Human Services Transition Policy Group

PREPARED FOR GOVERNOR-ELECT JON S. CORZINE

Final Report

January 10, 2006

EXECUTIVE SUMMARY

The Human Services Transition Policy Group recommends that the Governor-Elect consider the following recommendations:

Direct the Department of Human Services to create a long-term and sustainable strategy for reducing poverty. In line with a focus on reducing poverty and homelessness, the Governor-Elect, in naming a Commissioner of Human Services, should make it clear that the Commissioner is the Governor's lead official in combating poverty and homelessness in New Jersey.

Establish the position of "Navigator" to act as a concierge to guide citizens in need to overcome barriers to obtaining services or resolving problems. The Navigator would serve in but not of the Department of Human Services or as part of the Department of the Public Advocate. DHS is a complex institution with an array of points of entry not easily understood by ordinary citizens, particularly those with problems that don't fall neatly within the jurisdiction of a particular arm of the Department. The Navigator would work with the Department to remove or fix the impediments to access, implement technology and other systems for individuals to access federal social programs whenever possible, and to coordinate information about appropriate federal programs for which the state is eligible in order to maximize program and financial resources. The Navigator would also work to collaborate with other agencies, including the Department of Health and Senior Services and the Department of Community Affairs, non-profit service providers, and the New Jersey congressional delegation to create more seamless services.

Direct the Department of Human Services to develop and implement a plan to move approximately 1,500 residents of developmental centers into supportive housing in the community. We recommend developing and implementing a plan to ensure that individuals who can leave state developmental centers and psychiatric hospitals are provided with appropriate community placements. Cost savings in reducing the number of individuals in institutionalized settings should be used for expansion of services and infrastructure.

Strengthen relationships with the state's non-profit community-based provider network. The state relies on community-based providers to bring needed services to New Jersey's vulnerable populations and should work to strengthen the ability of these groups to perform effectively, efficiently, and to provide communication regarding outcomes back to the Department.

Institute an open strategic planning process for all the areas of the Department of Human Services, prioritizing prevention, long-term planning, and sustainable solutions. The strategic planning process should yield a blueprint for the next four years that aspires to make progress in combating many if not all of the most challenging issues facing the human services delivery system in New Jersey.

Establish greater accountability through the creation of a set of meaningful performance benchmarks for the Department of Human Services. In conjunction with the strategic planning process, the Department should identify a number of key performance measures that will be tracked and publicly reported on over the course of the next four years. This will promote a culture of accountability within the Department and assist in smarter spending. An office within the Department should be designated to monitor, coordinate and report on strategic planning efforts and benchmarks.

Adopt a strategy to reduce prejudice and discrimination against people with disabilities. Equal access for people with disabilities to employment, housing, transportation and other rights will only occur through greater public awareness and acceptance. As the leading example, all levels of government should work to remove barriers and create incentives to hire qualified people with disabilities and all facilities owned or leased by the State should meet the accessibility requirements of state and federal law.

Increase opportunities of work and access to workforce development for vulnerable populations served through the Department of Human Services, including but not limited to individuals contending with disabilities, mental illness, substance abuse, and poverty. Integrate Department of Labor and Department of Human Service's service providers to create seamless linkage for consumers. Establish a major focus on pre-employment and post-employment services as a major component of program licensure. Utilize "best practice" technology in the delivery of employment services by all state programs and services. Create statewide, regional and local partnerships with private employers to address stigma, creation of job opportunity and support within the business community.

Maintain and protect the breadth and depth of New Jersey's comprehensive Medicaid Program in both beneficiaries and services and protect the integrity of the Medicaid Program against fraud. Continue to protect Dual Eligibles who are eligible for both Medicare and Medicaid from the adverse consequences of Medicare Part D by ensuring funding in the FY '07 budget of at least $40 million for a prescription drug wrap-around. Preserve Medicaid without co-payments and premiums which national studies show are significant barriers to accessing health care services. Assemble a team of national experts to review the Medicaid program to determine the existence of fraud and abuse.

Maximize Medicaid revenues and reduce Medicaid costs and dedicate their utilizations to services. Conduct an assessment of all current Medicaid waiver programs to ensure that all federal revenues are being claimed and that all federal funding is being re-invested in services, not allocated to the General Treasury for other uses. Consolidate multiple state programs in prescription drugs and other medical equipment and use the State's purchasing power to receive best prices will reduce Medicaid costs. The Administration must ensure that what ever federal revenues are received or costs saved are re-invested in health and long term care services, not allocated to the General Treasury for other uses.

Consider the creation of a statewide community worker training academy—perhaps operated in conjunction with the community college network—to ensure that workers are properly trained and able to take advantage of ongoing professional development opportunities. At present there is no uniform protocol to ensure appropriate training of community staff. Model training centers will lead to a higher standard of care for individuals served in community settings.

Preface

The Human Services Policy Group was charged with the task of providing Governor-Elect Jon S. Corzine with concrete recommendations on implementing the policy proposals of his campaign, with providing budget-minded ideas for smarter spending and cost savings for the State of New Jersey, and with providing counsel for dealing with the many critical issues facing the Department of Human Services.

While the Policy Group directed its attention at providing thoughtful, actionable, and realistic advice for the first six months of the Corzine administration, it also incorporated the big picture in its deliberations. Several cross-cutting themes emerged from the numerous meetings of the Human Services Policy Group, its subcommittees, and the public testimony sought out by the Policy Group.

Comprehensive Planning

Finding sustainable solutions, rather than temporary fixes, must be an overarching objective in all policy making for human services. With the current budget constraints, comprehensive planning is essential for combating poverty and building economic security, for moving individuals from institutions to community-based services, for expanding health care, and for all the critical issues the DHS faces. While emergency responses may be called for at times, and no child or adult must be left waiting for aid, the Department, the Governor, and the State Legislature must work together for coordinating long-term plans and policy proposals that will end the cycle of crisis management that all-too-often drives human services policy decisions.

Institute an open strategic planning process for all the areas of the Department of Human Services, prioritizing prevention, long-term planning, and sustainable solutions. The strategic planning process should yield a blueprint for the next four years that aspires to make progress in combating many if not all of the most challenging issues facing the human services delivery system in New Jersey, including but not limited to, reducing poverty and homelessness, increasing the physical, mental, and emotional health and well-being of the state's children, and increasing services to individuals in need of community-based care.

Direct the Department of Human Services to create a long-term and sustainable strategy for reducing poverty. In line with a focus on reducing poverty and homelessness, the Governor-Elect, in naming a Commissioner of Human Services,

should make it clear that the Commissioner is the Governor's lead official in combating poverty and homelessness in New Jersey.

Accountability

Instituting evidence-based practices focused on measurable outcomes should increase effectiveness in the DHS and assist in management at all levels. Without clearly-defined indicators or meaningful benchmarks to measure success and/or areas in need of improvement, any reforms or initiatives cannot be evaluated. Further, the public should be made aware of where progress is happening, and where it is needed. Without transparency, trust in the Department is lost, and a better relationship with the public and the advocates that represent the clients of the Department must occur for true progress to be made.

Establish greater accountability through the creation of a set of meaningful performance benchmarks. In conjunction with the strategic planning process, the Department should identify a number of key performance measures that will be tracked and publicly reported on over the course of the next four years. This will promote a culture of accountability within the Department and assist in allocating staff and smarter spending of resources. An office within the Department should be designated to monitor, coordinate and report on strategic planning efforts and benchmarks.

This would mirror a process in the state of Oregon in which all public agencies report each year on progress in meeting outcomes determined to be in the public interest – see Attachment A. We envision the adoption of key performance measures in many important areas within the Department's purview, including, but not limited to, reducing poverty and homelessness in New Jersey; increasing the physical, mental, and emotional health and well-being of New Jersey's children; increasing services to disabled individuals in need of community-based care; dramatically increasing the amount of federal matching funds claimed by the Department; and creating a stronger and more fiscally sound network of provider agencies that the Department relies upon to serve the state's most vulnerable citizens.

Collaborative Programs and Integrated Services Delivery

As the largest and most diversified agency in the State, the Department of Human Services has an acute need for stronger collaboration and communication between divisions under the supervision of DHS and with other State departments. Serious efforts must be made to adopt technology that can communicate across departments, to use incentives for coordination of services, and to promote sharing of resources, knowledge, and information between divisions and departments.

Establish the position of "Navigator" to act as a concierge to guide citizens in need to overcome barriers to obtaining services or resolving problems. The Navigator would serve in but not of the Department of Human Services or as part of the Department of the Public Advocate. DHS is a complex institution with an array of points of entry not easily understood by ordinary citizens, particularly those with problems that don't fall neatly within the jurisdiction of a particular arm of the Department. Yet because much of what the Department does is often of critical importance to the health and well-being of New Jersey's citizens, the ability to have questions answered and snafus resolved in a timely and sometimes emergent fashion is all the more vital. The Navigator would work with the Department to remove or fix the impediments to access and to implement technology and other systems for individuals to access federal social programs whenever possible, and to coordinate information about appropriate federal programs for which the state is eligible in order to maximize program and financial resources. The Navigator could also strengthen relationships between the state and non-profits by facilitating the ability of non-profits to access federal support.

The Navigator position could potentially save money for the state by eliminating redundancy of services and through encouraging department divisions to work with congressional offices to ensure grant opportunities are communicated and made use of by non-profits and by appropriate New Jersey state departments.

Maintain and protect the breadth and depth of New Jersey's comprehensive Medicaid Program in both beneficiaries and services. As the primary insurer for the poor, Medicaid is the cornerstone of New Jersey's health care safety net. Medicaid's responsibilities are far-reaching—providing acute health care to 740,000 categorically eligible New Jersey residents (e.g., children, pregnant women, elderly, and children and adults with disabilities); and long term care funding and services for the elderly and people with disabilities. Medicaid also provides considerable financial support for safety net hospitals through direct payments for services and disproportionate share hospital (DSH) payments. The Division of Medical Assistance and Health Services (DMAHS), within the Department of Human Services (DHS), is the State's single Medicaid agency, responsible to the federal government for all Medicaid programs. New Jersey receives a 50% federal match for its Medicaid program.

New Jersey, in its commitment to addressing both the health and long term care needs of its most vulnerable citizens, covers optional population groups and provides optional services that are beyond those minimally required by the federal government. Over the past several years, due to State budgetary crises, New Jersey has proposed policy and program changes to control the rising costs of the program without fully understanding the negative impacts on beneficiaries. Federal policies to control spending and growth in Medicaid are also continuing, threatening the nature of Medicaid as an entitlement; with the possibility of significant changes to the program over the next few years that will negatively impact New Jersey's ability to provide health care to the poor. **Due to these challenges, implementation of the recommendations below should be cost neutral or result in an absolute minimum to the State portion of Medicaid expenses.**

- Continue to protect Dual Eligibles who are eligible for both Medicare and Medicaid from the adverse consequences of Medicare Part D by ensuring funding in the FY '07 budget of at least $40 million for a prescription drug wrap-around.
- Preserve Medicaid without co-payments and premiums which national studies show are significant barriers to accessing health care services.

Maximize Medicaid revenues and reduce Medicaid costs and dedicate their utilizations to services. The Administration must ensure that what ever federal revenues are received are re-invested in health and long term care services, not allocated to the General Treasury for other uses.

- Conduct an assessment of all current Medicaid waiver programs to ensure that all federal revenues are being claimed.
- Consolidate multiple state programs in prescription drugs and other medical equipment and use the State's purchasing power to receive best prices will reduce Medicaid costs.
- **Assemble a team of national experts to review the Medicaid program to determine the existence of fraud and abuse**. Historically, both nationally and in New Jersey, the Medicaid program has been the target of organized criminal activities. The size and scope of the program ($300B+ nationally and $10B+ in New Jersey), the literal multitude of providers, the nature of the electronic reimbursement system, the amount of transactions and other factors make the program vulnerable to fraud and abuse. Assembling a team of forensic accountants and persons with relevant legal and law enforcement experience coupled with the use latest technological applications geared to picking up suspicious patterns of billing, etc could yield potentially significant savings.

Support for Employees of the Department of Human Services and Community Service Providers

In order to implement any initiatives or new proposals at the Department of Human Services, support and guidance for the employees on the frontline of providing services and in all levels of management must be provided. The state's social workers and their partners in the community need to be given full support and adequate training to deal with the very difficult and emotional demands of their jobs. DHS staff needs to include expertise to achieve a seamless approach to work with New Jersey's diverse communities in all its programs. Quality work and care of the vulnerable populations in New Jersey can only happen if the State attends to the workers who provide the care.

Strengthen relationships with the state's non-profit community-based provider network. The state relies on community-based providers to bring needed services to New Jersey's vulnerable populations and should work to create true partnerships with service providers willing to collaborate with government to find the most efficient, economic and effective solutions by recognizing their expertise and accepting their contribution as important for those in need. We recommend the following steps to create effective relationships:

- The Department can better support the state's network of provider agencies and reduce costs by moving to a biennial contract process
- Allow agencies to retain end-of-year contract accrual dollars to address critical capital needs.
- Incorporate a cost of living increase (Northeast urban workers CPI) in contracts to increase their ability to offer competitive salaries and retain staff.
- Better utilize database technology for two-way feedback on outcomes.
- Use strategic sourcing of goods, services and staff to save money and reinvest the savings into the expansion of services.
- Establish a database of DHS contract agencies and contract services to coordinate services between Divisions, avoid duplication, and identify gaps. Database should include nature, location and capacity of contract agencies that can be mapped against needs.

Consider the creation of a statewide community worker training academy—perhaps operated in conjunction with the community college network—to ensure that workers are properly trained and able to take advantage of ongoing professional development opportunities. At present there is no uniform protocol to ensure appropriate training of community staff. DYFS and DMHS impose training requirements upon community staff, but provide little or no funding to support such training. As a result, training of community staff is inconsistent and of varying quality. Model training centers will lead to a higher standard of care for individuals served in community settings. Other recommendations for creating better training include:

- Identify core curriculums needed for basic training of front line workers in each Division of DHS. This curriculum should include a basic 'customer service' orientation to produce satisfactory results for clients and families. The curriculum should also include reflective supervision to acknowledge the worker's personal emotional responses to a family in crises.
- Allow new workers to substitute college credit or demonstrate knowledge of the core curriculum areas through testing or credits for work experience. Require a certain number of credits during the first year of employment and CEUs for other years of experience similar to what is required of teachers or other fields where certification is required.
- Provide ongoing training for experienced staff to deepen their skills. Build internal career ladders to support staff retention.
- Consider extending loan forgiveness program to students who are employed by DHS contract agencies.

Outreach to the "Voiceless" Populations

Several populations need more opportunity to articulate their needs in the state. Recent immigrants have more than doubled in population in the past decade and face unique obstacles in accessing even basic human services. For disabled children and adults, the mentally ill, and those struggling with addiction, daily life is a greater strain and few are eager to represent or advocate for these groups, who generally have insignificant financial or political influence. Expanding access to services for these groups can help to

relieve the stress and the expense of emergency services, and self-sufficiency and empowerment of these individuals will benefit the entire state.

Direct the Department of Human Services to develop, with input from stakeholders, and implement a plan to move approximately 1,500 residents of developmental centers into supportive housing in the community. Approximately 3,000 individuals remain in the seven state-operated institutions for people with developmental disabilities, and an estimated 1,500 could live in community residential programs with staffing and day programming. About 2,300 individuals live in the five state-operated psychiatric hospitals, about half of whom have been determined by medical professionals and the courts to be ready for discharge to community homes. Litigation is pending against DHS by Protection and Advocacy, Inc. to move people appropriately out of institutional settings. The Department can create efficiencies through developing and implementing a plan to ensure that individuals who can leave State Developmental Centers and psychiatric hospitals are provided with appropriate community placements with savings used for expansion and infrastructure. Some state developmental centers and psychiatric hospitals occupy valuable land. The Department/Administration should explore methods of extracting the increased value of this large portfolio of properties—through direct sale and/or other methods of leveraging the properties' equity such as a private bond issuance—and use the funding to help strengthen the network of community-based providers and increasing community-based services for those in need of them.

Adopt a strategy to reduce prejudice and discrimination against people with disabilities (PWD). Equal access for people with disabilities (PWD) to employment, housing, transportation and other rights will only occur through greater public awareness and acceptance. The committee recommends incorporating that strategy in public pronouncements at all levels of government and directs the Department of Personnel to remove barriers and create incentives for state agencies to hire qualified PWD. Other recommendations include:

- Direct the Treasury Department to assure that all facilities owned or leased by the State meet the accessibility requirements of state and federal law.
- Direct the DHS to create the capacity to address the specialized needs of people with autism, including health, education, job training and placement and other supports.
- Direct the DHS to study the costs and benefits of expanding the Catastrophic Illness in Children Fund to meet the needs of adults with disabilities not adequately served by other agencies, e.g., those living at home with families or seeking to live independently in the community with self-directed supports.
- Develop a plan for the coordination of programs to better meet the educational, health and support needs of students with disabilities and create the capacity to address the specialized needs of people with autism.
- Direct the Board of Medical Examiners to develop medical school curriculum and continuing education requirements to close gap in services to people with disabilities, possibly as part of new programs being developed to address cultural competence in medical education to address gaps in care between racial groups under the Eliminating Health Disparities Initiative, N.J.S.A. 26:2-167.1.

- Direct the DHS to maximize federal reimbursements under all Centers for Medicaid/Medicare Services waivers. In addition, all revenues received under the federal Home and Community-Based Services Waivers be reinvested into the community.

Workforce Development and Workplace Readiness

As Americans, much of how we measure success in life is largely tied to work. We define ourselves by our careers and the largest amount of our time is often spent outside our homes at work. Many of the populations served by the DHS, including the physically or developmentally disabled, the mentally ill, recovering substance abusers, and those attempting to rise out of poverty, the barriers to employment and work are extremely difficult. Investing in human capital can lead to self-reliance and empowerment for many individuals, and should be a major priority and goal in all human service policy decisions.

Increase opportunities of work and access to workforce development for vulnerable populations served through the Department of Human Services, including but not limited to individuals contending with disabilities, mental illness, substance abuse, and poverty. We recommend integrating the Department of Labor and Department of Human Service's service providers to create seamless linkage for consumers. Establish a major focus on pre-employment and post-employment services as a major component of program licensure. Utilize "best practice" technology in the delivery of employment services by all state programs and services. Create statewide, regional and local partnerships with private employers to address stigma, creation of job opportunity and support within the business community.

Co-Chairs of Human Services Policy Group

Velvet Miller most recently served as president and CEO of Horizon/Mercy, New Jersey's largest healthcare management organization serving the publicly insured. Miller's public sector experience includes appointments to senior administrative positions in New York, Massachusetts and New Jersey, where she served as the Deputy Commissioner in the Department of Human Service. She has also consulted, collaborated with, and worked within large health care organizations, foundations, federal and local human service agencies, and academic institutions. Dr. Miller began her career as a professional nurse practicing for numerous years in a variety of clinical and academic settings. Dr. Miller is currently a principal in the consulting firm DMG and is president and CEO of My Parent's Concierge, a national broker of elder care services. Dr. Miller was awarded a Pew Fellowship for doctoral studies in health policy and received her Ph.D. from Boston University. She has also earned degrees from Wagner College School of Nursing, Temple University School of Education, and Harvard University's Kennedy School of Government.

Daniel Santo Pietro is the Executive Director of the Hispanic Directors Association of New Jersey, whose mission it is to further the progress of New Jersey's Hispanic Community through cooperation among its members and collaboration with other non-profit organizations.

William Waldman served as the Commissioner of Human Services for the State of New Jersey in both the Florio and Whitman administrations. He is the Former Executive Director of American Public Human Services Association (APHSA) in Washington, D.C. APHSA is a nonprofit, bipartisan organization of state and local human service agencies and individuals who work in or are interested in public human service programs. He Currently, Mr. Waldman is the Visiting Professor and Executive in Residence at the Rutgers School of Social Work in New Brunswick. He received his M.S.W. from Rutgers and his research interests include administration, policy, and planning.

Members of the Human Services Policy Group

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Michael Moynihan - President and Chief Professional Officer, United Way Camden County
Paul Potito - Exec. Director of COSAC (Center for Outreach and Services for the Autism Community)
Claire Mahon – Former Executive Director PSCH, Inc.
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System Reform – Services Delivery
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Supporting New Jerseyans with Physical and Developmental Disabilities
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Joni Jones – RN, CNC, Autism advocate, former Assembly candidate
Ethan Ellis – Executive Director, NJ Development Disabilities Council
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Tom Baffuto – Executive Director, ARC of New Jersey
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Behavioral Health
Ed Diehl – President, Seabrook House
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Robert Davison - Executive Director of the Montclair-based Mental Health Association of Essex County
Jim O'Brien – Executive Director, Addiction Treatment Providers New Jersey
Dr. Lorenzo Puertas – Psychologist and Executive Director of the Latin-American Institute
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Economic Security
Elnora Watson – President, Urban League of Hudson County
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Jack Johnson – President of Religious Leaders of New Jersey
Rev. William Coleman Jr. - President, CEO WEC Resource GP New Lease on Life

APPENDIX I

The preceding report represents the collective work of the Human Services Policy Group, of which the contents have been agreed to and supported by all members. The following six exhibits represent the individual recommendations of the subcommittees. Several of these recommendations were met with divided opinions, but merit further study. Also, many of these recommendations may not be actionable within the first six months of the Corzine administration, but we recommend revisiting these suggestions during his tenure as Governor.

EXHIBIT ONE: SYSTEM REFORM – MANAGEMENT AND ACCOUNTABILITY

The Human Services Policy Group's Subcommittee on System Reform – Management & Accountability was asked to examine issues and make recommendations to assist the Governor-Elect in establishing a Department of Human Services capable of implementing the Administration's priorities, of efficiently managing the largest budget and workforce within state government, and of promoting accountability throughout its ranks.

In this vein, the Subcommittee makes the following recommendations:

1. The Department should undertake a strategic planning process that includes all of its stakeholders in an attempt to articulate a clear and compelling vision for a stronger and more efficient agency. The strategic planning process should yield a blueprint for the next four years that aspires to make progress in combating many if not all of the most challenging issues facing the human services delivery system in New Jersey. An office within the Department should be designated to monitor, coordinate and report on strategic planning efforts.

2. In conjunction with the strategic planning process, the Department should identify a number of key performance measures that will be tracked and publicly reported on over the course of the next four years. This will promote a culture of accountability within the Department and will ensure that the Governor-Elect's priorities are always front and center. (This would mirror a process in the state of Oregon in which all public agencies report each year on progress in meeting outcomes determined to be in the public interest – see Attachment A). The Subcommittee envisions the adoption of key performance measures in many important areas within the Department's purview, including, but not limited to, reducing poverty and homelessness in New Jersey; increasing the physical, mental, and emotional health and well-being of New Jersey's children; increasing services to disabled individuals in need of community-based care; dramatically increasing the amount of federal matching funds claimed by the Department; and creating a stronger

and more fiscally sound network of provider agencies that the Department relies upon to serve the state's most vulnerable citizens.

3. In line with a focus on reducing poverty and homelessness, the Governor-Elect, in naming a Commissioner of Human Services, should make it clear that the Commissioner is the Governor's lead official in combating poverty and homelessness in New Jersey. While the Commissioner of Human Services is often seen as responsible for services to different groups, such as people with mental illness and developmental disabilities, there has never been a pronounced focus on a Commissioner as the key state official responsible for reducing poverty and homelessness. Such a focus would make clear the Governor-Elect's commitment to anti-poverty efforts.

4. The Governor-Elect should appoint an Ombudsman to serve in but not of the Department of Human Services or as part of the Department of the Public Advocate. DHS is a complex institution with an array of points of entry not easily navigated by ordinary citizens, particularly those with problems that don't fall neatly within the jurisdiction of a particular arm of the Department. Yet because much of what the Department does is often of critical importance to the health and well-being of New Jersey's citizens, the ability to have questions answered and snafus resolved in a timely and sometimes emergent fashion is all the more vital. An Ombudsman would help citizens in need, family members, provider agencies, and others to overcome barriers to obtaining services or resolving problems.

5. Should the Governor-Elect and the Legislature agree to move to a biennial state budgeting process, the Department should contract on a biennial basis with its provider agencies, eliminating considerable (and burdensome) work that is done at present on an annual basis.

6. The Department should consider a plan to save funding through the use of strategic sourcing of goods, services and staff, and then reinvest the savings into the expansion of services. Presently the Department contracts with over 1500 provider agencies, with each purchasing everything from vans to insurance to professional services. At the same time, each entity of the Department (developmental centers, psychiatric hospitals, etc.) contracts for essential goods and specialized staff. These units of the Department and provider agencies cannot obtain the prices that could be obtained through the development of strategic sourcing contracts that leverage the buying power of the state itself.

7. The Department should immediately strengthen the state's network of provider agencies by allowing agencies to retain end-of-year contract accrual dollars to address critical capital needs. At present, agencies that are economical and/or well-managed must return excess funds to the State, only to have to "beg" for funds at some future point to replace a group home's roof or an aging van no longer safe to transport service recipients. Allowing agencies to retain contract accruals for the proverbial rainy day is wise and will prevent emergencies that occur all too often at present.

8. Over the past 25 years the Department has funded the purchase and renovation of well over 1,000 community-based residences to serve people with developmental disabilities, mental illness, abused and neglected children, and others. The aggregate value of these properties has increased manifold. Additionally, state developmental centers and psychiatric hospitals occupy valuable land. The Department/Administration should explore methods of extracting the increased value of this large portfolio of properties—through direct sale and/or other methods of leveraging the properties' equity such as a private bond issuance—and use the funding to help strengthen the network of community-based providers and increasing community-based services for those in need of them.

9. The Department should immediately examine training resources for direct care staff in community-based settings. At present there is no uniform protocol to ensure appropriate training of community staff. DDD, for example, funds trainers to ensure that community staff receive training, although it is minimal. DYFS and DMHS impose training requirements upon community staff, but provides little or no funding to support such training. As a result, training of community staff is inconsistent and of varying quality. The Department should consider the creation of a statewide community worker training academy—perhaps operated in conjunction with the community college network—to ensure that workers are properly trained and able to take advantage of ongoing professional development opportunities. This will lead to a higher standard of care for individuals served in community settings.

EXHIBIT TWO: SYSTEM REFORM – SERVICES DELIVERY

Where appropriate, services should be targeted at moving individuals and families out of poverty.

- Coordination

  Recommendation: The Commissioner should be responsible for coordination, efficiency and effectiveness for DHS service delivery. His or her performance should be measured against appropriate indicators in each of these areas.

  Recommendation: Establish a Human Services data base of DHS contract agencies and contract services to coordinate services between Divisions, avoid duplication, and identify gaps. Database should include nature, location and capacity of contract agencies that can be mapped against needs.

- Integration

  Recommendation: Integrate information on contract agencies and services into training for new workers and give them access to the DHS data base of services.

  Recommendation: Create true partnerships with service providers willing to collaborate with government to find the most efficient, economic and effective

solutions by recognizing their expertise and accepting their contribution as important for those in need.

- Communication

  Recommendation: Use technology for conference calls, emailing info, quick surveys, or even discussion of issues to encourage communication between Divisions and with service providers.

  Recommendation: Provide feedback on outcomes of policy, procedures, or practices task forces and working groups when DHS seeks input from service providers.

- Staff recruitment, training, re-training, and retention

  Recommendation: Build into the DHS budget a cost of providing care for contract agencies using the northeast urban workers CPI in order to increase their ability to offer competitive salaries and retain staff

  Recommendation: Identify core curriculums needed for basic training of front line workers in each Division of DHS. This curriculum should include a basic 'customer service' orientation to produce satisfactory results for clients and families. The curriculum should also include reflective supervision to acknowledge the worker's personal emotional responses to a family in crises. Allow new workers to substitute college credit or demonstrate knowledge of the core curriculum areas through testing or credits for work experience. Require a certain number of credits during the first year of employment and CEUs for other years of experience similar to what is required of teachers or other fields where certification is required.

  Recommendation: provide ongoing training for experienced staff to deepen their skills. Build internal career ladders to support staff retention.

  Recommendation: Consider extending loan forgiveness program to students who are employed by DHS contract agencies.

- Access to Services

  Recommendation: Do a community audit, starting with DHS contract services and using the 211 date base to identify existing services. Use a survey to identify which programs are culturally competent and serve diverse populations.

  Recommendation: Have contract agencies report on the racial, ethnic, gender, age, and disability demographics of clients they serve. Contract applications should include demonstration of services offered in appropriate languages and in

a culturally sensitive fashion and results should be compared to proposal projections.

Recommendation: Review how and if Community Collaborative are addressing diversity.

Recommendation: Appropriate contract agencies should ensure that difficult-to-serve populations such as returning ex-offenders receive all services to which they are entitled.

Recommendation: New Jersey should invest in a state component of the federal NORC Aging-in-Place demonstration project to expand social and heath based services to concentrations of the frail and elderly to delay and eliminate the need for nursing home stays. The program will utilize existing non-profit agencies to reduce Medicaid costs and provide a better environment for these needy persons.

Recommendation: New Jersey should continue to support and expand the NJ After 3 Program which is a partnership with nonprofit agencies, private charitable funds, and the State to provide tutorial and enrichment services to school children in urban schools to raise their education achievement and provide safe alternative environments for these children.

- Budget & Smarter Spending

Recommendation: Maximize funding coming to the state for service providers through federal reimbursements and federal grants. Allow sufficient time for planning and defining roles to meet any grant requirements of collaboration with service providers. Require MOUs for any grant where collaboration with service providers is proposed.

Recommendation: Continue contract reform efforts. See addendum for changes already implemented.

Recommendation: Consider multi-year contracts with performance benchmarks rather than expensive annual renewals.

Recommendation: Review the number of management staff added to DHS versus the number of line staff including the ratio of management to line staff in each division to determine cost effectiveness.

Recommendation: Assess how the Rensselaerville model of outcomes contracting affects services and grants. Will required information for federal grants be available through this model? Will agencies have to do double reporting? Will the state consider client needs and researched based best practices in determining what services to purchase?

Addendum

DHS contract reform efforts to date

- Standardized and reformed DHS contracts with community third party providers
- Revised contract modification policy
- Revised cluster policy
- Revised documents and conditions required for DHS third party contracts
- Revised execution procedures for contracts
- Standardized Board Resolution Form
- Developed Significant Events Policy
- Revised Equipment Policy
- New DHS Website Access Policy
- Revised Cognizant Contracting information
- Established technological advances in DHS contraction
- Increased community provider outreach
- Promoted Aggregate Purchasing Initiative for DHS provider agencies
  - NJ Insurance laws now permit small employee groups to form alliances for the aggregate purchase of health insurance.
  - The Social Service Purchasing Alliance, (SSPA), was formed to take advantage of group purchasing power.
  - The SSPA was formed with the assistance of outside legal guidance (Pro Bono Partnership), chosen by the Provider Agency Task Force membership.
  - The SSPA is a NJ Nonprofit Corporation, 509(a)(3) seeking federal tax exempt recognition.
  - The Task Force Provider membership selected the VanPalmer Group as Broker, who surveyed the 1500 DHS Provider Agencies on their populations and current health plans.
  - The VanPalmer Group is working with insurance carriers in developing group life insurance plans. Some interest by Aetna, Horizon and Oxford thus far.
  - The VanPalmer Group now has available dental plans, through Delta Dental. These plans are normally provided to large groups, but are available to Providers due to their combined purchasing power.
  - The VanPalmer Group is also developing long term disability and group life insurance plans for the SSPA.

EXHIBIT THREE: BEHAVIORAL HEALTH

Put mental health and addictions benefits on par with other health benefits

We recommend that the Corzine administration support the passage of A333 (S544), which revises statutory mental health coverage requirements and requires all health insurers and SHBP to cover treatment for all DSMD-IV disorders, based upon medical necessity, under same terms and conditions as for other diseases and

illnesses. This would include alcoholism, other substance-abuse disorders, and eating disorders. Passage recommended by the Pension and Health Benefits Commission on 12/9/05.

Improve access to community-based mental health services

We recommend that the Corzine administration support the reform plan for the mental health system outlined in the ***Governor's Task Force on Mental Health Final Report*** (March 31, 2005, www.nj.gov/mentalhealth Addendum I). The recommendations proposed in this report were within the framework of a five-year improvement plan. A plan that moves the system toward a wellness and recovery model, stressing consumer and family involvement, cultural competency, housing and local systems of care is the goal. This system should be based upon outcomes such as: 1) number of consumers living in independent housing, holding their own leases or mortgages; 2) number of consumers engaged in competitive, meaningful employment with opportunity for advancement; 3) number of consumers who enjoy a balanced life in the community with rewarding relationships among family and friends and connections to a social network of church, libraries, clubs, etc. (See attached outcomes on wellness and recovery, Addendum II). While the Codey administration made significant progress, much remains to be done. We must acknowledge and accept the reality that meaningful change cannot result from the commitment of one administration or the findings of a single task force. During the campaign, Jon Corzine promised to support acting Governor Codey's mental health initiatives. We urge him to keep that commitment.

Mental health treatment for individuals with barriers to work

Workforce Development must become the responsibility of all levels of the public mental health system. Beginning at admission to a state hospital to residential, partial care, ICMS, PACT and community support programs - all must have employment as an outcome measure of their success. Key elements include:

- Integration of Department of Labor (One-Stops, DVR) and Department of Human Service's mental health service providers (partial care, ICMS, PACT) through the creation of a liaison system to create seamless linkage for consumers.
- Establishment of a major focus on pre-employment and post-employment services as a major component of program licensure.
- Utilization of "best practice" technology in the delivery of employment services by all state programs and services.
- Establishment of a system of outcome measures and evaluation surrounding short and long term employment that is tied to program certification and funding.
- Creation of statewide, regional and local partnerships with private employers to address stigma, creation of job opportunity and support within the business community.

(See Addendum III (*Employment: The Time is Now!"* for more detail)

Improved access to addiction treatment

The availability of addiction services does not meet the demand. There is a severe capacity issue within the addiction services community. We recommend increasing the capacity of the services system by investing the $19.4M of state savings recommended in Addendum IV back into the service system. Additionally, we recommend funding $4 million for services for co-occurring substance abuse and mental illness, as recommended by Governor Codey's Mental Health Task Force.

The issue of insurance coverage accountability needs to be investigated. When New Jersey's health insurance providers unreasonably deny or ration addiction treatment, those subscribers turn to scarce public health resources to attain necessary treatment. This phenomenon should be investigated by appropriate departments to make certain health insurance providers meet their obligations satisfactorily and public dollars are reserved for the truly indigent.

Governor Corzine should use the bully pulpit to raise awareness concerning addictions, sending the message that addiction is a disease and that addicts and their families deserve treatment.

Because addictions crosses all systems in DHS and other departments, the Division of addiction Services should be led by a Deputy Commissioner, or lacking that, the Assistant Commissioner of DAS should report directly to the Commissioner without intermediary.

10,000 opportunities of housing -- $200M Housing Trust Fund

We recommend that the Housing Trust Fund and the ongoing need for service funds be fully supported by the Corzine administration. (See Addendum V for complete details.)

Workforce Training

The biggest issue facing the behavioral health workforce (mental health and addictions) is salary parity. The community providers cannot compete with salaries paid by State agencies. Salaries for community workers need to be increased.

Other Priority Issues

We recommend that DHS apply for federal mental health system "transformation grants" available through SAMHSA.

We recommend that the Corzine administration support the ongoing independent assessment of the Children's Behavioral Health System being performed by the University of South Florida (Mary Armstrong) and being overseen jointly by DHS,

the Office of the Child Advocate and the Governor's Task Force on Mental Health. This assessment is scheduled for completion in May 2006.

Medicaid rates for all services should be increased from 1984 levels.

EXHIBIT FOUR: MEDICAID

Current Program

As the primary insurer for the poor, Medicaid is the cornerstone of New Jersey's health care safety net. Medicaid's responsibilities are far –reaching—providing acute health care to 740,000 categorically eligible New Jersey residents (e.g., children, pregnant women, elderly, and children and adults with disabilities); and long term care funding and services for the elderly and people with disabilities. Medicaid also provides considerable financial support for safety net hospitals through direct payments for services and disproportionate share hospital (DSH) payments.

The Division of Medical Assistance and Health Services (DMAHS), within the Department of Human Services (DHS), is the State's single Medicaid agency, responsible to the federal government for all Medicaid programs. New Jersey receives a 50% federal match for its Medicaid program.

Other than DMAHS, Medicaid funds Long Term care services within DHS including: Personal Care Assistance, through its Division of Disability Services, as well as federal Home and Community Based Services (HCBS) Waivers including the Traumatic Brain Injury and Community Resources for People with Disabilities; community services through its Division of Developmental Disabilities through its HCBS waiver called the Community Care Waiver and institutional care through the ICF/MR program.

In the Department of Health and Senior Services, Medical Services for the Aged provides 10.4 million nursing home days to Medicaid beneficiaries and about 8,800 seniors and people with disabilities participate in various Medicaid services and HCBS waivers that provide community services.

DMAHS also administers FamilyCare, a federal SCHIP and state program that provides uninsured children and their parents with affordable health care coverage. This program provides health care to 109,000 children and 53,100 adults who do not have coverage. New Jersey receives a 65% match for its SCHIP program. In addition, General Assistance Medical services provide 38,000 GA clients with non-hospital services.

Challenges

New Jersey, in its commitment to addressing both the health and long term care needs of its most vulnerable citizens, covers optional population groups and provides optional services that are beyond those minimally required by the federal government. Over the past several years, due to State budgetary crises, New Jersey has proposed policy and program changes to control the rising costs of the program without fully understanding

the negative impacts on beneficiaries. Federal policies to control spending and growth in Medicaid are also continuing, threatening the nature of Medicaid as an entitlement; with the possibility of significant changes to the program over the next few years that will negatively impact New Jersey's ability to provide health care to the poor. **Due to these challenges, implementation of the recommendations below should be cost neutral or result in an absolute minimum to the State portion of Medicaid expenses.**

Affirmations for the Corzine Administration

1) Maintain and protect the breadth and depth of New Jersey's comprehensive Medicaid Program in both beneficiaries and services. Continue to cover the individuals considered optional beneficiaries by the federal government and continue to cover optional services for all beneficiary populations.

2) Maximize all federal Medicaid revenues and dedicate their utilizations to services. The Administration must ensure that what ever federal revenues are received are re-invested in health and long term care services, not allocated to the General Treasury for other uses.

3) Ensure inter-departmental and inter-divisional communication and collaboration to promote economic efficiencies and coordinated services.

4) Decrease the economic and human consequences of the lack of health insurance. Make health and long term care accessible to low and moderate income individuals beyond those currently eligible under federal mandates.

Actions Steps **(See Appendix A for more specificity)**

- Continue to Protect Dual Eligibles who are eligible for both Medicare and Medicaid from the adverse consequences of Medicare Part D by ensuring funding in the FY '07 budget of at least $40 million for a prescription drug wrap-around.

- Prevent Barriers to Access to Care by preserving Medicaid without co-payments and premiums which national studies show are significant barriers to accessing health care services.

- Maximize Federal Medicaid Revenues by conducting an assessment of all current Medicaid Waiver programs to ensure that all federal revenues are being claimed and that all federal funding is being re-invested in services, not allocated to the General Treasury for other uses.

- Enhance Medicaid HCBS Waivers by determining what other services could be claimed for, such as Early Intervention and Rehabilitation Services Option, and determine any impediments.

- Realize Efficiencies through Appropriate Service Approaches by developing and implementing a plan to ensure that individuals who can leave State

Developmental Centers and psychiatric hospitals are provided with appropriate community placements with savings used for expansion and infrastructure.

- Increase Access to Quality Health Care by mandating Medicaid Managed Care for all Aged, Blind, Disabled beneficiaries; ensuring HMO accountability in services and timely payment to providers.

- Ensure Full Medicaid Entitlement for Children by fully implementing Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program for all eligible children, from birth to age 21.

- Reduce Medicaid Costs by Consolidating Multiple State Programs in prescription drugs and other medical equipment and use the State's purchasing power to receive best price.

- Increase Federal Revenues by Applying for Waivers for single and married adults without minor children whose income is below 100% of the poverty level but are not eligible for General Assistance.

- Increase Health Care Access to the Uninsured by restoring FamilyCare eligibility for parents whose income does not exceed 200% of the poverty level.

- Restore a System of Managed Health Care Services for General Assistance clients who are individuals with income below $140/month or $210/month if chronically unemployable)

- Ensure that Medicaid Coverage for Mental Illness and Substance Abuse is equal to that of other covered services.

- Ensure Access to Services for New Jersey's Culturally Diverse Population by permitting the use of Medicaid funds for interpreter services.

- Concentrated Focus on the Delivery of Prompt and Appropriate Medicaid services to children in DYFS' care.

- Close Oversight and Expansion of the Children's Behavioral Health System.

EXHIBIT FIVE: Supporting New Jerseyans with Physical and Developmental Disabilities

One of the primary functions of government is to care for its vulnerable citizens. In New Jersey, over 53,000 individuals with physical or developmental disabilities are served by the Department of Human Services, and others are on waiting lists. These are perhaps our most vulnerable citizens. As such, we must care for them, their families and those who provide service.

1. *Those who provide service* should be trained adequately to deal with the people and situations they face, be involved in every aspect of decision-making that affects their lives and their clients, and work in an environment where the worker/client ratio is small enough so that the worker can provide adequate evaluation, intervention, follow-up, and care.
2. *Our clients* must have easy access to early intervention with doctors and therapists who are sufficiently trained to pick up problems in the very early stages. Our clients' education must be both individualized and, whenever possible, integrated. They should be taught only by people who care deeply.
3. *Their families* need to have access to personal support, and respite. They need to have reassurance that as they and their children age, care will continue.

Recommendations for the first six months

1. Governor Corzine adopts a strategy to reduce prejudice and discrimination against people with disabilities (PWD); incorporates that strategy in his public pronouncements; directs his cabinet and sub-cabinet officers to do so; appoints qualified PWD to all levels of state government; and directs the Department of Personnel to remove barriers and create incentives for state agencies to hire qualified PWD.

2. Directs the Treasury Department to assure that all facilities owned or leased by the State meet the accessibility requirements of state and federal law.

3. Increases funding for the Division of Civil Rights, NJ Protection & Advocacy, Inc. and the Public Advocate to expand legal services to protect the civil rights of children and adults with disabilities in collaboration with the private bar and directs those agencies to provide legal support to families in asserting the educational rights of children with disabilities.

4. Directs the office of Special Education, the Department of Health & Senior Services and the Division of Developmental Disabilities (DDD) to meet within 30 days to develop a plan for the coordination of programs to better meet the educational, health and support needs of students with disabilities. Designates a staff member of his office to coordinate the group and report to the Governor by June 30, 2006. The report should include plans to develop a shared database to coordinate medical, support and educational services.

5. Directs that DHS create the capacity to address the specialized needs of people with autism, including health, education, job training and placement and other supports.

6. Directs DHS to create an office to collaborate with other State agencies to meet the housing needs of the people its divisions serve.

7. Directs DHS to study the costs and benefits of expanding the

Catastrophic Illness in Children Fund to meet the needs of adults with disabilities not adequately served by other agencies, e.g., those living at home with families or seeking to live independently in the community with self-directed supports.

8. Directs DDD to develop, with input from stakeholders, and implement a plan for a comprehensive reform of its service delivery system based on the collection and dissemination of the necessary demographic, service and fiscal data needed to support the plan (see data list below). Requires that DDD include in the plan provisions to move into the community, within the next eight years, the approximately 1,500 residents of developmental centers who desire to do so and have been judge able to by the professionals caring for them.

9. Directs the Department of Human Services to maximize federal reimbursements under all Centers for Medicaid/Medicare Services waivers. In addition, all revenues received under the federal Home and Community-Based Services Waivers be reinvested into the community.

10. Directs the Department of Human Services to ensure that needed infrastructure and community supports are available, to include access to physicians, dentists, mental health care providers and behavioral supports, and that community provider agencies are appropriately funded.

11. Directs DDD and the Division of Aging to collaborate in meeting the needs of PWD who are aging, particularly those residing in group homes that might not be able to continue to support their needs as they age.

12. Directs the Board of Medical Examiners to develop medical school curriculum and continuing education requirements to close gap in services to people with disabilities, possibly as part of new programs being developed to address cultural competence in medical education to address gaps in care between racial groups under the Eliminating Health Disparities Initiative, N.J.S.A. 26:2-167.1.

Data Needed for Comprehensive Planning for the New Jersey Division of Developmental Disabilities

I. Waiting Lists

1. Number of people on Residential waiting list
2. Number of people on Day Program waiting list
3. Number of people on the supported employment waiting list
4. Number of people who requested family support services but were denied due to lack of resources
5. Number of children waiting for crisis respite and other services

II. Developmental Centers

1. Number of new admissions for each of the last five years
2. Number of discharges for each of the last five years
3. Number of individuals under 18 in Developmental Centers
4. Number of individuals being served in nursing homes for each of the last five years

III. Future Services

1. Number of students transitioning out of school who applied for DDD services in 2005
2. Number expected in 2006, 2007, 2008, 2009, 2010, 2011 (the assumption is they applied for DDD services as part of their transition planning)
3. Number of DDD consumers requiring additional assistance due to aging
4. Regional office intake data for those requesting services but not placed on a waiting list

IV. Consumer Specific

1. Age, demographic information, support needs and preferences of all consumers awaiting community placement out of the Developmental Centers including medical and behavioral needs
2. Age, demographic information, support needs and preferences of all consumers on a DDD waiting list
3. Age, demographic information, support needs and preferences of students transitioning out of school who applied for DDD services.

V. Medicaid

1. Total federal revenue generated through the Developmental Centers related to the Intermediate Care Facilities/Mental Retardation (ICF/MR) stream and the state matching dollars for each of the last five years
2. Total federal revenue generated through the Home and Community Based Care Waiver and the state matching dollars for each of the last five years

EXHIBIT SIX: ECONOMIC SECURITY

Poverty and Economic Security Recommendations
Human Services Policy Group: Economic Security Subgroup

Poverty in New Jersey is significant in size and scope. The Corzine administration should convene a summit on poverty within the next six months. Food pantries are seeing increased requests. There are other signs of increased poverty among certain communities.

The face of poverty is often unseen in affluent New Jersey communities, but if one looks just below the surface, you will find the invisible faces of the poor and working poor. The fol1owing are my recommendations for Governor-elect Corzine to implement in the first six months of his administration. They are the result of many conversations with anti-poverty advocates including: Linda Garibaldi and Maura Sanders, Legal Services New Jersey; Ceil Zalkind and Sheldon Presser, ACNJ; Sheila Baynes, Newark Emergency Services for Families; Terry Newhard, NOR WESCAP; Mimi Bal1ard, Family and Children Services of Central New Jersey; Lowell Arye, Alliance for the Betterment of Citizens with Disabilities; Marthe Neill, Garden State Coalition for Youth and Family Concerns; and Commissioner James Davy, New Jersey Department of Human Services.

Income Security Recommendations

Issue:

The current state entitlement system has not had an allotment increase in 18 years. The large gap between what is needed to live in New Jersey and what assistance the state provides is a chasm that cannot be breached by people working to lift themselves up to economic security.

Remedy:

1. Increase the current TANF grant allotment to reflect the actual cost of living in New Jersey as outlined in the Legal Services of New Jersey position paper *Income Security Recommendations,* excerpted from *Eye on the Budget 2006* (Appendix A).

Cabinet Level Task Force on Poverty and Economic Security

Members to include:

- Governor Corzine's Chief of Staff (Chair)
- State Treasurer,
- Commissioner, Department of Human Service
- Commissioner, Department of Health and Senior Services
- Commissioner, Department of Labor and Workforce Development
- Commissioner, Department of Education
- Commissioner, Department of Commerce
- Commissioner, Department of Community Affairs
- Chief Executive Officer, Economic Development Authority
- Chair, State Employment and Training Commission

We need to learn from the past experience of similar task forces. Unless there is strong leadership to compel participation and cooperation, this task force will not achieve its goals.

Issues:

1. To date, New Jersey's various entitlements, workforce development and anti-poverty programs and services are confusing and disempowering for the people they serve. Presently, a person looking for assistance must explore the programs offered through each of the above named state entity individually.
2. Economic Development throughout the state must include economic security incentives. Businesses who receive state funding for development or tax incentives are an untapped resource.

Tasks:

1. To create a single point of entry for the poor and working poor into state services in order to conduct a comprehensive assessment of strengths and needs, develop an ***economic security plan*** including referral to appropriate state and community services. The expansion of NJHelps to include other state entities could be a possible solution.
2. Establish binding relationships with businesses that receive state funding or tax incentives to allow our citizens to obtain meaningful jobs after completing social services programs, education, and training. All training should focus on the needs of industry. This would also be an incentive for citizens for the successful completion of activities on the path to self sufficiency.
3. We should take a critical look at TANF and GA cases. Why are the numbers trending up as job opportunities increase? Are services being offered?

Issue:

Many of our low income citizens are unable to access capital or save for housing, education, transportation and small business.

Solutions:

1. Refund the Family Loan Program to allow access to capital for low income people
2. Expand the New Jersey Individual Development Accounts to permit depositing and matching of tax refunds. This matched savings program allows low-income people to become savers for housing, education, transportation and small business. There are currently no state funds in this program.
3. Financial Literacy Program Promotion – many low income people are unaware of the consequences of their financial decisions and equally unaware of the resources in their

communities to obtain information. A promotional campaign on the issue that is culturally appropriate and refers to existing programs is suggested.

Barriers to Self Sufficiency

Issue:

Many factors conspire to keep low income families from economic security.

Solutions:

1. Increase the state Earned Income Tax Credit threshold to the federal level and raise the refund amount from 20% to 25% of the federal refund amount.
2. Increase the Earned Income Tax Credit disregard for TANF recipients from 50% to 65%. This is a two-fold benefit, allowing families additional support while increasing the numbers the State must have to meet the new Federal requirements of numbers for people receiving aid and working.
3. Raise the income guidelines for Head Start. At present, the scheduled increase in the minimum wage on October 1, 2006 to $7.15 per hour will cause people who work full time to be ineligible for the program.
4. Implement a State Child Care Tax Credit akin to the federal tax credit.

APPENDIX II

Testimony and recommendations received from outside sources or produced by the Human Services Policy Group appear in the following order:

1. Statewide Parent Advocacy Network of New Jersey (SPAN)
Briefing Paper on Parent/Family Support and Engagement Across Systems

2. New Jersey Hospital Association
Gary S. Carter, FACHE
President & CEO
Testimony before The Health Care & Senior Issues Policy Group December 21, 2005

3. NJ WomenCount
Substance Abuse and Its Effect on Women
Grace Hamilton, Division on Women
Mary Hartman, Director Institute for Women's Leadership
Jennie Hendrix, Project Director, *NJ WomenCount*

4. Addiction Treatment Providers of New Jersey, Inc.
Recommendations of Jim O'Brien, MSW, LCADC, Executive Director

5. The Special Needs Housing Trust Fund and the Home to Recovery Initiative
Prepared by Bob Davison, TK

6. Written Testimony of the New Jersey Association of Mental Health Agencies, Inc.
By Debra L. Wentz, Ph.D., CEO

7. Consumer Advocacy Partnership
Policy on Wellness and Recovery

8. Mental Health Association in New Jersey
Employment: The Time is Now!
Testimony to Human Services Policy Group Governor-Elect Jon Corzine Transition Team

9. *Governor's Task Force on Mental Health, Final Report,* March 31, 2005
Edited by Robert Davison, Kim Ricketts and Larry DeMarzo.
(Executive Summary and Final Recommendations included here; please see http://www.nj.gov/mentalhealth/final-report.pdf for full 265-page report.)

10. Mental Health Association in New Jersey and NAMI NJ
Outcome Measures that Consumers and Families Would Expect to Increase in a Mental Health System Based on Wellness and Recovery

11. Testimony of Alan Zalkind,
Director, MPA And Executive MPA Programs, Rutgers University

12. New Jersey Hospital Association
Medicaid: A Program in Crisis

13. ABCD- Alliance for the Betterment of Citizens with Disabilities
Medicaid Home and Community Based Services Waivers for People with Developmental Disability in New Jersey

14. TASK – Trenton Area Soup Kitchen
Statement on Poverty and the Emergency Food Crisis for the Jon Corzine Transistion Team

15. New Jersey Association of Community Providers, Inc.
Statement by Diane Conway, Executive Director

16. Norwescap – Northwest New Jersey Community Action Program
Statement on Rural Poverty

17. New Jersey Association of Centers for Independent Living
Testimony from Scott Elliot, Chair

18. Newark Emergency Services for Families, Inc.
Testimony from Shelia T. Baynes, Executive Director

19. Seabrook House (Residential treatment program for adults)
Testimony of Edward Diehl, President

20. Straight & Narrow, Inc.
Testimony of David J. Mactas

21. Mental Health Association in New Jersey
Blueprint for Change

22. Hispanic Directors Association of New Jersey
Latino Perspectives: Preschool Education in New Jersey and the Failure of State Government

23. Hispanic Directors Association of New Jersey
Latino Perspectives: Protecting Latino Children: More Prevention – Less Bureaucracy

24. Hispanic Directors Association of New Jersey
Latino Perspectives: Time For Action: Improving Mental Health Services for the Latino Community

25. Recommendations: Autism Spectrum Disorders
Addendum from Larry and Joni Jones

26. New Jersey Lawyer article: "Proposal for Reform: Provide Free Counsel in Special-Education Cases"
By Lawrence R. Jones

27. Legal Services of New Jersey Poverty Research Institute
The Real Cost of Living in 2005: The Self-Sufficiency Standard for New Jersey

28. Achieving the Oregon Shines Vision: The 2005 Benchmark Performance Report
(Executive Summary and Section on Social Support included here, full report can be found at http://www.oregon.gov/DAS/OPB/docs/2005report/05BPR.pdf)

29. New Jersey Immigration Policy Network
Creating a Statewide Office of Immigrants' Affairs Would be a Great First Step

30. Addendum to report from DHS Transition Workgroup regarding development of shared database
Recommendations from Kelly Leight, Executive Director and Founder, CARES Foundation

31. Report of Recommendations of the Subcommittee on Medicaid Human Services Policy Group

32. Hispanic Family Center of Southern New Jersey, Inc.
Testimony of Elsa Candelario, MSW, LCSW, Executive Director