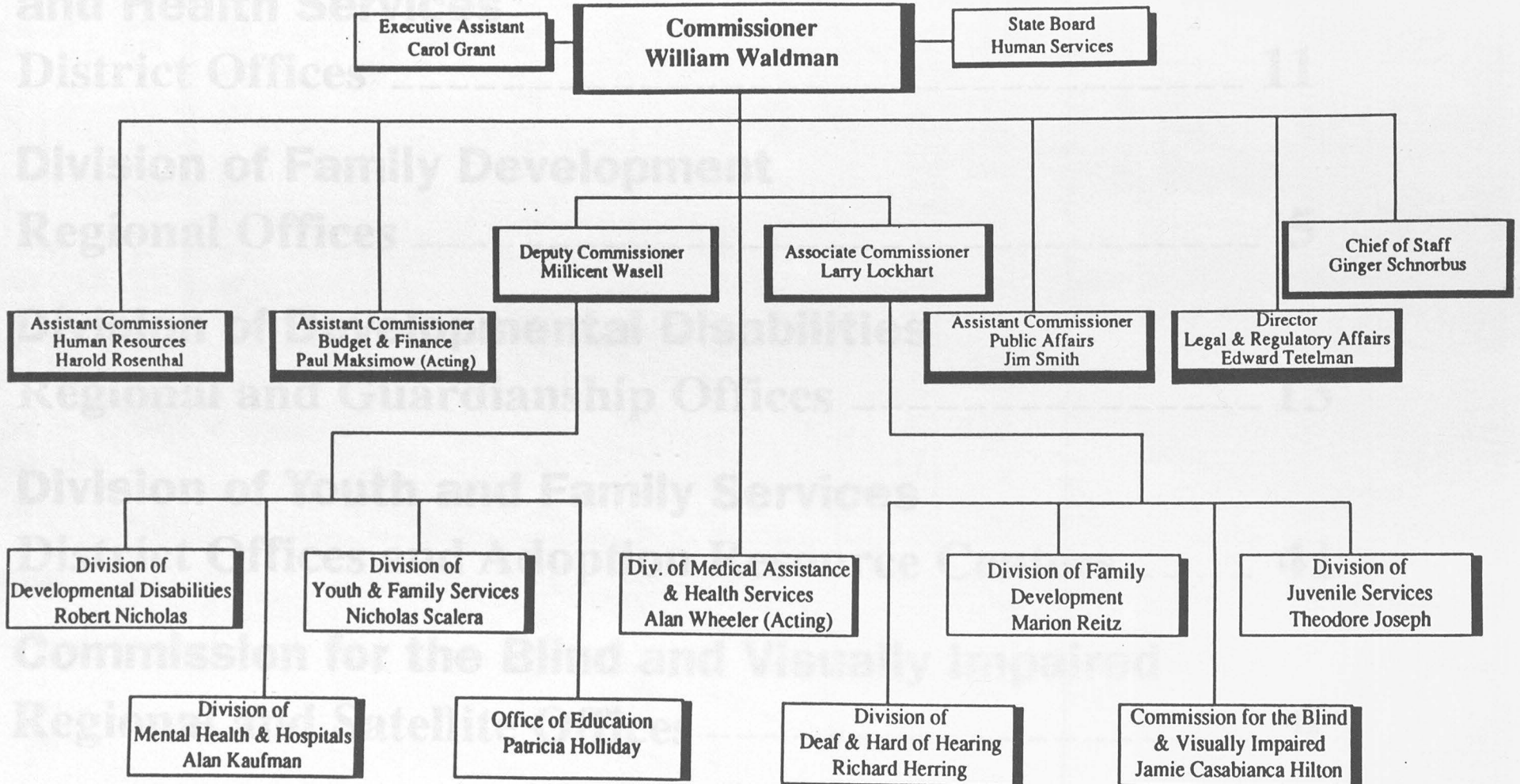
Cumberland Day
Cumberland Wee Care

Ocean RGC
Cedar Run RGC

Atlantic Wee Care
Atlantic Day
FIT
Atlantic Youth Center
Manorwoods
Southern RGC
Atlantic Wee Care

* Includes State Operated and Community Programs

New Jersey Department of Human Services



Offices

Division of Medical Assistance and Health Services

District Offices ----- 11

Division of Family Development

Regional Offices ----- 5

Division of Developmental Disabilities

Regional and Guardianship Offices ----- 13

Division of Youth and Family Services

District Offices and Adoption Resource Centers ---- 41

Commission for the Blind and Visually Impaired

Regional and Satellite Offices ----- 9

Division of Mental Health & Hospitals

Regional Offices ----- 3

Medical Assistance and Health Services

Mandate

To provide high quality, accessible health care services in the most cost-effective manner.

Budget

- FY '94 — \$4,200,461,000
 - State — \$2,087,563,000
 - Federal — \$2,113,397,000

Staff

819

Clients served

Medicaid — 599,672
PAAD — 72,064
Lifeline — 150,453

Family Development

Mandate

Provide basic income security and an opportunity for self-sufficiency for individuals and families.

Budget

- **FY '94** **\$1,150,015,000**
 - State _____ **\$547,597,000**
 - Federal _____ **\$602,418,000**

Staff

419

Family Development

Clients served

AFDC — 128,509 cases
359,826 recipients

Emergency Assistance — 27,743

General Assistance — 35,691

Food Stamps — 224,666

SSI — 130,634

Developmental Disabilities

Mandate

Provide services in the least restrictive, most appropriate environment, to foster individual development and independence for people with disabilities.

Budget

- **FY '94 \$649,070,000**
 - State \$401,722,000
 - Federal \$222,909,000

Staff

9654

Developmental Disabilities

Clients Served

8 Developmental Centers—4,414
(Greenbrook, Hunterdon, New
Lisbon, North Jersey, North
Princeton, Vineland, Woodbridge)

17 Adult Training Centers—552

**1111 Community Residential
Providers—4,723**

State \$441,706,000

Federal \$11,681,000

Other \$2,074,000

Staff

5,011

Mental Health and Hospitals

Mandate

Provide care, treatment and support for persons with serious mental illness to maximize their ability to live, work, socialize and learn in the least restrictive, most appropriate environment.

Budget

• FY '94	\$455,461,000
State	\$441,706,000
Federal	\$11,681,000
Other	\$2,074,000

Staff

5,011

Mental Health and Hospitals

Clients Served

**7 hospitals serving
7,500 annually with an average
daily population of 2,550.**

- **4 Hospitals—Greystone,
Marlboro, Trenton, Ancora**
- **3 Specialized Hospitals—
Arthur Brisbane, Hagedorn
Geriatric Center, Forensic**

**Purchase of Service Contracts
serving 253,893**

Youth & Family Services

Mandate

Protect children and adults from abuse and neglect; support families; prevent family violence

Budget

- **FY '94** **\$427,602,000**
 - State \$291,146,000
 - Federal \$130,233,000
 - Other \$ 6,223,000

Staff

2935

Youth & Family Services

Clients served

- Investigations — 50,043
- Supervision — 43,726
- Purchase of Service Contracts — 2,248
serving 255,758 people

Facilities Operated

- Residential — 4 facilities
serving 99 children
- Day Care — 11 centers serving
784 children

Contract and State Operated—704

Residential—435

Day—299

Juvenile Services

Mandate

Serve young people involved with the family courts to prevent their further involvement with the criminal justice system.

Budget

- **FY '94** **\$24,740,000**
 - State** **\$23,444,000**
 - Federal** **\$ 1,296,000**

Staff

554

Clients Served

Contract and State Operated—704

Residential—435

Day—299

Blind and Visually Impaired

Mandate

Promote eye health and assist individuals with vision problems to reach their potential.

Budget

FY '94 – \$19,547,000

State — \$10,319,000

Federal – \$ 9,228,000

Staff

302

State Operated Facilities

Joseph Kohn

Rehabilitation Center

Blind and Visually Impaired

Clients Served

Vocational Rehabilitation—17,725

Prevention/Instruction—29,400

FY '94 \$ 400,000

State \$ 400,000

Staff

6

Clients Served

Relay+Interpreter—15,600

Deaf and Hard of Hearing

Mandate

Promote increased accessibility to programs, services, and information for people who are deaf or hard of hearing.

Budget

- **FY '94** **\$ 400,000**
 State **\$ 400,000**

Staff

6

Clients Served

Relay+Interpreter—15,600

Themes

- **Preserving and Reforming Entitlements**
- **Family Support and Responsibility**
- **Infrastructure**
- **Responsibly Redirecting Resources**

Directions

- **Reorganization**
- **Exploring New Technologies**
- **Privatization**

