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**State of New Jersey**  
**Department**  
**of**  
**Institutions and Agencies**

**Serving**  
**New Jersey**  
**Communities**

**STATE BOARD OF CHILD WELFARE**  
**163 WEST HANOVER STREET**  
**TRENTON, NEW JERSEY**  
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**1946—1947**  
**Summary Report**  
**Publication No. 51**

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STATE BOARD OF CONTROL  
OF  
INSTITUTIONS AND AGENCIES

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## Foreword

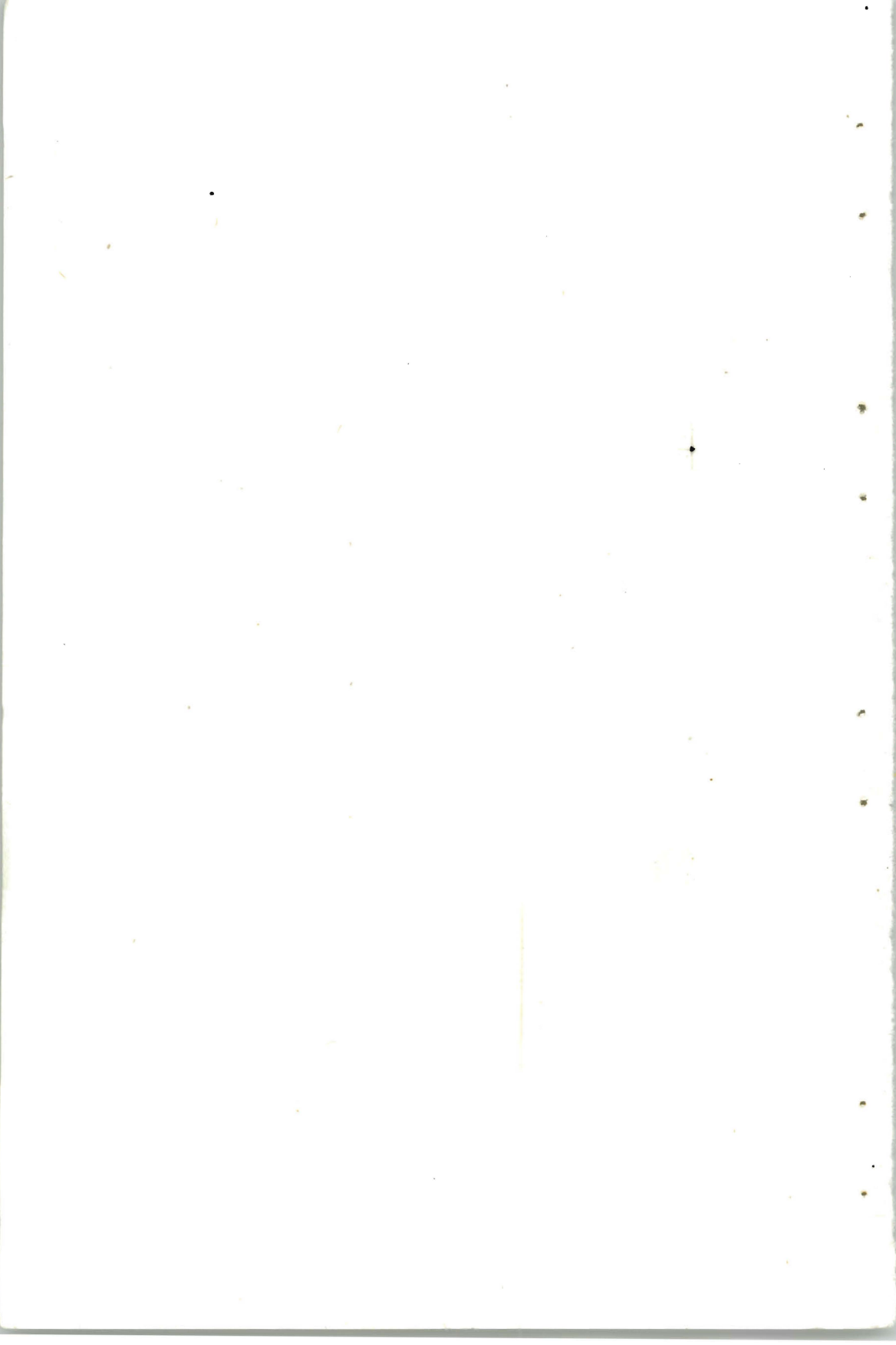
The following pages contain a report of the New Jersey Department of Institutions and Agencies for the fiscal year ending June 30, 1947.

One of the hazards of individuals being immersed in the day-to-day operation of a welfare department is that, in their zeal to see after the minutiae of administration, the details of the job, they are quite apt to overlook the higher goal—service to the individual in need, to the community in which he lives and to the people who must pay the costs of this service.

I am glad to say that the workers in our department have been fully aware of this larger implication and so we have endeavored to show in this report how we have tried to serve this three-fold end.

As the administrative head of the Department of Institutions and Agencies, I would like to express my appreciation for the support given me by the State Board of Control of Institutions and Agencies, by my deputies, and to commend the employees of the department for their cooperation in our work.

SANFORD BATES  
*Commissioner*



# THE NEW JERSEY DEPARTMENT of INSTITUTIONS AND AGENCIES

## Its Function and Its Goal

The New Jersey Department of Institutions and Agencies is the State's welfare agency. Its function is to render services to people in need within the frame-work of the facilities available and according to law.

It reaches all New Jersey communities. It provides help and guidance to more than 73,000 persons who, because of illness, dependency, deficiency, or delinquency, require assistance. Much of this help is of a temporary kind, in keeping with the department's principle that whenever possible, individuals should become re-established as productive, self-reliant citizens of their communities. This is vital to the well-being of individuals requiring help and important to the citizens who must of necessity bear the cost.

More than two-thirds of the 73,000 persons benefiting from the department's program are *not* in institutions. Long range planning and experience have proved that institutional care should be limited only to those persons whose needs could not, otherwise, be cared for. Community service which emphasizes prevention and adjustment and makes use of existing community resources has proved far more effective and economical. It also provides the best opportunity for a return to normal community life. This theory of community service was conceived almost a half-century ago in New Jersey and has been more thoroughly explored and developed in succeeding years.

Great impetus to welfare work grew out of the establishment of the State Board of Control in 1918. This group of citizens has served the State without remuneration and has encouraged the development of welfare services of the highest type. The State Board of Control is primarily a policy making and advisory body. The Department operates along functional lines under the Commissioner. The broader

functions assigned to the Department—the care of the mentally ill and the mentally defective, the adult and juvenile delinquent groups, and those persons in need of public assistance— have been delegated to administrators assisted by staff members who function in specialized fields.

To aid in the administrative work of the Department, the Commissioner in 1946 named three deputy commissioners, in addition to one incumbent deputy commissioner. There are now Deputy Commissioners for Administration and Finance; Mental Hygiene and Hospitals; Welfare and Assistance; Correction and Parole. So well has the welfare organization functioned in New Jersey that many States in the country have since borrowed from it in one form or another.

## EXTENT OF COMMUNITY SERVICES

### Categorical Assistance

New Jersey's "wards" live in every community of the State. The department, in cooperation with county welfare boards, has granted old age assistance to needy persons so that they might continue a normal community life. These persons, old and infirm, are often the victims of economic cycles. They are the marginal workers who are the last to be called and the first to be sent away, who find it difficult to secure the types of work to which they are limited. Some, sick and disabled, cannot work at all.

The striving of the department to promote self-reliance is best illustrated by the return of many of the aged to industry during the war, performing work commensurate with their abilities and eliminating the need for continuing assistance. In the last year or two, the falling off of employment has led to the reinstatement of many of the aged on assistance rolls.

The care of dependent children is another example of how persons can be made self-reliant through temporary assistance and training by the State. Since its organization fifty years ago, the Board of Children's Guardians\* has assumed responsibility for many children who have become self-supporting citizens of their communities. Children under its jurisdiction today lead the life of normal children.

\*An act of the 1947 Legislature changed the name to the State Board of Child Welfare.

Because they share directly in the life of the community without apparent differentiation, they pass for children without any special problems. Normal development equips them later to assume their normal place in community life.

Work with the blind stresses education, social adequacy, and special training which will permit sightless persons to assume normal responsibilities and to enjoy a normal life. School systems have been encouraged to accept the blind with the sighted students and to provide for their education in as normal an atmosphere as possible. The State provides special equipment and instruction for these persons, not to replace, but to supplement the customary training program of the community.

Many of the blind have become self-supporting. In certain types of employment they have become more adept than sighted persons because they are less subject to distraction and have developed other compensatory powers. Cooperation with industry in analysis of special job opportunities has turned up hundreds of positions which can be filled capably and efficiently by the blind.

### **Institutions and the Community**

The institutions and agencies of the department maintain close cooperation with the various communities. In fact, they have striven for years to promote the understanding and cooperation of purely local agencies concerned with welfare problems. This cooperation has taken many forms.

One of the closest and most effective means of such cooperation has been the functioning of local boards of managers for each institution and for each non-institutional agency.

In New Jersey for many years the immediate responsibility for the general management of the institutions has been in the hands of these local boards, consisting of seven members who serve without compensation.

While the local boards serve under the general supervision of the State Board of Control, the institutional boards perform a necessary and a vital service for the State.

Their members, living in the communities of which the institutions form a part, meet monthly and keep close check upon the needs of the institutions and the quality of the job they are doing .

Clinics operated under the auspices of the State and county institutions have been held in all of the more important cities and towns of the State for the diagnosis and treatment of mentally ill and tuberculous persons. Many of these have been staffed by workers from State institutions who have consulted with prospective patients, their relatives, friends and family physicians. Often, the need for hospitalization has been avoided altogether and the patient permitted to receive such treatment in the community as will make actual hospital care unnecessary.

Similarly, the mental hospitals aid in the community supervision of patients who have been released to their homes. A program of greater scope by the training schools for the feeble-minded has long been in practice. Under a system of gradual release, including vacations, trial visits and indefinite parole, the mentally deficient have been adjusted into their communities with a fair degree of success.

In the field of delinquency, the department has cooperated with the county courts in developing good classification procedures and has provided psychological and psychiatric services which have often paved the way for re-adjustment without the costly resort to institutional commitment. For those persons who have been in State correctional institutions, the department assists their return to normal life by frequent exchanges of views and information with its parole officers and with religious and social agencies of the community. The prevention of delinquency has not been lost in the process. Communities have always had access to the department for help in fighting delinquency.

### **Cooperation with Local Public and Private Institutions**

Finally, the department has sought not only to introduce progressive methods in its own institutions, but also to cooperate with and to assist the counties wherever possible in the operation of local institutions. The programs of the county institutions, whose daily population approximates 14,000 persons, are closely coordinated

with those of the State. The Division of Inspection confers constantly with county and municipal authorities, looking toward improved management and the introduction of good programs.

In 1946 the department was made the agency for administering the State-Federal Hospital Survey and Construction program for New Jersey. The department is taking the lead in the development of the program and will review all plans and specifications submitted by hospitals planning new construction or additions to the facilities. The total amount of Federal money which will be available for this purpose is \$75,000,000 of which New Jersey will share approximately \$6,500,000 at the rate of about \$1,300,000 a year.

### **Private Institutions**

The department is given the responsibility for protection of the patient not only in the public but in the private proprietary and charitably incorporated institutions. This power is granted under three laws, including the general powers of the department in institutions for adults and children, and under two special laws which include proprietary mental institutions, homes and schools for feeble-minded and nursing homes for the aged and chronically ill.

Charters for establishment of charitable institutions and agencies, which the department by law must review, give an opportunity for guidance by the department from the very beginning through recommendations and changes before a charter is granted. This may be done by conference with legal representatives and incorporators. In other instances investigations are made to verify the authenticity of the proposed project.

By periodic inspection and personal interviews which the department must carry on with boards, superintendents and owners of institutions, standards of care can be maintained and raised. The evaluation of personnel and discussion of the many professional and administrative problems which are involved in each type of institution are a service which helps to make the care offered more effective. The work of the division having this under charge is many-sided and includes institutions dealing with well and sick children, aged, chronically ill, handicapped, mental patients, and mentally deficient per-

sons. Close association with other personnel of the department who specialize in administrative and professional phases of institutional work is essential to carry on an effective inspection service.

## INFORMING THE PUBLIC

Research is fundamental in welfare planning and administration. Statistical findings also serve to point out to the local community the existence of harmful social situations against which the community can take corrective action.

Continuous research is the function of the Division of Statistics and Research. The factual material which the division has compiled has served as a guide for the State in dealing with the recurrent problems of dependency, mental and physical handicaps, delinquency and crime. This mass of data is generally regarded as one of the indispensable instruments for guidance in social welfare planning, particularly in its preventive aspects.

### Hospital Survey

Early in 1945 the American Hospital Association initiated the Commission on Hospital Care, a non-governmental public service committee which urged the States to make a complete survey of their hospital facilities and services in order to formulate a plan for integrating and expanding hospital care. The New Jersey State Commission on Post-War Economic Welfare sponsored the survey locally and utilized the research facilities of the department in the work. The results of the survey were published in a book entitled *Hospital and Public Health Resources in New Jersey* which contains source material for the development of the State plan under the Federal Hospital Construction Act, referred to above in this report. The findings show the over-all requirements for additional hospitals and public health centers throughout the State to be applied on a matching basis of one dollar of Federal funds for each two dollars of money from within the State.

For local communities, the survey has shown to each its hospital needs.

## **The Welfare Reporter**

The first issue of THE WELFARE REPORTER made its appearance in May, 1946 as the official publication of the department. Published monthly, THE WELFARE REPORTER attempts to keep personnel of the Department abreast of events in the field of public welfare and of activities and programs of the various institutions and agencies of the Department. It has done the same for the public at large.

In addition to covering welfare news, THE WELFARE REPORTER carries articles of significant interest by persons in the department and in the welfare field outside the department. The history of the department and its personnel have also been documented.

### **ESTABLISHING SELF-RELIANCE**

The two principal objectives of welfare administration, namely, to restore to usefulness those of the needy who can be restored, or to provide modest comfort and security for those who cannot, are well illustrated in three programs of financial and other assistance to individuals in the community which the department administers for the State:

Aid to dependent children, aid to the aged and aid to the blind.

#### **Providing a Normal Life for Children**

The State of New Jersey acted effectively in behalf of its needy children in 1899 when it established the State Board of Children's Guardians\* and authorized it to remove children from alms-houses and to provide foster home care for dependent children committed to the board by the courts. In 1913 there was added the responsibility of aiding needy children in their own homes under the Home Life Act. When the Federal Social Security Act went into effect in 1935 New Jersey had had long experience in caring for needy children and nevertheless, at that time Federal funds became available for Home Life Assistance grants subject to matching by the State and counties.

It is the well established belief of the board that children develop best in their own homes or in carefully selected foster homes. Institutional placements are made only to meet special needs. While the

\*An act of the 1947 Legislature changed the name to the State Board of Child Welfare.

Federal government participates in financial grants to needy children only when the child is cared for in his own home, there are some situations in which the best interests of the child require that he be removed from the home of his parents and placed in a foster home.

There have been established two separate categories of assistance. The Dependent Children's Department cares for children in foster homes and this program is financed by State and county funds only. The Home Life Department cares for children and their mothers in their own homes, this program being financed by Federal, State, and county funds.

On June 30, 1947 there were 9,510 children receiving care under the Dependent Children's Department and 4,223 family units receiving care under the Home Life Department.

### **Dependent Children's Department**

The fact that fewer foster homes have been available during and since World War II has been a major handicap in the administration of the Dependent Children's Department and has tested the ingenuity and resourcefulness of the staff. Campaigns to recruit more foster homes have had some benefit but the need has not been met.

Another administrative problem has been the increase in the cost of living. Monthly boarding rates increased from an average of \$15.50 in 1943 to \$35 in late 1946.

Since 1941 the board has had responsibility for supervising wards who have been referred to it from the State Home for Boys and the State Home for Girls. In some cases the children were wards of the board before admission to the institutions. In other cases, the board has assumed supervision after the child has been committed to the institution. As a foster home agency, the board is able to make a suitable placement plan so each home is chosen to provide wholesome training.

Some children adjudged juvenile delinquents are committed to the board for supervision as an alternative to commitment to correctional institutions. The court has continuing authority over these children. The board therefore advises the court of any significant change in the child's situation and of plans for discharge.

## **Home Life Department**

The program of this department has kept many families together in the absence of the primary bread-winner. During the 1943-1947 period, the law was liberalized to permit allowance for the mother in the monthly grant. This has been of great help in permitting a mother to remain in the home and care for very young children.

As a result of other liberalizing changes, since January, 1945, families receiving assistance in New Jersey may continue to receive assistance for a period not to exceed one year if they remove from New Jersey and if they are otherwise eligible.

Statewide price samplings have resulted in increases in grants which make them approximately 62 per cent greater than the 1943 base.

## **Child Welfare Services**

The program of child welfare services, inaugurated in 1936 under Federal grants-in-aid through the Federal Children's Bureau, was first administered in counties predominantly rural or in areas of special need by field workers of the board. There are now eight counties operating under the plan. The program has demonstrated the beneficial results which affect the community favorably when there is adjustment of various family and child problems. Sometimes this is accomplished without the expenditure of funds, with counselling only. Referrals by schools, courts, and families have been numerous. In 1946, the program was revised so that the county welfare boards of the affected counties assumed full responsibility.

## **Adoptions**

Since 1941 the board has acted for the department in investigating adoption petitions referred by the courts previous to hearing. These referrals increased from 401 in 1943 to 605 in 1947. The board has also continued to place its own wards for adoption in increasing numbers. Nineteen of its wards were adopted in 1943 and 101 in 1947.

## **Importations**

Since 1943 the State Board of Child Welfare has had supervision

of dependent children coming from other States to live with relatives in this State. In 1946, this responsibility was broadened to include children coming into New Jersey for adoption or foster home placement. Most of those who come from other States come to receive convalescent care. The number entering approximates 500 annually.

### **Aiding the Visually Handicapped**

In the communities of New Jersey there are several thousand persons who are either totally blind or only partially sighted. The register of the State Commission for the Blind showed 4,335 known persons with this kind of handicap as of June, 1946 but the commission believes that its list does not include hundreds of persons who have impaired vision. In helping these people toward self-support, the commission is aiding not only the individual but the community. This was eloquently demonstrated during the war when more than 200 blind persons were employed under the supervision of the commission in industrial plants.

Another evidence of the beneficial effects of the rehabilitative program of the commission is the record made by blind or partially sighted persons operating vending stands. Earnings of 36 units exceeded \$60,000 a year and total sales volume has approximated \$350,000.

The State Commission for the Blind, established in 1910, became an agency of the Department of Institutions and Agencies in 1918. Its program includes maintenance of a list of blind or visually handicapped persons in the State; an operative service to lessen the visual handicaps when possible; educational service in the home and from the pre-school age through college; trade and professional training; job placement and mercantile management; financial assistance when needed.

As a result of enactment of the Barden-LaFollette Act by Congress in 1943, new emphasis was placed upon rehabilitation of blind persons. Under the act, this responsibility in New Jersey was vested in the Commission for the Blind. The Federal government assumes full cost of vocational guidance and placement and half the cost of case service to equip a blind client for employment.

Under the Federal Rehabilitation Act, every blind person over the age of 16 referred to the commission is interviewed by a social worker and given the opportunity to apply for vocational rehabilitation leading to employment. An eye examination determines eligibility for training and also indicates whether there is a possibility of remedial treatment. If the client is eligible for training he is given a physical examination, aptitude tests, and such additional psychological and psychiatric service as may be indicated.

A plan is developed for each individual, which includes physical restoration and pre-vocational and vocational training. In each case appropriate services are arranged and financed if necessary. These services may include physical restoration by the commission's eye health service, training by home teachers, on-the-job training or a course under a selected agency supervised by the commission's educational service. Final placement is made through the employment service.

Clients who cannot be rehabilitated for paid employment are given the benefit of home teaching and such other services as may best meet their individual needs and preferences. These include supplying and servicing Talking Book machines; instruction, materials and marketing service for home work; theater passes; transportation certificates facilitating bus and railroad travel; white canes, and other facilities.

An eye health service with a supervisor and three medical field workers has been developed in the last four years. Those who need special treatment to conserve or restore sight are given it in accordance with recommendations of ophthalmologists.

### **Mobile Eye Clinic**

In 1946 the commission received from the Junior Women's Clubs of New Jersey a mobile eye health unit, the first in the United States. The commission has since operated the unit for diagnosis and limited treatment of cases. Initial service has been to schools in rural areas. There has been excellent cooperation from county medical societies, and from school authorities.

The commission's library facilities have been expanded and Braille transcriptions of texts and sound recordings have been extensively utilized.

The number of persons on the commission's financial assistance rolls has decreased considerably, from 655 in 1943 to 601 in 1947. The decrease is attributable in part to improved economic conditions and to successful rehabilitation. Because of the rise in living costs, the actual financial outlay has increased, from \$207,125.72 in 1943 to \$275,943.46 in 1947.

The commission annually maintains a summer camp at High Point Park for blind children and this yearly outing has given a great deal of pleasure to hundreds of children.

### **Providing Security for the Aged**

The disappearance of "the poor house" as an institution in which many elderly persons were forced to spend their declining years because they had not the wherewithal to live by themselves is one of the more eloquent evidences of how humanitarian welfare programs have affected the community in a positive way.

Some persons are able to make enough and to save enough during their productive years to take care of themselves after they are no longer employed. Others have children who are able to provide for them. But there remains a considerable number of aged persons who do not have the means with which to get along and who do not have children who can provide for them completely.

New Jersey sought to provide monthly assistance payments to this group in 1932 so that those whose labor had contributed to the community in the past might continue to enjoy life as respected members of the community. Until 1936, this type of assistance was financed by the State and counties with supervision vested in the Division of Old Age Assistance of the Department of Institutions and Agencies. Following enactment of the Federal Social Security Act in 1936, the Federal government began to participate in payments to persons receiving old age assistance.

There has been no acceptance of the "old age pension" philosophy in the New Jersey Old Age Assistance program but there has

been a determination that needy persons over 65 be helped in a practical, sensible, and adequate manner, based upon a standard budget deficit. The grant varies from one individual to another and is based on *need* and on need alone.

Supervision of Old Age Assistance on the part of the State by the Division of Old Age Assistance is helpful in promoting uniform standards and policies to assure greater equality of treatment throughout the State. But the conscience of the community makes itself felt directly in this program through actual case-servicing on the county level under the supervision of a non-salaried welfare board made up of civic minded community residents.

As of June 30, 1947, these boards had completed 15 years of service. Some board members have served from the beginning of the program and many have served for several years.

The number of persons receiving Old Age Assistance in New Jersey is relatively small, compared to other States but those who receive assistance receive a grant which, on the average, is higher than the national average. Economic returns from industrial, commercial, and agricultural pursuits in New Jersey, a high degree of worker coverage under Old Age and Survivors' Insurance, and a conservative administrative attitude have combined to hold the number of persons receiving Old Age Assistance to a comparatively low figure.

The number of persons receiving Old Age Assistance in New Jersey declined from 26,759 in June, 1943 to 22,925 in June, 1946. There was a slight upturn to 23,094 as of June, 1947.

The average monthly grant increased from \$25 in June, 1943 to \$40.76 in June, 1947. The sharp rise in the cost of living, and a sharp increase in the costs of medical care for aged persons necessitated an increase in the total costs of the program despite the decrease of approximately 4,000 persons on the rolls. As a further factor it might be cited that beds for the chronically ill in licensed nursing homes were available for \$70 per month in 1943. In 1947, nursing homes were demanding from \$80 to \$120 per month.

Realizing the need for increased payments to recipients of public assistance, the Congresses of 1946 and 1947 adopted temporary leg-

islation which increased Federal participation in grants. This made a greater amount of Federal money available to the State but the increased subsidy has been more than offset by increased costs.

Under provisions of New Jersey law, the assets of recipients of Old Age Assistance, when they exist, are conserved in the interests of the client and of the taxpayer by agreement between the agency and the client. On his death, reimbursement of county, State and Federal funds is made from the assets of his estate secured through liquidation, with due consideration being given to needy surviving relatives. In the calendar year 1946, reimbursements aggregated \$812,183, or almost eight per cent of expenditures during the year. Reimbursement receipts were only slightly less than the total cost of administration, \$960,000.

The advancing age of this country's population poses a problem in future planning. Since 1900 the population of the United States aged 65 and over increased from approximately 3,000,000 to 8,500,000, a percentage increase from 4.1 per cent in 1900 to 6.3 per cent in 1940. In New Jersey the percentage over 65 is slightly above the national average. It is thus estimated that there are more than 332,000 persons over 65 years of age in New Jersey.

## **CONSERVING MENTAL HEALTH**

The primary function of mental hygiene in New Jersey, as of other welfare programs, is to restore persons under treatment, whenever possible, to their normal place in the community as productive citizens. The realization of this function has been aided by new public attitudes toward mental illness and a willingness to cooperate in mental health programs with the result that much mental illness is detected early and arrested before it becomes advanced. At a time when the mental hospitals are overcrowded and understaffed, the advantages of this attitude and cooperation are obvious. Emphasis continues to be on the restorative, rather than the custodial, aspects of treating mental illness.

### **Community Mental Hygiene Clinics**

One of the most important aspects of a comprehensive mental hy-

giene program is furnishing clinic service to communities. Since 1921 such service has been given by the State hospitals. It was first an informal program provided by the regular hospital staff in addition to their other duties. In 1926 it became a recognized department with its own permanent staff.

The New Jersey clinics are composed of the conventional mental hygiene team consisting of a psychiatrist, a psychologist, and two social workers, together with necessary clerical assistants. These clinics are held in approximately forty different communities throughout the State. Almost 4,000 persons are treated annually. They are referred by physicians, nurses, parents, teachers, clergymen, the courts, and welfare agencies.

The clinics treat both children and adults presenting various types of maladjustments. The children, particularly, have responded to treatment because their habit patterns are not so fixed as adults'. As a result of the clinical services offered, persons with advanced mental illness have been admitted to hospitals and others have been given intensive treatment so that commitment is often avoided. The early arrest and treatment of maladjustment make it possible for many individuals to lead useful and constructive lives, to be assets rather than liabilities to their communities.

Since the success of the preventive mental hygiene movement requires the cooperation not only of professional groups but also of the public, interpretation has been one of the important jobs of the clinic staffs. Talks are given before various service groups, parent-teacher associations, medical and nursing groups, court and police personnel, and various social welfare organizations.

During the war years, the clinics carried out a number of war-time functions, including consultation with and training of Red Cross personnel and the development of a screening program for the State Selective Service through which rejected selectees were referred to clinics for treatment. A contract with the Veterans Administration now provides psychiatric services for veterans on a fee basis.

Although the community clinics are rendering valuable service, they are laboring under handicaps that limit their effectiveness. They

are obliged to serve the entire State; consequently, they are unable to concentrate their activity in a given area. Sessions are held infrequently in various communities, resulting in long waits for patients with accompanying frustration and retardation of treatment. The sessions are held perforce in unattractive places. The atmosphere is not always helpful, if it is conceded that treatment begins when the patient first arrives. Finally, while the public is developing a more enlightened attitude toward State hospitals, many persons are still reluctant to attend clinics originating from them because they feel that some stigma may be attached to themselves as a result.

Passage of the National Mental Health Act, July 1946, promises to benefit the community mental hygiene program. Governor Alfred E. Driscoll has designated the department as the State agency to administer the program in New Jersey. Part of the initial \$84,593 appropriation is being spent in training additional clinic personnel, purchasing materials and equipment, educating the public, and the renting of permanent office space. This will permit concentration of the clinics in certain areas to which patients will be brought, thus conserving the time of the clinic staffs.

### **Restoring Mental Health**

New Jersey maintains three State hospitals, each of which is a complete unit with facilities for all types of physical and mental treatment. These are the State Hospitals at Greystone Park, Marlboro, and Trenton. Patients are given a complete examination on admission, followed by special examinations as required. After the preliminary studies have been completed, the patient is presented at the hospital staff meeting for diagnosis and the treatment course is determined.

The treatment course may be one or more of a number available. Shock therapy—use of electric shock or insulin for patients suffering certain kinds of mental illness for which this treatment is indicated—has yielded beneficial results. By June 30, 1946, a total of 6,048 patients in the three hospitals had received shock therapy. Of this number, 62.6 per cent had recovered sufficiently to return to the community. The others, although unable to leave the hospital, were improved

enough to lead a much more satisfactory and well-adjusted life within the hospital.

Shock therapy must be supplemented with psychotherapy, occupational therapy and other activities in order to keep the patient's time occupied in a constructive manner. Patients are assigned by the medical staffs to activities which will prove most beneficial to them. Programs of this type help the patients combat moodiness and melancholy, make them more social-minded, and generally contribute to their rehabilitation and return to civilian life.

Occupational therapy activities include sewing, weaving, rug making, basketry, pottery, and printing, supplemented to some extent by work assignments. Patients are made to feel that they are performing some useful service, thereby stimulating their interests and contributing to their recovery. Recreational and physical education activities—athletics, games, music, movies, radio, dancing and dramatics—are other types of treatment employed after the patients have reached a certain stage of improvement.

The increased rate of admissions per hundred thousand without a corresponding increase in facilities has resulted in overcrowding of hospital facilities. The three State hospitals house 11,655 patients although there is a normal, or rated bed capacity for only 8,887 persons. The rate of admissions per thousand population rose from 68.8 per cent in 1943 to 82.2 per cent in 1946.

Several reasons are advanced for the trend: acceptance by the public of mental institutions as modern hospitals rather than custodial asylums, a greater awareness of mental illness resulting in the recognition of cases that formerly might have remained unnoticed in the community, proper diagnosis of individuals previously considered correctional or disciplinary problems, and the increased life span of the general population resulting in the increased admission of senile patients.

Because of the overcrowding, management of the wards has become increasingly difficult. Recreational and day room space has been sacrificed for bed space, further complicating the situation. Many of the buildings are obsolete and badly in need of repair and improvement. The Annex Building at the Trenton State Hospital and

the Dormitory Building and South Wing of the Main Building at Greystone Park are considered dangerous fire hazards.

Hand in hand with the serious overcrowding at the hospitals is the shortage of trained personnel. The nursing staffs were depleted during the war and a large number of vacancies still exist. Realization of the important influence exerted by persons in close contact with the patient resulted in constructive action: an addition to the psychiatric team, the Psychiatric Technician.

Training of the psychiatric technicians began early in 1947 after an intensive State-wide recruiting program had been undertaken and the proposed course of instruction had been approved by the Department of Education and by the Veterans Administration, the latter for the training of ex-servicemen under the so-called G. I. educational program. Male and female candidates between the ages of 18 and 45 were carefully screened before acceptance. In addition to 300 hours of lectures and demonstrations, the trainees supplement their formal instruction with hospital work and considerable outside reading. An additional feature of the program is the use of clinical and ward instructors who are registered nurses to supervise in practice the work learned in theory in the classroom.

Another new position created in each hospital is that of Director of Education, usually a clergyman, whose duties are primarily the training of graduate students of mental and social hygiene assigned by the Council for Clinical Training of Theological Students, Inc. He also sees relatives and visitors and assists with the orientation of newly admitted patients.

### **The Mentally Ill**

One of the most important phases in the entire program of the care and treatment of the mentally ill is the supervision of patients released from the hospitals into the communities. Modern methods of treatment can accomplish much in bringing about recovery from a mental illness, but a great part of this work can be undermined if the patient does not receive intelligent care and supervision during the difficult period which follows the transition from hospital to community. Unless these patients receive adequate advice and guidance

on how to meet problems which arise, and unless their families or others are properly instructed about their care, many of them will inevitably find their way back to the hospital.

The history of community supervision of mental patients goes back to 1912 when both Trenton and Greystone Park employed field workers who made periodic home visits to discharged patients, giving advice and guidance. In 1927, the State Board of Control, through its Committee on Mental Hygiene, recommended the increased use of release for mental patients under the supervision of qualified workers. Where ideal conditions prevail, there should be one social worker for every 75 released patients in addition to the director. At the present time, each of the staffs is working with a larger ratio of patients.

When a patient is considered sufficiently improved, his situation is reviewed by the staff and a careful pre-release investigation of the home conditions is made by the social worker. The persons to whom the patient is to be released are interviewed and instructed on his treatment, what symptoms to look for, and what to do in case of a relapse.

If the patient's home happens to be unfit for his return, a canvass is made of his relatives and friends and an attempt is made to find a proper home. But this "family care" program, used so extensively in other States, has not proved practicable in New Jersey because of the inadequate sums provided.

After a satisfactory home is found, the patient is released on a conditional status. He is visited during the first two or three weeks by a social worker and thereafter as often as seems necessary. If the patient makes a satisfactory adjustment for a year and is recommended for discharge by the social worker, his case is reviewed by the hospital staff. Upon approval, the patient is discharged.

In 1946 the percentage of discharged cases actually remaining in the community under this program averaged 43.2 per cent for the three State hospitals.

In 1944 the Arthur Brisbane estate at Allaire was deeded to the State and made available to the Department of Institutions and Agencies. Transfer of the Children's Unit at Marlboro State Hospital to the facilities at Allaire was accomplished in November, 1946, a move that alleviated somewhat the critical overcrowding at that hospital. Initially the unit operated as an annex to the State Hospital at Marlboro, but in 1947 it was given legislative status as a separate institution. Now known as the Arthur Brisbane Child Treatment Center, it is an institution for the reception, examination, and treatment of emotionally disturbed children and for the study of other children referred to the attention of institutions and agencies of the department when such special studies seem indicated.

### **Professional Study**

In an effort to stimulate more research and original work by staff members of the hospitals, the first of a series of joint scientific staff meetings was inaugurated in the Spring of 1946. Staff members of the four hospitals and the Village for Epileptics participate in the programs which are held three times a year and are featured by the reading of papers and addresses by authorities in the field of psychiatric medicine. During the spring of 1947 surgical research on the brain was undertaken in collaboration with members of the Departments of Neurology and Neurosurgery at Presbyterian Hospital and Columbia University in New York. The results of the project will be published after September, 1948.

### **Training the Mentally Deficient**

Four institutions—Woodbine, New Lisbon, Vineland, and Totowa—share in the institutional training of mentally deficient persons. It is estimated that there are 45,000 mentally deficient persons in the State; 3,948 are in institutions and approximately 750 more are awaiting admission. The specific aim of the program is to restore as many as possible to community life, and when that is impossible, to train them for adjustment within the institution.

Some feeble-minded are trainable and can be expected to return to their homes. Others are more retarded and must remain in the institution for the most part with short visits in the community. A

third group, grossly retarded, need full time custodial care, only respond to the most elemental training, and are longtime charges of the State. Woodbine and New Lisbon provide care and training for boys, Vineland and Totowa for girls.

Woodbine admits male idiots and low grade imbeciles of any age above five years. The State Colony for Feeble-minded Males at New Lisbon provides custodial care for those eight years of age and over, of better than low grade imbecile level, and training for those who are capable of learning. Occupations that this group follow are of a simple nature.

Vineland State School admits female idiots over five years of age and those through the low grade moron level. The North Jersey Training School at Totowa admits girls between the ages of eight and 21 who, though mentally retarded, are capable of retaining academic instruction and learning simple skills. The outlook for many of these girls in both institutions is for community, rather than institutional, care. Emphasis is on schooling and experience in work at the institution or elsewhere to equip the girl as much as possible for an independent economic and personal adjustment in the community under a minimum amount of supervision. The majority upon release acquire jobs as domestics and cooks, although a few secure factory work.

That the aim of the program has been met in part is indicated by the fact that of 3,298 persons admitted to these institutions, 1,591 have been released to the community.

A recent development has been the introduction of a home-training program for those awaiting admission and for others who cannot yet accept or do not require institutional care. A visiting teacher comes to the home periodically, giving lessons in simple handwork and other activities to the child and advising the parents on training methods. The program has met with some favor among interested persons who have organized to better it in the future.

### **The Mentally Deficient**

Supervision of the mentally deficient differs from that of the mentally ill because one is permanent and the other more or less transi-

tory; one is a continuing affliction, the other an illness cured or ameliorated by treatment.

Training schools for the mentally deficient try to stabilize and teach the patient to make the most of his limited capabilities and to train him in useful habits and skills which will help him adjust in the community. Programs differ in each school according to the level of the patient. The New Lisbon Colony, the North Jersey Training School and Vineland State School have adopted the extended vacation and the indefinite release plan, while Woodbine Colony, dealing with the lowest grade males, has given serious consideration to release for a limited number.

Generally, patients are released into the community under a graduated system. There is a vacation that may last for two or three weeks, followed by a trial visit that may extend up to 10 years. Progressively lengthened periods away from the schools require various approvals: the vacation by the superintendent, the trial visit by the superintendent and the classification committee, the conditional release by the Board of Managers and the classification committee. The North Jersey Training School and Vineland State School have daily work placement programs in which a number of girls are permitted to work in homes in the surrounding area. No patients are released from any of the training schools without a careful investigation of the home to which the patient goes.

In 1946, the percentage of patients living in the community to the total population at New Lisbon was 23 per cent; at Vineland State School, 3.1 per cent; and at Totowa, 14.8 per cent.

### **Caring for the Epileptics**

The patient population of the New Jersey State Village for Epileptics at Skillman averaged 1,459 between 1943 and 1947 with an average of 158 persons on parole and vacation. Of these, 692 were male and 767 were female.

The Village is devoted to the care and treatment of convulsive disorders through educational, occupational, and recreational training. Classroom work, emphasizing reading, aims at developing individual abilities, controlling individual weaknesses, ensuring happiness and personal satisfaction and encouragement in the development

of essential skills consistent with the ability of each pupil. Emphasis in the occupational classes is on the development of responsibility, proper conduct and the mastering of useful crafts. In 1943, the boys formed a "Victory Club" and the girls a "Big-Sister Club" which help direct their thoughts toward good citizenship and self-responsibility. This self-governing resulted in lessening the disciplinary problems and produced a better cooperative spirit in the classroom.

The great need is for construction, little of which has been done during the past five years. A notable exception is Schley Cottage, a patient housing unit opened in 1945 and named after the President of the State Board of Control. Many of the buildings are old and constitute fire hazards. Particularly is there need for additional administration facilities and cottages for mentally ill patients who are also epileptic.

Another primary requirement is a permanent research department. Experimental studies begun in 1942 were not completed for lack of funds. The underlying causes and methods for curing epilepsy have not been thoroughly explored, although favorable results have been obtained by the use of certain medicines. The purchase of an electro-encephalograph in 1943 was a valuable diagnostic addition.

Epileptics are returned to the community when their condition has been stabilized sufficiently and they have been taught what they can do to help themselves. Over the three year period, 1943-1946, the percentage released in relation to the total population was approximately 8.2 per cent.

### **Inspection of County and Private Mental Hospitals**

The department is charged with the responsibility of inspecting six county hospitals having a bed capacity of 5,860 beds in six New Jersey counties: Essex, Hudson, Camden, Atlantic, Cumberland, and Burlington. The purpose of the inspection is to determine whether proper treatment and safety standards are being maintained and a satisfactory professional program followed. Inspections are made annually and reports are submitted to the Commissioner who in turn passes them on to the Board of Freeholders.

Since July 1, 1946, the Deputy Commissioner for Mental Hy-

giene has been charged with the responsibility of inspecting and licensing the eight private hospitals in the State. As a result of inspections by field representatives, improvements have been made in the administration and maintenance of the hospitals, particularly in the keeping of records and correction of fire hazards.

## **MEETING THE NEEDS OF THE LONG-TERM PATIENT**

### **Conquering an Old Enemy, Tuberculosis**

Tuberculosis has been a scourge of communities for centuries but it has only been within the time of people still living that government has acted effectively to control it. In 1907, New Jersey opened the State Sanatorium at Glen Gardner for curable cases. Until that year, there was no institution in New Jersey to accept tuberculous patients except general hospitals. It followed by one year the organization of the New Jersey Tuberculosis League, which has contributed effectively to the control of tuberculosis by a widespread information service and by urging early diagnosis and supporting institutional programs.

Diagnostic clinics under the auspices of the State Sanatorium at Glen Gardner, county sanatoria, and county tuberculosis leagues have been conducted for several years.

Tuberculosis clinic service is available in every county of the State. More than 6,000 clinic sessions, numbering more than 11,000 clinic hours, are held annually. Approximately 1,500 new cases were detected as a result of 14,920 examinations made in 1946.

The trend toward early case-finding in schools and industry has permitted detection of cases in their initial stages. This allows their early treatment and discovery and permits safeguarding against exposing the community. The Division of Tuberculosis Control of the State Department of Health has been especially active in this phase of the program.

Surgical procedures, pneumothorax, streptomycin and other drugs and procedures have contributed to the control of the disease.

The combined results of these various efforts have produced a tremendous decline in the death rate from tuberculosis. The death

rate from this cause in New Jersey in the period 1906-1913 was 190.1; for the period 1941-1946 it was 42.1.

Recent changes in the law governing admissions to Glen Gardner permit acceptance of cases in which the outlook is not bright. Originally only cases which were adjudged curable could be admitted. Other modifications in the law permit the institution to accept patients suffering from diseases of the chest other than tuberculosis.

The State Rehabilitation Commission has been instrumental in rehabilitating and retraining recovered patients for return to employment and self-support. Initiation of the rehabilitative process is begun at the sanatorium.

### **Accepting a New Challenge**

There is one group in the community for whom adequate provision has not been made. It is the chronically ill. Unless they are 65 years old or blind, members of this group cannot be cared for under categorical assistance programs. Their problems are not all the same. Some could be cared for in their own homes if they had some sort of marketing assistance and if living arrangements were such as to eliminate stair climbing. Others are in need of institutional care for varying periods of time but the costs are often beyond their means.

The 1924 revision of the New Jersey poor law authorized modernization of the ancient almshouse on a county or district basis by agreement between counties. It was intended that these institutions might become in a real sense welfare homes and might be considered as infirmaries, since many persons in almshouses at the time were victims of chronic illness. The law did not provide for State financial assistance and many counties found it difficult to undertake such ventures with county funds alone. Nevertheless, some counties have served their communities immeasurably by establishing such institutions and maintaining them upon a high professional plane. Among such counties are Monmouth, Passaic, Middlesex, Morris, and Burlington.

In 1927, the Legislature enacted the Nursing Home Licensing Act to provide for supervision of nursing homes within the State, designating the Department of Institutions and Agencies as the super-

vising agency. The licensed nursing home has been of great help in caring for chronically ill persons in the communities, both those who have private resources and those who are on public assistance. However, the number of nursing homes is not nearly adequate to the need. About 90 nursing homes are licensed at the present time (1947) with 30 additional nursing homes under supervision preparatory to license.

The National Health Survey, made in 1936, estimated that the indigent aged from 65 to 74 years of age show a chronic illness rate of 467.1 per 1,000 while for all ages the rate is 177 per 1,000. This same study estimated that 50 per cent of the chronically ill are below 45 years of age, and that more than 75 per cent are persons in the productive age bracket from 15 to 64.

A survey undertaken jointly by the Department of Institutions and Agencies and the Department of Health indicates that New Jersey probably has more than 47,000 chronic invalids at any one time and that New Jersey needs not less than 8,320 hospital beds for the chronically ill, exclusive of patients with mental diseases and tuberculosis.

Early in 1947 the Commissioner of Institutions and Agencies called a conference of county boards of freeholders and county welfare boards and urged that constructive action be taken to aid the chronically ill. Governor Alfred E. Driscoll has promised that his administration would support efforts to improve facilities for the care of these patients.

## **SERVING NEW JERSEY COMMUNITIES**

by

## **COMBATting DELINQUENCY AND CRIME**

Over a long period of years New Jersey has been known as one of the progressive States in the campaign against delinquency and crime. The effective application of a policy of individualized institutional treatment and training, followed by carefully administered parole, has kept the population of penal and correctional institutions at a relatively stable figure despite an increasing State population,

and the fact that the crime rate in New Jersey is substantially lower than the national average is attributable in some measure to the State's humane and constructive correctional program.

With respect to crime and delinquency, the Department of Institutions and Agencies serves New Jersey's communities in three important ways:

1. Cooperation and assistance to local communities in the organization and operation of programs to prevent delinquency.
2. Psychiatric and psychological studies of offenders before final disposition when requested by the courts.
3. The care and treatment of offenders committed by the courts, including classification of offenders for the purpose of deciding on the proper place of custody, and the type of treatment appropriate for each individual, and programs for the treatment and training of offenders, including supervision of parolees.

The first two mentioned services are relatively new in the State plan for delinquency control but both have developed rapidly to reinforce and supplement the long established program of care and treatment for offenders.

### **Delinquency Prevention**

It is generally recognized that the prevention of delinquency is a primary function of the local community. At the same time, the State has a responsibility to stimulate preventive activities in the community, to furnish information and assistance, and to assist in coordinating the efforts of these agencies.

A realization of the growing importance of these State functions led the State Board of Control to create in September 1945 a new division of the Department of Institutions and Agencies called the Division of Community Services for Delinquency Prevention. Although a staff division of the department, the director being directly responsible to the Commissioner, its effectiveness depends greatly on an advisory committee which is representative of virtually all official and voluntary groups concerned with youth welfare and service

within the State. This committee promotes co-ordination and teamwork among these agencies, and the technical knowledge and experience of its members are the most vital resources of the division.

During its brief existence the Division of Community Services for Delinquency Prevention has made or is in the process of making approximately 35 community surveys in municipalities ranging in size from cross-road hamlets to metropolitan centres. As a result of these activities, undertaken only at the request of a responsible local agency, many new programs have been started in the communities surveyed. In each case, the type of study conducted as well as the recommendations made have been formulated to suit individual community needs. The division has no panacea for delinquency prevention.

In one county, a child welfare referral centre has been established through which children and youths having special needs can be routed to the agencies best adapted to help them and their families. In an adjacent county, experiments in parent education and parent guidance have been developed. Several school systems have added visiting teachers or raised the standards of service in attendance and guidance departments because of the impetus given by division surveys. In a number of communities, recreation programs have been organized or reactivated because the survey showed a deficiency in recreational resources.

A basic contribution of the division is its collection and dissemination of information relating to delinquency. Data from local, State and Federal agencies are received, interpreted and published for the information of juvenile courts, child welfare agencies, and others working in the general field of youth guidance.

Public awareness of the facts is the first step toward solving the problems of youth. The division has contributed to the enlightenment of public opinion regarding delinquency by the publication of a handbook entitled *Delinquency Can Be Prevented!* which is widely used by schools and civic organizations throughout New Jersey. Other activities serving the same purpose include the organization of a youth conservation institute, sponsored by the New Jersey State Federation of Women's Clubs, and providing speakers who addressed

more than 6,000 individuals in 150 service club meetings during October, 1946.

At the request of Governor Driscoll the Division of Community Services for Delinquency Prevention served as the administrative centre for the Governor's Conference on Youth held in Trenton in May, 1947, which was attended by more than 1,000 delegates. The conference had a noticeable effect in arousing community interest in the needs of New Jersey youth.

A new field of service has been opened by the passage and approval of Chapter 179 of the Public Laws of 1947, which authorizes the establishment of municipal youth guidance councils. Under this law the municipal councils are quite properly entirely local in character, since this puts the responsibility for youth guidance where it rightly belongs. The task of the division will be to advise and assist these municipal councils in the performance of their new duties.

### **Classification Study of Offenders for the Courts**

As the courts come to recognize more fully that crime and delinquency are signs of social maladjustment, they give increasing thought and attention to the physical make-up, social background, intellectual and educational level, emotional life, school and occupational experience and moral and spiritual attitudes of offenders.

During the past quarter of a century the procedure known as "classification" has been in use in the New Jersey State penal, correctional and juvenile institutions. Through the combined efforts of a number of specialists, each of whom studies the individual offender, a program is developed to meet the needs of the individual. This has been so successful that the practice has been adopted in some communities. The courts of Essex County and Cumberland County have utilized special court clinic services for the study of offenders prior to disposition.

One of the results of the 1935 Governor's Conference on Crime was the passage of a law which permitted the courts to organize clinics. Part of this statute reads:

"Every judge, before imposing sentence upon a defendant, may order an examination of the mental and physical condition of such

defendant and an investigation of his or her environment by a clinic organized in the county wherein such sentence is to be imposed or may send the defendant to an appropriate institution within this state for examination, study and classification.”

The object of this legislation was to provide the court with complete information as to the offender's characteristics and needs. In 1936, the first full year following the enactment of the legislation, only 23 cases were sent for special study. Of these, 18 were juveniles. In the fiscal year 1946 a total of 327 cases were sent for examination to the penal, correctional and juvenile institutions. Of this total, 235 were juveniles.

This service has been so successful that the need for its expansion has been recognized by the Legislature. An act passed in 1946 authorized the department to construct, equip, and staff a diagnostic center to serve the entire State. Any court or public agency will be permitted to refer cases to the diagnostic center and anyone may apply for admission on a voluntary, paying basis.

This legislation represents an important advance in the proper treatment of maladjusted individuals. The center will be of great value in giving intelligent direction to the efforts of other agencies in their programs of rehabilitation, thereby producing more efficient use of the facilities already available, and pointing out the direction future development should take.

### **Penal and Correctional Institutions**

Each year approximately 2,000 persons are committed to the State penal and correctional institutions.

The boys and girls and men and women so committed present diverse problems of custody and rehabilitation. The nature of their offenses varies widely. Some have no previous records of delinquency; some have been on probation several times; others have long institutional records. They differ in mental ability, in educational achievement, in work skills, as well as in their basic attitudes toward society and in their ability to adjust in the community when released.

In order to meet the varied special and individual needs of persons committed to its care the State has developed, under the super-

vision of the Department of Institutions and Agencies, eight penal and correctional institutions, all differing in the age groups admitted, in the type of security provided, and in their relative emphasis on education and vocational training. These institutions, briefly described, are as follows:

*The State Home for Boys* at Jamesburg is a resident training school for youngsters eight to 16 years of age. It houses about 500 boys in cottages on a tract of 950 acres, 600 of which are under cultivation. Emphasis is on an intensive program of education and retraining for community living during an average residence of 15 to 18 months.

*The State Home for Girls* at Trenton receives girls eight to 17 years of age and has an average population of 300. Both the State Home for Girls and the State Home for Boys have the pleasant atmosphere of special schools, where constant effort is made to change basic behavior patterns and to instill a desire and determination to live in harmony with other people.

*Annandale Reformatory* is a cottage-type, minimum security institution which houses approximately 500 boys, 16 to 26 years of age, who have not previously been committed as adults to a correctional institution. Completely unwallled and unfenced with a large acreage under cultivation, emphasis is on social education and training in good work habits.

*Bordentown Reformatory*, an unwallled institution, provides medium and minimum security for about 600 men in the 16-30 year group. It has an extensive farm and shop work program.

*Clinton Reformatory for Women* is also a cottage-type institution for female offenders over 17 years of age. Under conditions which approach outside community life, approximately 350 women and girls are trained in domestic service, industrial work, farm and garden operation, and in habits and attitudes required in successful group living.

*Rahway Prison Farm*, a walled institution, provides maximum and medium security for about 900 men on transfer from the Trenton State Prison. The program is one of intensive training for industrial and farm work.

*The State Prison at Trenton* is a walled institution and provides maximum security facilities for an average of 1,100 men. For the most part, men received at this institution have been convicted of serious offenses, have long sentences and poor records in the community.

*Leesburg Prison Farm*, an unwalled, unfenced institution, without cells or even bars, houses an average of 250 men received by transfer from the Trenton Prison or the Bordentown Farm. Many are nearing their day of release, and the comparative freedom of this institution is of great value in teaching the self-reliance necessary to community adjustment.

Basic to the entire institutional system in New Jersey is the program known as classification, not only as seen above in the adaptation of the several institutions to meet the needs of special groups and varied types of offenders but also within each individual institution. The corrosive effect of repressive penal administration is now fairly well known and is giving way to a program of training and rehabilitation, all pointed to the day when the inmate is released.

The classification procedure, which was pioneered in New Jersey, is the "core" of the rehabilitation program. It calls for an especially qualified staff in each institution and an intensive examination and study of each person committed.

This examination and study is the composite work of individual staff members who constitute the classification committee. The members of this committee are the superintendent, deputy superintendent, physician, psychiatrist, psychologist, chaplain, director of industries, director of education, director of recreation, and parole officer. Each makes a separate examination and then, as a member of the classification committee, pools his findings and recommendations with those of the other members to provide an individual program for each inmate adapted to his specific needs and capabilities.

The classification program includes the study and analysis of all factors influencing the offender's eventual rehabilitation. The plan provides not only for custody classification and recommendation for transfer to a more suitable institution, where indicated, but also for classification of prisoners for work assignments, vocational training,

school and recreational opportunities, medical and dental treatment, and mental therapy.

Most persons committed to the adult penal and correctional institutions have poor work records, and very few have developed either the requisite skills or work attitudes which make for successful outside employment. Development of work and vocational training opportunities in New Jersey's institutions is guided by two objectives: first, to provide many diversified occupations so that inmates may employ and develop their varying talents and abilities; and second, to provide these opportunities in such a way that the inmates produce articles of value and use to the State.

The industrial program in the prisons and reformatories offers instruction and employment in shoe manufacture and repair, machine and metal work, foundry, printing, soapmaking, textile manufacture, woodworking, tailoring, and the manufacture of many other articles used in other institutions. The day-to-day operation of the institutions provides training opportunities in food preparation and service, baking, laundering, installation and maintenance of electrical and plumbing facilities, machinery, carpentry, and power plant operation.

For women and girls, training opportunities include hand and power sewing, laundering, cooking, serving, and general domestic service. Practical nursing, child care, and personal hygiene are taught, and others are in training for gardening and farm operation. In all this effort the inculcation of acceptable work habits is paramount.

Educational opportunities and facilities exist in all the institutions. Persons in the adult institutions found to be illiterate are assigned to special classes where they may learn to read and write and to do the simple arithmetic necessary for managing their own affairs. Others with educational needs on the grade school level are assigned to such classes, and in some instances men and women go on through high school.

More and more effort is being directed to the correlation of academic education with vocational training, and many inmates are pursuing academic studies parallel with their trade training. Particu-

larly in the schools for juveniles, school work is correlated with manual activity and work assignments, and many children unable to adjust satisfactorily in community school programs make substantial progress under the special system set up.

In the juvenile institutions the children are given opportunity to explore through pre-vocational courses various types of handcraft which often stimulate academic and vocational interests. At Jamesburg, for example, pre-vocational orientation is given in woodwork, printing, metalwork, ceramics, and other fields, while at the State Home for Girls vocational training is provided through the various forms of home economics, art, training in beauty culture, and instruction in hand and power sewing.

Properly staffed infirmary and hospital facilities are maintained in all the institutions. Every effort is made to correct disabilities which may be a handicap on release and to develop a sense of well-being that comes from a state of good health. Corrective medical services include surgery, wherever indicated, intensive treatment of degenerative diseases, dental care, including the provision of dentures, treatment of skin ailments that mar appearance and detract from a person's feeling of confidence, correction of sight, hearing, speech and posture defects, provision of artificial limbs, glass eyes, trusses, and other prosthetic devices, as well as prescription of special diet and exercises.

Among factors leading to delinquent acts one of the most common is the failure to utilize leisure time properly. Accordingly, New Jersey's institutions attempt to stimulate interests essential to the well adjusted individual by placing special emphasis on the need for constructive spare-time activity and the development of wholesome recreation.

Extensive athletic programs are maintained with emphasis on the necessity for good sportsmanship, fair play and understanding of team work. Libraries are well patronized and the amount of serious reading which goes on within the institutions would surprise most citizens. Educational movies are shown regularly and handcraft hobbies encouraged. All the institutions maintain musical organizations and most stimulate special interest clubs which provide worth-

while activity and develop leisure time skills which can be expected to carry over on release.

At the State Home for Boys considerable time is devoted to Boy Scout activity. This institution was the first of its kind to be approved for Scout organization, and most of the boys are enrolled in the troops. The Scout Code of Ethics has proved especially helpful in building new appreciation of individual responsibilities and new attitudes toward the rights of others.

Every person committed to one of New Jersey's institutions is given opportunity for regular worship at services of his own denomination, but more than this he is given opportunity for individual counselling and spiritual guidance by chaplains specially selected for their sincerity, tolerance, approachability and understanding. Many inmates turn to religion while in confinement. Some find the answer to their problems in it; all are in need of the help that religion can give.

### **The Parole Division**

Parole is the final step in the treatment program adopted by the State in its effort to rehabilitate offenders. While parole is considered a continuation of the training program which begins the moment an offender is received at a penal or correctional institution, actual release of an inmate to life in the community marks the time when the Parole Division assumes responsibility for his supervision.

In accordance with a provision of the new 1947 State Constitution, the Legislature in 1948 decreed the creation in the Department of Institutions and Agencies of a new State Parole Board of three qualified members to assume the duties of the former Court of Pardons and to grant and revoke paroles of such inmates of penal and correctional institutions as have been sentenced to definite minimum and maximum terms.

The legislation provided for the continuance of the terms of parole for all those inmates who were given their conditional release by the former Court of Pardons and who had not at the time of enactment been discharged from parole and for the revocation of such parole, when necessary, by the new board.

The powers of the boards of managers of the several correctional institutions to grant paroles to all inmates remained unchanged excepting to those serving minimum and maximum terms. Actual supervision of parolees has been centralized under the Division of Parole since its creation in the department in 1918. As of June 30, 1946, the division was supervising a total of 3228 adult and 1544 juvenile offenders. In 1937 the division was given the additional responsibility of supervising out-of-state parolees residing in New Jersey, when this State became a member of the Interstate Compact providing for the mutual cooperation of the signatory states in making investigations and supervising parolees. At present the division supervises 396 out-of-state parolees from 23 States, while 303 New Jersey parolees are being supervised by 30 out-of-state parole agencies.

The major function of the division is the supervision of offenders until such time as they are considered eligible for discharge from parole. The administration of the system is on a regional basis, the State being divided into nine districts, each staffed by a parole district supervisor and a number of parole officers varying with the size and case load of the district.

The parole officer's importance as a major factor in determining the outcome of the rehabilitation program is recognized. Consequently, high standards of experience and education are required to qualify for this position. Minimum qualifications for parole officers are college graduation or its equivalent, a standard course in a school of social work, and two years of experience as a social worker with a recognized social welfare agency.

The division's central office at Trenton is staffed by a director of the division, responsible to the Deputy Commissioner in Charge of Correction and Parole, an assistant director and two administrative assistants.

The basic philosophy governing parole in New Jersey is expressed in the regulation of the Board of Control which states:

"No person is to be released on parole merely as a reward for good conduct in the institution, but only when it appears to the paroling authorities that there is a reasonable probability that such person is reliable and trustworthy and will remain at lib-

erty without violating the law and that his release will not be incompatible with the welfare of society.”

In conformity with this philosophy, the task of the parole officer begins before the release of the prisoner on parole. Investigations are made of the social and criminal history of the offender and his family at the time of commitment. Subsequent investigations are made of the prospective home and employment conditions of each individual coming up for parole. The parole officer has often been able to correct unfavorable conditions in the home of prospective parolees by referring such problems as unsanitary housing and serious illness at home to the appropriate public or private welfare agencies.

Offenders up for parole have an opportunity to become acquainted with their parole obligations before their release, through classes held throughout the year at all penal institutions by parole officers.

With the establishment of a centralized parole system in New Jersey, the principle of individualized treatment and study of the offender in carrying out its rehabilitation program was adopted. As a consequence, no blanket laws or regulations were adopted which might hamper the work of the Parole Division.

All commitments to institutions are indeterminate (prison excepted). There are no provisions of the indeterminate sentence law compelling automatic consideration for parole after an offender has served a specific portion of his sentence, nor for the serving of a full sentence if convicted of a new offense while on parole or having been returned as a violator of parole.

Offenders who show an uncooperative attitude are promptly returned to custody for their own good and for the protection of society. However, parolees who fail to make satisfactory adjustment to community life for reasons beyond their control, may be returned to confinement for short periods for guidance and study of their problems. This procedure may result in an inmate's reinstatement on parole without his chances of success being prejudiced by a record as a parole violator.

Parole regulations are interpreted on a broad basis, with the individual approach to an offender's problems as the keynote of the

division's policy. Thus the rules may be made to fit the parolee's special needs with reference to the necessity of having a bona fide job upon release, the granting of automobile licenses, ownership of automobiles, and in many other ways.

Realizing the value of setting long-term objectives for the parolee, the New Jersey plan provides for the consideration of discharge from parole prior to the expiration of the offender's maximum sentence. The frequency of visitation by parole officers is reduced from weekly to monthly, to quarterly, semi-annual and finally to annual contacts, depending on the parolee's progress in rehabilitation. Usually annual supervision is a final test of an individual's reliability before the recommendation of final discharge from parole is made.

The success achieved in rehabilitating offenders does not depend alone upon the ability of the parole officer. The cooperation received from churches, employers, and interested agencies and individuals is of equal importance in the process. Consequently, a close liaison between parole officers and all these agencies and groups is maintained for the purpose of effecting the best possible adjustment in each individual case through all available community resources.

## **CARE FOR THE VETERAN**

New Jersey recognized its obligation in relation to male veterans (whether soldiers, sailors or marines) in 1866, when the Soldiers' Home was established at Kearny, the first of its type in the United States. For many years an ever increasing number of aging and incapacitated Civil War veterans filled its wards.

Additional facilities became necessary as the ages of the veterans increased and in 1898 more beds were provided by legislative action in Vineland with the establishment of the Soldiers' Home which, in addition to male and female veterans, received the wives and widows of veterans. It has recently received the first woman veteran of World War I, a yeomanette.

In 1932 the diminishing population at Kearny warranted the closing of that large institution, the sale of the property and the establishment and development of a smaller and more modern establishment

of 80 bed capacity at Menlo Park. At the time of this transfer there were 286 guests in residence at Vineland, which had a normal bed capacity of only 240.

The population in the two institutions as of June 30, 1947 numbered 191. Menlo Park is full to capacity. Vineland, in anticipation of increased admissions from World Wars I and II, is in process of rehabilitation and fireproofing. Large wards are being eliminated, individual bedrooms provided, together with recreation rooms, chapel, and dining room attractively furnished and well equipped. Improved heating facilities are being installed, electric wiring is being modernized and the hospital unit is being reconditioned for improved service.

These soldiers' homes receive honorably discharged veterans who have resided in New Jersey a specified number of years, who are not eligible for care in United States veterans' facilities. Age or other handicap not service connected, resulting in inability for self-support, are among the requirements for admission. For wives and widows, other requirements relating to marriage must be met. A careful social investigation is the rule.

Not only is permanent care available, but in special cases periods of six months' rehabilitative treatment is provided for those who meet admission requirements.

Excellent medical service is provided in both institutions, but major surgical service is secured from affiliating general hospitals.

Both institutions maintain close relationship with the American Legion, Veterans of Foreign Wars, Disabled Veterans, and their auxiliaries, whose visiting committees bring new life and entertainment to the homes.

Handwork and craft activities are encouraged and the production of artificial poppies has become a profitable occupation for the guests.

It is evident to those who have watched the rise and fall of population in these State institutions that they meet a definite need which is not to be met by United States veterans' facilities and that plans to expand present facilities within the next ten to twenty years should be considered.

## FINANCIAL AND BUDGETARY CONTROL

Efficient and economical administration of the department in the interest of the citizen who must pay for government is the function of the Division of Administration and Finance. It carries out this function through budgetary control and constant inspection and supervision of funds for which it is responsible. By allocation of these funds on the basis of comparison and need, the business of the department is promoted and the citizen is assured of prudent expenditure of public funds.

The division is responsible to the Commissioner for analysis of institutional budget requests and the proper and equitable allotment of funds against the budget. The division supervises accounting and business operations, advises on purchase conditions and checks closely on expenditure and consumption.

The division is also responsible for checking the billing and collection of charges against patients in State institutions payable both from the counties and private sources. In this connection, the division supervises subsidies to counties for the maintenance of tuberculous patients. It is also responsible for checking upon funds allocated by the Federal Social Security Board for partial reimbursement of funds expended for old age assistance and the programs giving aid to dependent children and to the blind.

The Director of Administration and Accounts cares for the affairs of the department in its relation with the State fiscal department. Cooperation is promoted, too, between the department and other State agencies—among them the Highway Department, the Motor Vehicle Department and the Department of Agriculture—in projects of mutual concern. Contact with Federal agencies has been developed and maintained. The War Assets Administration, for example, has sold various types of equipment to the State at a considerable discount and at a time of scarcity and costliness of such equipment.

During 1946, a standardized payroll procedure was instituted to insure prompt payment to employees at the end of the payroll period. The payrolls as now submitted eliminate repetition and show the changes that have occurred during the payroll interval.

## **Food Service**

The problem of food service, which can become one of the most prolific sources of criticism in institutional life, has become increasingly complicated both as a result of the war period with its scarcities and limitations and the post-war rise in the cost of living. Food appropriations are inadequate to offset rising costs; as a result, dietary standards have suffered.

The outstanding development during these years has been the establishment of the new food report of consumption by weight, a device that has been used successfully in the Federal prison system. The adapted and revised form provides a minimum daily ration of 77.5 ounces of eleven food categories producing the 3,000 calories necessary for maintaining good health.

To back up the program, frequent meetings of the institutional superintendents and food supervisors are being held when waste, food substitutes, recipes, exchange of surplus food and costs are discussed.

Close contact is maintained with the agricultural supervisor on production, quality and planning so that dietary departments may obtain maximum benefits from farm products. Cannery production has been stressed both as to quality and output.

Despite these measures, the food service problem remains serious and there appears to be no prospect for immediate relief.

## **Farm Supervision**

Farm supervision serves the two-fold purpose of furnishing agricultural training and employment for many institutional wards while permitting them to make some contribution to their maintenance. The knowledge and experience to engage successfully in commercial farming often enables these persons to support themselves and their dependents in agricultural pursuits and become productive citizens of their community. Of great importance is the fact that the taxpayer is spared considerable expense in the process.

Production on institutional farms has continued to increase through the years. The value of farm production in 1946 was one and one-half million dollars on a wholesale basis. A total of 1,060 cows in State institutions produced more than 10,000,000 pounds

of milk, an average of 9,790 pounds per cow. Milk production for dairy herds generally in New Jersey, the second highest State, was estimated at 6,770 pounds per cow, compared to the 4,891 pounds per cow for the United States. Pork production on institutional farms soared 39 per cent since 1937. The outlook for institutional farm production in the future is good.

Institutional farms strive to promote the most modern management practices. In keeping with this aim, the farms can point to a gradual substitution of motorized equipment for horses (saving feed costs), utilization of DDT and crop dusting by airplane, artificial insemination, and contour farming for the prevention of soil erosion.

### **State Use**

State Use industries provide valuable training for institutional inmates and patients so that upon release they may return to their communities better equipped to become responsible, productive citizens. At the same time, the State effects tax savings by producing the things it needs for governmental departments.

State Use industry is extremely diversified, producing a number of manufactured items and rendering a number of repair services. Several new industries have been recently set up, notably upholstery and mattress renovation, typewriter repair, and the making of brooms and compounds for insect control. Contemplated for the future, if and when equipment and space are available, are the manufacture of paints, metal furniture and highway snow fence and the establishment of a salvage and an auto repair and service shop.

The needle trade industries set up at the North Jersey Training School, the State Home for Girls and Clinton Reformatory have shown remarkable growth since their start and now are a major State Use industry.

### **Legal Services**

The Division of Legal Affairs is established to act as counsel to the department generally and to each of its institutions and agencies. The director, for convenience in facilitating the legal matters of the department, is deputized by the Attorney General.

A very important phase of the activities of the division is the

responsibility for the collection of maintenance for patients admitted or committed to various State institutions.

During 1946-47, the director handled 3,147 legal matters and also acted as a member of the Governor's Legal Research Project for the Constitutional Convention at New Brunswick.

### **Deportation Agent**

The Department of Institutions and Agencies through its Deportation Agent is required to seek the return of any non-resident to the State of his legal settlement prior to hospitalization in New Jersey. Each institution, county or State, notifies the Deportation Agent when a non-resident has been received and negotiations are commenced for the return of the subject to the State of his residence.

During the past four years an average of 70 mental patients each year has been returned to their State of legal settlement. Substantial savings in maintenance costs have resulted by transfer of non-residents to other States.

### **RESEARCH IN WELFARE**

Continuous research to develop new techniques in welfare administration and to evaluate the results of treatment methods employed throughout the department's units has been the aim of the department.

The ever-changing social and economic situation has caused the department to assume newer and broader functions. The factual material which has been compiled, reflective of these activities, has served as a guide for the State in dealing with the recurrent problems of dependency, mental and physical handicaps, delinquency and crime.

The range of activities of the department's Division of Statistics and Research may be illustrated by recording the number of institutions and agencies from which detailed statistical reports flow into the department and which are thoroughly analyzed (a) to aid in the day-by-day administration of the department's program, (b) to show the relation which the various program phases have to one another, and (c) to render a composite picture of the State's prevailing social welfare problems.

<i>Type</i>	<i>Average Annual Census In 1946</i>	<i>Total Admissions, Discharges And Deaths In 1946</i>
<b>PUBLIC ASSISTANCE</b>		
The aged	22,925	7,232
Dependent children	18,817	14,888
The blind	550	170
<b>MENTAL HYGIENE INSTITUTIONS (28)</b>	23,288	12,078
State (9)	17,079	7,812
County (6)	5,784	2,742
Private (13)	425	1,524
<b>MENTAL HYGIENE CLINICS (State) (3)</b>	2,786	4,276
<b>TUBERCULOSIS SANATORIA (20)</b>	2,650	8,074
State (1)	285	670
County and city (14)	2,029	6,052
Private (5)	336	1,352
<b>COMMUNITY GENERAL HOSPITALS (137)</b>	11,637	747,932
<b>FACILITIES FOR CHRONICS AND CONVALESCENTS (107)</b>	4,507	9,286
Public (21)	2,900	3,112
Private (86)	1,607	6,174
<b>HOMES FOR DISABLED VETERANS (State) (2)</b>	158	164
<b>TRAINING SCHOOLS FOR JUVENILE DELINQUENTS (State) (2)</b>	798	3,322
<b>PRISONS AND REFORMATORIES (State) (4)</b>	3,358	4,610
<b>PAROLE ADMINISTRATION (State)</b>	4,772	3,856

Statistical information has been compiled, using uniform methods, by which the particular characteristics of the individuals coming under the care of the New Jersey welfare institutions and agencies have been comprehensively depicted, and the significant changes in their make-up over the years observed.

The statistical data accumulated about the personal and social characteristics of the human beings served by the department's component units have increased in value as time progresses and is generally regarded as one of the indispensable instruments for guidance in social welfare planning.

The services of the department's research facilities have been utilized extensively by various State commissions appointed to consider specific social welfare problems. These include:

Commission to Study State and County Aid to General Hospitals.

Pension Survey Commission.

Unemployment Relief Commission.

State Financial Assistance Commission.

Joint Legislative Emergency Relief Committee.

Commission to Study Chronic Disease in New Jersey.

New Jersey (Governor's) Health and Welfare Conference.

New Jersey State Temporary Commission on the Condition of  
the Urban Population.

Migrant Welfare Commission.

Juvenile and Probation Study Commission.

Juvenile Delinquency Commission.

## **STATE-WIDE HOSPITAL SURVEY**

Early in 1945 the American Hospital Association initiated the Commission on Hospital Care, a non-governmental public service committee which urged the several states to make a complete survey of their hospital facilities and services in order to formulate a plan for integrating and expanding hospital care.

New Jersey designated the New Jersey State Commission on Post-War Economic Welfare to sponsor the survey.

This Commission utilized the research facilities of the New Jersey State Department of Institutions and Agencies and the New Jersey State Department of Health. The results of the Survey have been published under the title *Hospital and Public Health Resources in New Jersey* and contain the source material for the development of the

State plan under the Federal Hospital Construction Act to show the over-all requirements for additional hospitals and public health center facilities throughout the State.

The services of the Division of Statistics and Research have been made available in a consulting capacity to a number of State-wide organizations whose programs are definitely related to that of the department and whose services constitute an important part of the total services rendered in the particular welfare field.

In conjunction with the New Jersey Hospital Association a Hospital Statistics Reporting System has been functioning for some years. The New Jersey Tuberculosis League has been aided in the compilation of a series of annual reports on the tuberculosis situation in the State.

The New Jersey Division of the American Cancer Society has utilized the consultant services of the division in setting-up a statistical research program in cooperation with the State Department of Health.

At the request of the Selective Service System, the Department of Institutions and Agencies inaugurated a program of neuropsychiatric screening of selective service registrants in New Jersey, to make sure that all persons inducted into the armed forces were "vocationally" adapted for military service and that only such persons were inducted.

## **BUILDING A CAREER SERVICE**

The Department of Institutions and Agencies cannot overlook the fact that its entire program of service to the State of New Jersey (and its citizens) depends on the teamwork of an adequate, competent and properly motivated group of employees representing scores of skills, professions and callings. The interrelationship of a sound personnel program and a progressive and humane welfare program is recognized and its implications for our service clearly assessed.

New Jersey has long recognized the fact that merit and fitness should be the only test for public employment; and the personnel program of the Department of Institutions and Agencies has therefore been administered in accordance with civil service law and prac-

tice. Positions have been filled, so far as practicable, by competitive examination.

The development of a career service has been strengthened by the guarantee of tenure as the reward of satisfactory service and by the provision of a sound retirement plan. The Civil Service Commission has developed a classification of positions and has fixed salary ranges for them in a sincere attempt to guarantee equal pay for equal work and salaries commensurate with duties and responsibilities exercised.

The growth of the department and the evident need for many personnel policies and services that could be most satisfactorily handled at the departmental level led to the appointment of technical staff to assist the Commissioner with the personnel activity in 1945; and in July of 1946 the State Board of Control created a Division of Civil Service and Personnel. The staff of this new division has maintained liaison with the Civil Service Commission, has represented the commission in the administration of the classification and compensation plans, has cooperated with the civil service and fiscal authorities in the conduct of organizational surveys of personnel on a continuing basis, has assisted the institutions and agencies by giving counsel on personnel matters, and by assisting in recruitment and placement of qualified personnel.

The Personnel Division has assisted the Commissioner in the development of an "on-the-job" training program for psychiatric technicians. More than 100 qualified men and women now in training for responsible work in the care of the mentally ill were selected after careful screening of more than 1000 interested applicants.

During the past two years institutional employment has been made more attractive for qualified and interested personnel by substantial increases in salary ranges, by reduction in working hours from a 72-hour week to a maximum work week of 48 hours, by provision of transportation at a number of isolated institutional locations, by making it possible for institutional employees to affiliate with group hospital and medical service plans, by improving recreational facilities and living quarters for resident employees.

At the larger institutions, personnel offices have been established

where competent personnel officials are available to assist employees in all phases of personnel administration.

An established complaint procedure has been developed which provides employee representation in the hearing of appeals. Frequent meetings of rank and file employees are also held in Trenton in order that the Commissioner and others responsible for departmental policy may receive first-hand account of employee problems throughout the system.

Much work remains to be done to implement the career idea in institutional service. Turnover remains excessively high because working conditions, although improved, have not kept pace with those offered by other employers throughout the State and by public employers in neighboring States.

## **THE CENTRAL OFFICE AND ITS DIVISIONS**

### **The State Board of Control**

Policy formulation and general supervision of the department are maintained by the State Board of Control, a body of nine members who are appointed by the Governor for terms which expire on a rotating basis.

### **The Commissioner of Institutions and Agencies**

The Commissioner of Institutions and Agencies is appointed for an indefinite term by the Board of Control. He is the chief executive officer of the department and has supervisory oversight over all programs and administrative activities of the department. He reports to the Board of Control concerning departmental activities and programs. Work of the department is channeled from the Commissioner through four Deputy Commissioners and through one of a number of functional divisions, whose areas of operations are outlined below.

### **The Deputy Commissioner for Hospitals**

The Deputy Commissioner for Mental Hygiene and Hospitals maintains liaison with the State Commission on Mental Hygiene; State mental hygiene clinics, and with the following State institutions: mental hospitals at Greystone Park, Marlboro, and Trenton; training schools for the mentally deficient at Totowa, Vineland, New Lisbon,

and Woodbine; the Village for Epileptics at Skillman; the Sanatorium at Glen Gardner. He has general supervision of staff development at these institutions and of the development of psychiatric services.

### **The Deputy Commissioner for Correction**

The Deputy Commissioner for Correction and Parole has general supervision over the administration and supervision of parole, and correctional, reformatory, and crime prevention activities. He maintains liaison with the Division of Community Services for Delinquency Prevention. He has supervision of matters having to do with the administration of the following correctional institutions: State Prison at Trenton; prison farms at Leesburg and Rahway; Reformatory for Women at Clinton; Reformatories for Men at Anandale and Bordentown; State Home for Boys at Jamesburg; and State Home for Girls at Trenton.

### **The Deputy Commissioner for Welfare**

The Deputy Commissioner for Welfare and Assistance coordinates activities which include administration of assistance to children and families through the State Board of Child Welfare; administration of old age assistance through the Division of Old Age Assistance; administration of State Soldiers' Homes; administration of assistance to the blind through the Commission for the Blind; supervision of licensing and inspection of nursing homes; supervision of adoption matters; and advises with reference to chartering and incorporation of charitable agencies.

### **The Deputy Commissioner for Administration**

The Deputy Commissioner for Administration and Finance supervises all financial matters, contracts and building projects as set forth above in this report.

### **The Division of Classification and Education**

The Division of Classification and Education has supervision of assignment and transfer of patients among the training schools and has general oversight over the educational and training programs of those institutions.

## **The Division of Statistics and Research**

This division maintains a current record of institutional population changes and makes statistical and interpretative studies of trends in welfare.

## **The Division of Medicine**

This division is under the direct supervision of the Deputy Commissioner for Welfare and carries out the licensing and inspection of nursing homes and advises with reference to chartering and incorporation of charitable agencies.

## **The Division of Old Age Assistance**

Set up as a division of the department, this division supervises what is essentially an agency program, a Federal-State-County program of assistance to needy aged persons administered locally by county welfare boards. Through rulings, bulletins, consultations, and field service the division has been able to coordinate the work of the several county welfare boards, to promote good casework standards, and to facilitate inter-county transfer of clients.

## **The Division of State Use Industries**

This division is responsible for supervision of State Use industries in the institutions. Its functions include the planning of industrial output, the training of personnel, securing materials, and effecting distribution of products.

## **The Division of Legal Affairs**

The Division of Legal Affairs renders legal services to staff members and institutions and agencies under the jurisdiction of the department. For convenience in facilitating legal matters of the department, the director is deputized by the Attorney General and personally attends to the trial of all legal matters and the processing of its legal affairs.

## **The Division of Inspection**

The Division of Inspection inspects county jails, county detention

quarters and county welfare homes. A new function, inspection of general hospitals, has been entailed as a result of 1947 legislation.

### **The Division of Architecture and Construction**

This division prepares plans for new institutional buildings and renovation and modernization of existing buildings at the several State institutions under the jurisdiction of the department. It prepares specifications for bids on construction projects. An important part of its work is concerned with the removal of institutional fire hazards. The division provides draftsman services to other divisions and agencies of the department.

### **The Division of Civil Service and Personnel**

Since its organization recently, this division has assisted in the reclassification of positions carried out by the Civil Service Commission, has worked toward more equitable salary and position schedules among the institutions, and has been instrumental in recruiting personnel for seriously understaffed public institutions.

### **The Division of Community Services for the Prevention of Delinquency**

This division is a research and advisory division. It makes a continuing study of community conditions which lead to delinquency and community programs for preventing delinquency. Upon request it advises communities with respect to both. It has made interpretative studies of legislation dealing with juvenile courts and juvenile delinquency. The director of the division is secretary of the Legislative Commission to Investigate Causes of Delinquency and assumed a considerable part of the administrative detail in planning for the Governor's Youth Conference in 1947.

### **The Office of the Supervising Steward**

The Supervising Steward makes a continuing study of food conditions in the several institutions with a view to assuring adequate and nutritious diets, safeguarding against unsanitary conditions and promoting economy in the use of food consistent with the health and well-being of institutional populations.

## **The Office of the Farm Supervisor**

The Farm Supervisor oversees all institutional farm activities and plans production schedules with a view to securing maximum production of diversified products at minimum cost. Production schedules are planned with the two-fold objective of providing as much of the institutional food as possible and to provide useful labor and vocational training opportunities for those inmates who can benefit from this type of employment.

## **The Office of the Deportation Agent**

The Department of Institutions and Agencies is required to seek the return of any non-resident to the State wherein he may have established legal settlement prior to hospitalization. The Office of the Deportation Agent was established to carry out this duty.

## **SKETCHES OF INSTITUTIONS AND AGENCIES**

### **New Jersey State Prison**

The New Jersey State Prison at Trenton is a walled, maximum security prison for recalcitrant prisoners, long term inmates, and persons convicted of serious offenses. Built in 1798 and opened in 1799, it was one of the first prisons in the United States. Thirty years later, a legislative commission appointed to study conditions at the prison found the architecture faulty and recommended administrative changes patterned after those of the Connecticut and New York State Prisons. A new prison—the present one—was begun in the early 1830's and completed in 1836. Joseph H. Yard of Trenton became the first Principal Keeper.

Solitary confinement as a usual method of correction was abandoned there in 1858 after it was found that no physical or moral improvement of the inmate resulted.

A separate reformatory for women was opened at Clinton in 1913.

### **The State Prison Farm at Rahway**

The State Prison Farm at Rahway was opened in 1901 as the Rahway Reformatory after almost a quarter of a century of agitation for a separate reformatory to house first-time offenders between 16 and 30 years of age. In 1879, 1882, 1889 and 1895, commissions

were named to study the problem and submit recommendations. The last commission was authorized to draw plans and to superintend construction.

Rahway, a walled institution, was designated as a prison farm by legislative action in 1948. It stands midway between the maximum and minimum security type of penal institution. Opportunity is provided for training, education, and the development of self-discipline.

### **The State Prison Farm at Leesburg**

The State Prison Farm at Leesburg, established in 1914 as a branch of the State Prison at Trenton, was the first minimum security prison in New Jersey.

Agriculture provides useful occupation for the inmates as well as foodstuffs for their consumption and that of other persons in the State Prison, the Vineland State School, the State Home for Disabled Soldiers at Vineland, and the State Colony at Woodbine.

Since it is a branch of the State Prison at Trenton, the prison farm comes under the general supervision of the Board of Managers and the principal keeper of the State Prison.

### **The State Reformatory for Women at Clinton**

The opening of the State Reformatory for Women at Clinton in 1913 climaxed a half century of attempts to provide separate institutions for male and female prisoners. In 1886 the Legislature approved a report supporting the construction of a separate prison for female offenders. Publication of the report led to an improvement in conditions for the women at the prison and a weakening of the movement for their segregation. In the early 1900's the movement was revived. In 1910, work was begun on the new institution and three years later it opened.

The reformatory is without walls. Classification is facilitated by use of the cottage system. Inmate participation is a keystone in the institution's rehabilitation program. Another is the honor system.

### **The State Reformatory at Annandale**

The State Reformatory at Annandale was opened as a separate institution in 1929. For some years previously, a farm had been

conducted there as a branch of Rahway Reformatory. Annandale is a minimum security, cottage type installation for first offenders between the ages of 16 and 26.

Training is primarily in vocational and agricultural work. The Annandale cannery is second only to that of the State Prison Farm at Leesburg in volume of production.

### **The State Reformatory at Bordentown**

The State Reformatory at Bordentown was opened in 1936. By act of the 1948 Legislature it was designated as a reformatory in place of Rahway. The functions of the respective institutions were inter-changed because of the greater suitability of each one to its new role.

Bordentown is an unwalled institution providing medium and minimum security.

### **The State Home for Boys at Jamesburg**

Legislation creating the State Reform School for Boys was enacted in 1865 and culminated efforts of nineteenth century reformers to separate juvenile offenders from older, hardened criminals. Incorporating the findings of a three man commission appointed by Governor Parker, the law provided for informal commitment without criminal court conviction and indenture, essential features of modern juvenile court practice and foster home placement and parole supervision.

Shortly thereafter, ground was broken at Jamesburg in Middlesex County. The school was formally opened in 1867 when it received its first boys.

In 1890, the name of the State Reform School for Boys was modified to the State Home for Boys to remove the stigma of the term "reform school."

### **The State Home for Girls at Trenton**

The State Home for Girls was founded in 1870 at Trenton. First known as the State Industrial Home for Girls, the counterpart of the State Reform School for Boys, it was renamed the State Home for Girls in 1890. The institution received its first girls in 1871.

Girls who have failed to adjust properly in ordinary surroundings are admitted for protection and training. Upon classification, they are given formal and vocational schooling and reoriented in social attitudes. The cottage-system is the core of the institutional program. Each girl participates in the activity of her cottage with emphasis on her responsibility to others in her group. Another feature of the program is the system of day-time parole by which girls work in the community during the day and return to the institution at night.

### **The State Hospital at Trenton**

In 1844 Dorothea Lynde Dix visited New Jersey. Her exposure of prevailing conditions for the care of the mentally ill spurred the Legislature to authorize the State Insane Asylum in Trenton in 1846, the first in New Jersey and one of the first in the United States. Previously the Legislature had appointed a committee to explore the possibility of establishing such a hospital. The chairman of the committee was Dr. Lyndon A. Smith of Newark. The asylum was opened two years later and admitted 86 persons during its first year of operation.

At the present time, the State Hospital at Trenton serves 11 counties and receives the criminally insane from the entire State.

Just as the name of the institution has changed through the years, reflecting new attitudes toward mental illness, so has its function become transformed from one of custody to one of therapy.

### **The State Hospital at Greystone Park**

Known originally as the State Asylum for the Insane at Morristown, the State Hospital at Greystone Park was first opened in 1876. In 1893 the name was changed to State Hospital at Morris Plains and in 1925 to its present one. Patients are admitted from the northern counties of the State.

Like Trenton and Marlboro, Greystone is a modern hospital completely equipped for the care of the mentally ill. It provides psychiatric training for student nurses of other hospitals and serves as a training center in psychiatric social work. As such, it has been approved by the Smith College School for Social Work and the New York School for Social Work.

## **The State Hospital at Marlboro**

The State Hospital at Marlboro, opened in 1931, is the third of three modern State Hospitals for the treatment of the mentally ill. Situated in Monmouth County, it accepts patients from Union and Middlesex Counties and counties along the seaboard.

With the advantage of newer planning and construction, the Marlboro institution has been able to house patients more extensively in cottages than is possible at the other two hospitals.

## **The Arthur Brisbane Child Treatment Center at Allaire\***

The estate of the late Arthur Brisbane at Allaire was deeded to the State and made available to the department in 1944. In 1946 the Children's Unit at Marlboro was transferred to Allaire, where the unit operated as an annex of the hospital until it was given legislative status as a separate institution in 1947. Children with emotional disorders are received, examined, and treated there.

## **Vineland State School**

Vineland State School, established in 1888, admits mentally deficient girls of middle and low grade intelligence.

The cottage system permits classification and housing on varying mental levels. Girls are educated and trained according to their capabilities.

The school operates a Service Center at Red Bank for girls who show promise of readjustment. Success at trial periods in the community lead to parole.

## **The State Colony at New Lisbon**

The State Colony at New Lisbon was originally opened in 1913 as a branch of the Training School at Vineland. Known then as the Burlington County Colony for Feebleminded Boys, it passed to the control of the State in 1916 and came under the jurisdiction of the Department of Institutions and Agencies two years later. The colony was the first of its type envisioned by the late professor Edward R. Johnstone and his colleagues for the training of the mentally deficient.

\* The post office address is Farmingdale, New Jersey.

Various employments are taught, and wherever possible, vocational training and academic instruction are combined.

### **The State Colony at Woodbine**

The State Colony at Woodbine for the care and training of males with gross mental handicaps was acquired by gift from the trustees of the Baron deHirsch Foundation in 1921.

The training program at Woodbine is based on the philosophy of Edward Seguin. "Diversional occupation" seeks to direct the energies of severely retarded patients into activities that will train them to the maximum extent possible. It also shifts emphasis away from the incurable nature of the affliction.

The Woodbine plan won national recognition in 1937 with the filming of *The Least of These*, a motion picture depicting the results of the Woodbine training program.

### **The North Jersey Training School at Totowa\***

The North Jersey Training School at Totowa was opened in 1928, the fourth of the colony-type schools for the mentally deficient and the second of two schools in the State for girls. The North Jersey Training School accepts girls between the ages of six and 20 years old who can absorb specialized education and training and whose outlook is favorable for community placement.

The training program emphasizes the development of special skills and abilities in preparation for a useful community life.

### **The State Home for Disabled Soldiers at Menlo Park**

After the Civil War, New Jersey opened the first Home for Disabled Veterans in the United States at Newark in 1866. Thirteen years later the home was moved to Kearny, where Civil War veterans were soon joined by men of other wars.

A half century later in 1929, the Kearny installation was considered inadequate and funds were appropriated for the construction of a new building at Menlo Park. The Kearny home was closed with the completion of the new facility in 1932.

Residence and convalescent care are given to veterans who meet

\*The post office address is Box 215, Little Falls, New Jersey.

the requirements. In addition to medical treatment, a program of occupational therapy has been developed, one expression of which is the making of poppies for sale by veterans' organizations.

### **The New Jersey Memorial Home at Vineland**

The New Jersey Memorial Home for Disabled Soldiers, Sailors, Marines and their Wives and Widows at Vineland, the only home of its kind along the Atlantic seaboard, was opened in 1900.

While every attempt is made to provide the atmosphere of a private home, the purpose of the institution is not to encourage a large permanent population but rather to rehabilitate those who receive care there in order that they may again re-enter the community. Residents must meet certain admission requirements to be eligible.

### **The State Village for Epileptics at Skillman**

Legislation authorizing establishment of a separate State institution for persons suffering epilepsy was approved in 1898. The same year Skillman was opened, the third institution of its kind in the United States devoted exclusively to the care of epileptics.

Earlier, public welfare leaders had been impressed with the results obtained at Bielefeld, Germany in the treatment of epilepsy and had advocated the creation of special facilities patterned after those of the Bielefeld establishment.

### **The State Sanatorium at Glen Gardner**

The village is a well-rounded community offering medical care and occupational and recreational activities for the patients.

The State Sanatorium for Tuberculous Diseases at Glen Gardner was opened in 1907 as a result of public indignation over the care of consumptive patients in almshouses. It is located on a site in Hunterdon County a thousand feet above sea level.

The sanatorium accepts patients between five and 55 years of age. Approximately half of all the patients who have been treated at the sanatorium have been rehabilitated and are self-supporting. Clinics operating out of Glen Gardner serve 34 communities in twelve counties.

## **The State Commission for the Blind**

The Commission for the Amelioration of the Condition of the Blind was instituted in 1910 to educate and train the blind to become self-supporting individuals in their communities.

The scope of the commission's program was later broadened to provide financial assistance to needy blind persons and to reduce the incidence of blindness among the population. New Jersey was among the first States to grant aid to the blind in 1921; since 1936, the expense has been shared by the Federal government under provisions of the Social Security Act. The commission introduced mobile eye clinics in 1946 for waging its sight conservation program.

## **The State Board of Child Welfare**

The Legislature created the State Board of Children's Guardians in 1899. Prior to that time, children were kept in almshouses for lack of better facilities. Change in their status resulted from the cumulative effect of other public welfare legislation at the end of the century.

The board became an agency of the department following reorganization of the latter in 1918. An act of the 1947 Legislature changed the name to the State Board of Child Welfare.

The 1899 act committed children without suitable homes to the care of the board. Subsequent legislation widened the functions of the board to include various aspects of child welfare.

STATISTICAL  
APPENDIX

NEW JERSEY STATE LIBRARY

**Table 1**  
**RESIDENT POPULATION OF STATE INSTITUTIONS**

As of June 30, 1938-1947

	1947	1946	1945	1944	1943	1942	1941	1940	1939
All Institutions .....	22,632	22,117	21,594	21,294	21,291	21,715	21,713	21,386	21,542
<i>Mental Hospitals</i> .....	11,617	11,639	11,501	11,304	11,204	11,101	10,932	10,723	10,647
Greystone Park .....	5,765	5,783	5,696	5,626	5,637	5,613	5,545	5,449	5,492
Trenton .....	3,117	3,078	3,048	3,018	2,955	2,924	2,868	2,846	2,874
Marlboro .....	2,735	2,778	2,757	2,660	2,612	2,564	2,519	2,428	2,281
<i>Arthur Brisbane</i>									
Child Treatment Center .....	43	38	35	30	25	32	29*	...	...
<i>Schools for Mentally Deficient</i> .....	4,359	4,333	4,189	4,150	4,087	4,110	4,126	4,045	4,123
Vineland State School (Female)...	1,750	1,733	1,683	1,661	1,639	1,605	1,580	1,572	1,567
North Jersey									
Training School (Female) .....	634	621	586	625	603	620	620	595	618
New Lisbon Colony (Male) .....	867	882	854	832	818	851	874	845	915
Woodbine Colony (Male) .....	787	766	729	691	690	691	698	684	677
Vineland Training School (State Wards Male and Female) .	321	331	337	341	337	343	354	349	346
Village for Epileptics .....	1,505	1,444	1,463	1,466	1,496	1,505	1,535	1,545	1,543
State Sanatorium .....	262	305	290	328	367	346	367	393	380
<i>Prisons and Reformatories</i> .....	3,909	3,473	3,227	3,147	3,210	3,670	3,761	3,670	3,772
State Prison (Male) .....	1,317	1,127	1,058	1,007	1,012	1,150	1,245	1,191	1,200
Bordentown Farm (Male) .....	545	478	457	482	528	591	549	584	574
Leesburg Farm (Male) .....	244	213	210	225	269	237	244	242	260
Rahway Reformatory (Male) .....	815	732	610	612	690	872	875	861	879
Annandale Reformatory (Male) ...	556	533	507	473	350	469	494	458	532
Clinton Reformatory (Female) ...	432	390	385	348	361	351	354	334	327
<i>Training Schools for Juveniles</i> .....	744	711	727	710	738	764	772	793	770
State Home for Boys .....	461	460	439	421	436	489	516	501	495
State Home for Girls .....	283	251	288	289	302	275	256	292	275
<i>Homes for Disabled Soldiers</i> .....	193	174	162	159	164	187	191	217	307
Menlo Park .....	81	74	66	65	64	72	65	72	69
Vineland .....	112	100	96	94	100	115	126	145	238

\*Opened in 1941 as the Children's Unit of the Marlboro State Hospital

**Table 2**  
**ADMISSIONS TO STATE INSTITUTIONS**  
 Years ending June 30, 1938-1947

	1947	1946	1945	1944	1943	1942	1941	1940	1939
All Institutions .....	6,745	6,303	5,695	5,466	5,422	5,856	5,824	5,561	5,714
<i>Mental Hospitals</i> .....	3,598	3,466	3,177	2,965	2,872	3,154	3,015	2,857	2,684
Greystone Park .....	1,554	1,604	1,479	1,356	1,345	1,441	1,352	1,291	1,194
Trenton .....	1,072	967	884	833	800	877	816	767	762
Marlboro .....	972	895	814	776	727	836	847	799	728
<i>Arthur Brisbane</i>									
<i>Child Treatment Center*</i> .....	26	14	18	15	17	24	26	...	...
<i>Schools for Mentally Deficient</i> .....	378	348	291	248	254	257	268	241	261
Vineland State School (Female) ...	112	104	91	77	87	68	52	65	88
North Jersey									
Training School (Female) .....	102	73	39	57	49	46	53	44	62
New Lisbon Colony (Male) .....	83	92	82	72	80	111	107	69	76
Woodbine Colony (Male) .....	57	65	66	24	19	13	35	43	25
Vineland Training School									
(State Wards Male and Female) .	24	14	13	18	19	19	21	20	10
<i>Village for Epileptics</i> .....	163	78	83	69	88	107	96	100	113
<i>State Sanatorium</i> .....	268	335	279	311	378	338	341	340	350
<i>Prisons and Reformatories</i> .....	1,708	1,465	1,284	1,270	1,186	1,439	1,542	1,476	1,634
State Prison (Male)** .....	798	673	576	603	544	681	732	673	750
Rahway Reformatory (Male) .....	279	174	143	133	115	178	182	203	220
Annandale Reformatory (Male) ...	429	451	373	347	338	404	448	415	498
Clinton Reformatory (Female) ...	202	167	192	187	189	176	180	185	166
<i>Training Schools for Juveniles</i> .....	494	515	501	518	538	441	408	379	392
State Home for Boys .....	342	377	345	366	382	308	315	259	265
State Home for Girls .....	152	138	156	152	156	133	93	120	127
<i>Homes for Disabled Soldiers</i> .....	110	82	62	70	89	96	128	168	280
Menlo Park .....	67	54	33	46	54	63	83	113	170
Vineland .....	43	28	29	24	35	33	45	55	110

\*Opened in 1941 as the Children's Unit of the Marlboro State Hospital

\*\*Transfers to former Bordentown Farm and Leesburg Farm through State Prison

Table 3  
CLASSIFICATION CASES RESIDENT  
IN PENAL AND CORRECTIONAL INSTITUTIONS

As of June 30, 1938-1947

	1947	1946	1945	1944	1943	1942	1941	1940	1939
<i>Total Adults</i> .....	67	29	32	17	6	4	5	2	3
State Prison (Male) .....	13	7	6	6	1	1	3	..	1
Rahway Reformatory (Male) .....	5	2	1	..	..	..	..	..	..
Annandale Reformatory (Male) .....	45	16	19	10	3	1	1	2	..
Clinton Reformatory (Female) .....	4	4	6	1	2	2	1	..	2
<i>Total Juveniles</i> .....	66	70	121	119	135	94	46	9	6
State Home for Boys .....	41	59	97	89	109	79	29	7	1
Classification Unit at State Home for Girls .....	25	11	24	30	26	15	17	2	5

Table 4  
CASES ADMITTED FOR CLASSIFICATION  
TO PENAL AND CORRECTIONAL INSTITUTIONS

Years ending June 30, 1938-1947

	1947	1946	1945	1944	1943	1942	1941	1940	1939
<i>Total Adults</i> .....	167	92	98	55	31	20	50	50	28
State Prison (Male) .....	29	26	22	25	14	10	19	20	21
Rahway Reformatory (Male) .....	9	4	4	..	..	..	1	2	4
Annandale Reformatory (Male) .....	103	44	46	22	11	6	27	25	..
Clinton Reformatory (Female) .....	26	18	26	8	6	4	3	3	3
<i>Total Juveniles</i> .....	230	235	301	388	311	202	105	44	16
State Home for Boys .....	171	198	242	296	239	153	66	21	4
Classification Unit at State Home for Girls .....	59	37	59	92	72	49	39	23	12

Table 5  
RESIDENT POPULATION OF COUNTY MENTAL HOSPITALS  
As of June 30, 1938-1947

	1947	1946	1945	1944	1943	1942	1941	1940	1939
TOTAL—COUNTY HOSPITALS ...	5,939	5,792	5,839	5,867	5,905	6,005	5,885	5,746	5,697
Atlantic County Hospital .....	343	329	328	343	364	350	370	365	356
Burlington County Hospital .....	246	253	253	231	234	243	246	246	269
Camden County Hospital .....	729	733	736	772	806	793	790	755	750
Cumberland County Hospital .....	246	251	252	235	245	251	252	249	248
Essex County Hospital .....	2,562	2,451	2,454	2,470	2,462	2,526	2,488	2,446	2,458
Hudson County Hospital .....	1,813	1,775	1,816	1,816	1,794	1,842	1,739	1,685	1,616

Table 6  
ADMISSIONS TO COUNTY MENTAL HOSPITALS  
Years ending June 30, 1938-1947

	1947	1946	1945	1944	1943	1942	1941	1940	1939
TOTAL— COUNTY HOSPITALS ...	1,489	1,371	1,396	1,372	1,466	1,423	1,403	1,292	1,362
Atlantic County Hospital .....	162	150	138	120	149	155	146	155	151
Burlington County Hospital .....	32	37	45	36	36	37	44	46	67
Camden County Hospital .....	114	100	112	125	199	189	212	156	203
Cumberland County Hospital .....	59	54	48	41	49	56	63	61	55
Essex County Hospital .....	783	678	690	708	643	602	581	537	543
Hudson County Hospital .....	339	352	363	342	390	384	357	337	343

Table 7  
RESIDENT POPULATION OF COUNTY TUBERCULOSIS SANATORIA  
As of June 30, 1938-1947

	1947	1946	1945	1944	1943	1942	1941	1940	1939
TOTAL—COUNTY SANATORIA ...	2,149	2,036	2,044	2,162	2,326	2,658	2,610	2,620	2,648
Atlantic County Sanatorium .....	42	39	37	36	53	68	50	50	49
Bergen County Sanatorium .....	172	143	159	168	175	250	261	282	303
Burlington County Sanatorium .....	86	79	90	84	69	98	100	96	103
Burlington County Sanatorium .....	140	136	153	147	193	195	193	202	222
Essex County Sanatoria .....	322	327	270	315	362	437	433	436	453
Hudson County Sanatorium .....	426	399	427	440	468	535	527	522	494
Mercer-Trenton City .....	84	78	69	68	81	90	82	67	61
Middlesex County Sanatorium .....	181	180	185	203	205	210	219	230	221
Monmouth County Sanatorium .....	101	93	85	78	85	100	103	96	94
Morris County Sanatorium .....	54	51	45	57	70	68	69	48	49
Passaic County Sanatorium .....	219	206	205	223	213	228	221	233	230
Union County Sanatorium .....	322	305	319	343	352	379	352	358	369

Table 8  
**ADMISSIONS TO COUNTY TUBERCULOSIS SANATORIA**  
 Years ending June 30, 1938-1947

	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938
TOTAL—COUNTY SANATORIA ...	3,000	2,652	2,444	2,724	2,981	3,107	3,018	2,923	3,008	2,981
Atlantic County Sanatorium .....	71	70	48	67	84	106	45	59	42	67
Bergen County Sanatorium .....	250	192	203	249	229	282	230	249	272	248
Burlington County Sanatorium .....	77	71	90	84	76	99	107	86	110	102
Camden County Sanatorium .....	201	181	171	187	234	203	211	180	226	254
Essex County Sanatoria .....	396	440	387	448	487	509	504	504	478	499
Hudson County Sanatorium .....	761	633	591	628	638	723	750	739	742	570
Mercer-Trenton City .....	201	170	138	143	165	195	184	177	160	157
Middlesex County Sanatorium .....	267	237	191	250	270	231	253	255	304	297
Monmouth County Sanatorium ....	132	95	89	86	106	113	131	100	96	107
Morris County Sanatorium .....	65	57	56	60	82	63	68	38	36	50
Passaic County Sanatorium .....	222	201	183	217	249	240	209	210	208	219
Union County Sanatorium .....	357	305	297	305	361	343	326	326	334	411

Table 9  
**PERSONS UNDER PAROLE SUPERVISION**  
 As of June 30, 1938-1947

Years Ending June 30	Total	State Prison	Rahway Reformatory	Annandale Reformatory	Clinton Reformatory	State Home for Boys	State Home for Girls
1947.....	4,345	884	636	1,086	266	1,075	398
1946.....	4,772	883	718	1,344	283	1,130	414
1945.....	5,234	949	905	1,545	287	1,154	394
1944.....	5,415	943	1,037	1,595	295	1,178	367
1943.....	5,418	858	1,128	1,723	281	1,094	334
1942.....	5,069	797	1,075	1,669	254	945	329
1941.....	5,122	711	1,136	1,711	229	941	394
1940.....	5,219	668	1,177	1,756	245	952	421
1939.....	5,128	560	1,249	1,678	251	962	428
1938.....	5,073	397	1,400	1,672	232	937	435

Table 10  
**NUMBER PAROLED FROM INSTITUTIONS**  
 Years ending June 30, 1938-1947

Years Ending June 30	Total	State Prison	Rahway Reformatory	Annandale Reformatory	Clinton Reformatory	State Home for Boys	State Home for Girls
1947.....	1,935	473	236	482	156	417	171
1946.....	1,928	427	205	450	203	428	215
1945.....	2,013	474	234	416	208	466	215
1944.....	2,122	548	268	324	231	545	206
1943.....	2,353	561	368	496	198	554	178
1942.....	2,104	554	320	485	189	409	147
1941.....	1,997	540	340	441	151	350	175
1940.....	2,163	517	377	570	171	352	176
1939.....	2,155	475	424	504	164	367	221
1938.....	1,945	362	416	470	153	343	201

Table 11  
ANNUAL PER CAPITA MAINTENANCE EXPENSES  
OF STATE INSTITUTIONS  
Years ending June 30, 1938-1947

Institution	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938
All Institutions .....	\$657.61	\$561.44	\$525.13	\$496.08	\$465.77	\$442.95	\$433.83	\$425.71	\$407.27	\$423.55
<i>Mental Hospitals</i>										
Greystone Park .....	535.06	442.81	401.02	377.96	362.86	356.78	362.23	357.33	333.31	349.36
Trenton .....	771.83	630.25	561.00	527.48	498.06	488.15	475.98	469.66	452.98	460.44
Marlboro .....	612.21	461.54	425.36	406.86	394.91	382.64	393.52	383.88	362.04	371.78
<i>Schools for Mentally Deficient</i>										
Vineland State School (Female) .....	404.98	354.13	336.12	324.88	305.64	291.33	278.60	272.45	265.16	281.26
North Jersey Training School (Female) .	667.44	614.86	566.09	546.59	519.79	481.55	444.05	443.94	426.22	485.22
New Lisbon Colony (Male) .....	510.41	455.60	439.97	406.68	384.96	364.13	351.54	348.56	329.53	335.81
Woodbine Colony (Male) .....	641.37	497.85	478.13	418.35	388.14	352.45	346.75	345.39	336.82	350.67
<i>Village for Epileptics</i> .....	598.18	484.56	444.03	435.04	393.84	364.22	361.53	345.65	338.85	342.82
<i>State Tuberculosis Sanatorium</i> .....	2,358.30	2,166.51	1,645.69	1,376.59	1,286.46	1,195.83	1,078.89	1,037.72	993.92	999.23
<i>Prisons and Reformatories</i>										
State Prison (Male) .....	674.55	660.22	679.28	650.99	599.68	520.77	474.40	477.69	461.63	498.77
Bordentown Farm (Male) .....	769.57	779.43	720.26	629.17	573.53	523.74	474.33	441.85	451.39	501.92
Leesburg Farm (Male) .....	622.64	661.42	648.04	554.09	492.35	491.53	468.37	436.59	406.37	444.61
Rahway Reformatory (Male) .....	840.09	869.49	874.20	863.83	668.42	591.62	570.14	554.47	537.40	552.02
Annandale Reformatory (Male) .....	752.45	674.91	727.77	814.51	716.63	646.72	561.36	585.10	532.10	566.62
Clinton Reformatory (Female) .....	591.14	559.63	562.55	543.18	489.82	480.94	470.28	480.49	452.44	457.67
<i>Training Schools for Juveniles</i>										
State Home for Boys .....	991.75	845.32	796.02	744.54	717.12	633.35	652.97	692.97	675.18	674.79
State Home for Girls .....	953.98	786.16	658.56	577.25	547.74	548.21	555.22	515.84	532.17	490.68
<i>Homes for Disabled Soldiers</i>										
Menlo Park .....	977.50	986.31	1,033.79	962.11	840.87	785.31	814.51	799.14	757.44	828.33
Vineland .....	1,641.20	1,652.14	1,726.99	1,606.51	1,334.03	1,096.97	1,120.01	824.29	636.12	643.02

Table 12  
**TOTAL EXPENDITURES AND REVENUES**  
**OF STATE INSTITUTIONS**  
 Years ending June 30, 1938-1947

	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938
Mental Hospitals . . . . .	\$7,322,212	\$5,785,379	\$5,286,612	\$4,911,559	\$4,688,445	\$4,548,642	\$4,488,505	\$4,255,908	\$4,063,367	\$4,143,869
Schools for the Mentally Deficient . . . . .	2,025,742	1,699,554	1,577,573	1,462,996	1,388,700	1,288,649	1,232,372	1,206,493	1,171,915	1,212,472
Village for Epileptics . . . . .	892,730	697,668	657,409	656,370	596,242	570,619	567,465	538,875	526,509	531,512
State Tuberculosis Sanatorium . . . . .	715,605	628,032	675,024	593,588	571,409	531,409	503,274	466,564	467,359	493,027
Prisons and Reformatories ..	2,691,235	2,398,780	2,306,838	2,158,309	2,107,001	2,059,717	1,943,799	1,873,403	1,810,748	1,838,099
Training Schools for Juveniles . . . . .	761,167	666,964	654,268	581,992	556,838	521,111	513,594	507,596	513,280	520,069
Homes for Disabled Soldiers . . . . .	239,702	217,926	220,446	207,558	197,715	185,081	187,217	185,271	178,758	189,523
<b>Total Expenditures ..</b>	<b>\$14,648,393</b>	<b>\$12,094,303</b>	<b>\$11,378,170</b>	<b>\$10,572,372</b>	<b>\$10,106,351</b>	<b>\$9,705,227</b>	<b>\$9,436,227</b>	<b>\$9,034,110</b>	<b>\$8,731,936</b>	<b>\$8,928,570</b>
<b>Total Revenues . . . . .</b>	<b>\$4,523,262</b>	<b>\$3,760,933</b>	<b>\$3,387,879</b>	<b>\$3,351,537</b>	<b>\$3,222,815</b>	<b>\$3,090,504</b>	<b>\$3,033,779</b>	<b>\$2,957,442</b>	<b>\$2,856,657</b>	<b>\$2,719,783</b>

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**Table 13**  
**ANNUAL SUBSIDIES TO COUNTY AND PRIVATE INSTITUTIONS**  
 Years ending June 30, 1938-1947

	Total	County mental hospitals	County Tuberculosis sanatoria	Vineland Training School*
1947.....	\$2,182,100	\$1,429,495	\$590,600	\$162,005
1946.....	2,141,289	1,378,547	597,736	165,006
1945.....	2,054,407	1,258,730	629,283	166,394
1944.....	2,115,973	1,266,093	680,971	168,909
1943.....	2,336,892	1,357,379	810,822	168,691
1942.....	2,224,800	1,245,984	806,346	172,470
1941.....	2,228,048	1,184,515	871,591	171,942
1940.....	2,209,860	1,192,154	844,228	173,478
1939.....	2,117,129	1,130,704	813,951	172,474
1938.....	2,085,518	1,085,896	825,863	173,759

\*For maintenance of mentally deficient State wards

Table 14  
**PERSONS RECEIVING OLD AGE ASSISTANCE**  
 During the Month of June, 1938-1947

County	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938
State Total .....	23,094	22,925	23,576	25,325	26,759	29,880	31,174	31,036	29,417	26,442
Atlantic .....	1,519	1,551	1,642	1,722	1,768	1,858	1,833	1,804	1,663	1,435
Bergen .....	2,015	2,001	2,081	2,192	2,237	2,361	2,384	2,357	2,095	1,822
Burlington .....	751	735	775	816	897	1,086	1,236	1,286	1,219	1,056
Camden .....	1,980	1,922	2,013	2,177	2,415	2,662	2,760	2,750	2,613	2,270
Cape May .....	440	454	494	587	643	679	709	725	675	584
Cumberland .....	678	667	672	788	890	1,020	1,081	1,149	1,136	1,049
Essex .....	3,905	3,827	3,808	4,049	4,199	4,762	4,823	4,553	4,333	3,646
Gloucester .....	606	600	620	680	796	891	918	899	868	789
Hudson .....	1,872	1,925	2,010	2,171	2,286	2,574	2,760	2,789	2,644	2,542
Hunterdon .....	317	317	336	367	415	452	491	497	476	435
Mercer .....	858	842	853	900	994	1,186	1,374	1,441	1,430	1,326
Middlesex .....	1,123	1,101	1,132	1,198	1,123	1,267	1,261	1,275	1,253	1,259
Monmouth .....	1,483	1,484	1,557	1,700	1,903	2,168	2,231	2,216	2,161	1,997
Morris .....	532	532	556	640	723	904	1,010	1,033	973	910
Ocean .....	634	624	633	684	748	786	785	785	737	659
Passaic .....	1,892	1,871	1,889	1,955	1,913	2,079	2,172	2,126	1,934	1,713
Salem .....	433	426	434	458	496	538	558	538	491	443
Somerset .....	307	296	304	321	332	348	371	400	365	342
Sussex .....	265	253	263	295	314	338	355	355	338	326
Union .....	1,022	1,030	1,021	1,121	1,160	1,340	1,423	1,417	1,379	1,248
Warren .....	462	467	483	504	507	581	639	641	634	591

Table 15  
**AVERAGE MONTHLY GRANTS OF OLD AGE ASSISTANCE**  
 For the Month of June, 1938-1947

County	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938
State Average .....	\$40.76	\$33.30	\$31.74	\$28.29	\$25.00	\$22.64	\$21.37	\$20.48	\$19.59	\$18.59
Atlantic .....	40.40	31.80	30.98	27.71	24.41	22.60	21.12	20.35	19.45	18.82
Bergen .....	44.63	35.37	33.38	28.75	25.37	22.62	21.54	20.78	19.88	18.62
Burlington .....	39.47	31.49	30.77	27.33	23.34	21.06	19.84	18.41	17.09	15.45
Camden .....	38.87	32.53	31.78	27.60	24.69	22.42	20.96	20.22	19.46	18.47
Cape May .....	35.61	29.41	28.92	26.73	23.69	21.84	20.83	19.91	18.43	16.98
Cumberland .....	39.11	31.12	30.12	25.77	22.68	20.37	18.71	17.68	16.63	15.24
Essex .....	42.95	36.43	33.95	31.10	27.26	24.98	23.60	22.77	21.92	21.31
Gloucester .....	36.62	31.50	29.43	25.80	22.79	21.30	20.17	19.52	18.04	16.46
Hudson .....	37.95	32.07	31.38	28.55	25.20	22.72	21.19	20.89	20.48	19.62
Hunterdon .....	35.73	27.32	26.22	24.49	22.25	20.78	19.76	18.55	18.10	17.38
Mercer .....	38.21	31.23	30.14	27.83	24.09	22.18	20.82	19.85	19.13	18.06
Middlesex .....	42.41	35.08	33.81	30.73	27.09	23.83	23.13	21.91	20.19	19.04
Monmouth .....	42.49	33.04	31.35	28.04	25.06	22.00	21.23	19.93	19.12	18.42
Morris .....	38.82	31.74	30.07	28.24	24.90	21.42	20.78	20.61	20.10	19.82
Ocean .....	40.88	32.36	30.38	27.01	24.07	21.76	20.74	20.36	20.03	18.43
Passaic .....	41.41	33.34	31.92	27.38	24.51	22.46	21.19	19.79	18.95	17.55
Salem .....	37.83	29.96	26.91	23.48	21.69	20.37	19.36	18.21	16.61	14.64
Somerset .....	41.50	34.22	31.92	28.52	25.05	22.59	21.50	20.01	18.57	18.36
Sussex .....	37.14	30.82	28.79	24.71	21.23	19.20	18.21	17.84	16.79	15.49
Union .....	42.62	35.22	32.98	29.25	26.38	23.54	21.95	20.95	20.01	19.68
Warren .....	38.93	31.07	29.91	26.40	24.65	22.21	21.06	20.64	19.96	18.55

Table 16  
 RECIPIENTS OF OLD AGE ASSISTANCE  
 AND  
 SOURCE OF EXPENDITURES  
 1938-1947  
 STATE TOTALS

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Years Ending June 30	Number of Recipients in June	SOURCE OF EXPENDITURES			
		Total For Year	Federal	State	County
1947.....	23,094	\$10,471,566	\$5,344,317	\$3,855,802	\$1,271,447
1946.....	22,925	8,960,750	4,227,422	3,561,064	1,172,264
1945.....	23,576	8,838,742	4,222,765	3,473,549	1,142,428
1944.....	25,325	8,305,380	4,003,400	3,238,688	1,063,292
1943.....	26,759	7,966,991	3,923,226	3,044,729	999,036
1942.....	29,880	8,098,985	4,001,183	3,085,463	1,012,339
1941.....	31,174	7,843,184	3,874,363	2,988,445	980,376
1940.....	31,036	7,376,491	3,640,537	2,813,895	922,059
1939.....	29,417	6,514,163	3,216,779	2,483,113	814,271
1938.....	26,442	5,514,313	2,722,492	2,102,532	689,289

Table 17  
 CHILDREN UNDER CARE AND NUMBER COMMITTED  
 TO  
 STATE BOARD OF CHILD WELFARE  
 1938-1947  
 STATE TOTALS

Years Ending June 30	NUMBER UNDER CARE			COMMITMENTS		
	Total	Home Life Department	Dependent Children's Department	Total	Home Life Department	Dependent Children's Department
1947.....	20,423	10,913	9,510	6,010	5,199	811
1946.....	19,063	9,307	9,756	4,960	4,164	796
1945.....	18,105	8,111	9,994	3,158	2,393	765
1944.....	19,792	9,375	10,417	2,904	2,054	850
1943.....	23,875	13,166	10,709	3,133	2,287	846
1942.....	30,431	19,803	10,628	4,547	3,651	896
1941.....	34,994	24,480	10,514	5,872	4,782	1,090
1940.....	35,707	25,328	10,379	7,445	6,204	1,241
1939.....	33,750	24,222	9,528	7,858	6,347	1,511
1938.....	33,134	23,876	9,258	9,011	7,439	1,572

Table 18  
 CHILDREN UNDER CARE  
 Home Life Department of the  
 STATE BOARD OF CHILD WELFARE  
 As of June 30, 1938-1947

County Chargeable	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938
Atlantic .....	541	428	445	677	742	950	1,027	1,151	989	1,052
Bergen .....	525	460	484	513	804	1,254	1,544	1,591	1,557	1,360
Burlington .....	302	237	222	224	288	448	520	578	552	558
Camden .....	979	778	658	632	750	1,083	1,327	1,368	1,402	1,415
Cape May .....	103	101	103	151	173	201	224	250	218	218
Cumberland .....	138	120	126	148	208	308	424	464	461	456
Essex .....	3,021	2,875	2,431	2,780	4,056	5,698	6,496	6,074	5,884	5,923
Gloucester .....	208	132	124	145	219	333	447	474	456	424
Hudson .....	1,231	1,036	944	1,075	1,679	2,691	3,635	3,849	3,674	3,487
Hunterdon .....	74	52	44	53	71	136	190	204	206	93
Mercer .....	529	374	343	410	597	1,101	1,371	1,435	1,336	1,254
Middlesex .....	602	535	453	466	663	1,112	1,360	1,574	1,503	1,576
Monmouth .....	503	400	381	425	586	789	952	961	918	939
Morris .....	241	166	123	155	198	342	585	660	630	615
Ocean .....	141	146	131	141	199	220	287	325	310	304
Passaic .....	611	491	364	394	550	973	1,354	1,448	1,312	1,265
Salem .....	119	75	69	66	90	160	225	210	224	205
Somerset .....	113	83	64	93	136	224	291	347	357	435
Sussex .....	103	76	46	72	98	139	155	199	201	165
Union .....	643	587	445	595	859	1,359	1,691	1,741	1,646	1,677
Warren .....	183	151	110	154	200	282	375	425	386	355
State Charges .....	3	4	1							
<b>STATE TOTAL .....</b>	<b>10,913</b>	<b>9,307</b>	<b>8,111</b>	<b>9,375</b>	<b>13,166</b>	<b>19,803</b>	<b>24,480</b>	<b>25,328</b>	<b>24,222</b>	<b>23,876</b>

Table 19  
**CHILDREN UNDER CARE**  
 Dependent Children's Department of the  
**STATE BOARD OF CHILD WELFARE**  
 As of June 30, 1938-1947

County Chargeable	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938
Atlantic .....	430	403	410	374	338	293	263	244	216	201
Bergen .....	431	473	507	556	595	615	616	615	578	481
Burlington .....	303	304	303	306	296	288	293	276	255	230
Camden .....	804	740	705	701	717	681	672	697	674	599
Cape May .....	75	67	65	54	54	47	53	57	47	53
Cumberland .....	196	212	227	246	258	274	276	245	206	170
Essex .....	1,952	2,119	2,217	2,346	2,519	2,616	2,644	2,777	2,501	2,913
Gloucester .....	244	228	230	250	253	250	246	213	167	109
Hudson .....	867	906	1,009	1,216	1,367	1,354	1,376	1,398	1,379	1,454
Hunterdon .....	155	143	138	117	103	98	99	84	73	54
Mercer .....	378	355	352	343	317	294	263	250	228	223
Middlesex .....	612	629	624	610	582	548	491	483	441	388
Monmouth .....	450	474	473	507	501	487	485	475	431	387
Morris .....	420	434	420	411	401	403	396	367	347	302
Ocean .....	142	145	142	141	120	105	103	98	90	86
Passaic .....	543	532	545	555	594	588	594	575	544	447
Salem .....	158	162	189	196	206	199	191	169	151	140
Somerset .....	160	169	171	168	150	158	163	159	149	126
Sussex .....	186	181	192	209	228	239	220	189	169	153
Union .....	697	782	808	854	871	855	827	773	675	569
Warren .....	264	269	254	243	224	224	222	211	201	171
State Charges .....	43	29	13	14	15	12	21	24	6	2
<b>STATE TOTAL .....</b>	<b>9,510</b>	<b>9,756</b>	<b>9,994</b>	<b>10,417</b>	<b>10,709</b>	<b>10,628</b>	<b>10,514</b>	<b>10,379</b>	<b>9,528</b>	<b>9,258</b>

Table 20  
 AVERAGE MONTHLY COST PER CHILD  
 Home Life Department of the  
 STATE BOARD OF CHILD WELFARE

Years ending June 30, 1938-1947

County	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938
Atlantic .....	\$27.57	\$24.07	\$21.65	\$17.29	\$13.67	\$13.51	\$13.50	\$13.34	\$13.56	\$12.63
Bergen .....	32.07	28.27	24.15	19.36	14.29	14.44	14.75	14.90	14.45	12.92
Burlington .....	26.76	22.87	19.68	15.54	12.92	13.54	12.95	12.74	12.06	11.18
Camden .....	27.57	23.75	21.11	17.68	13.46	13.07	13.33	13.19	12.88	12.44
Cape May .....	25.57	22.81	19.85	18.25	13.47	13.05	13.05	12.73	13.67	12.45
Cumberland .....	23.21	20.71	17.01	13.90	11.68	12.02	12.05	12.04	12.25	11.29
Essex .....	30.17	27.26	24.46	20.40	14.86	14.73	14.64	14.57	14.32	14.01
Gloucester .....	22.31	20.00	16.36	14.16	11.52	11.71	12.19	12.18	11.78	10.65
Hudson .....	24.48	21.97	20.01	17.36	13.96	13.86	13.84	13.67	13.04	12.29
Hunterdon .....	27.91	25.55	25.11	20.64	13.47	13.54	13.61	13.26	13.12	12.56
Mercer .....	25.99	23.55	20.61	16.98	12.43	12.55	12.40	12.00	11.26	10.04
Middlesex .....	26.95	24.14	21.08	16.77	13.33	13.32	13.44	13.04	12.50	11.62
Monmouth .....	25.37	21.20	18.20	15.81	13.11	13.12	13.02	13.11	12.93	11.94
Morris .....	27.87	25.33	24.27	19.25	14.92	13.70	14.39	14.14	13.74	12.80
Ocean .....	27.14	21.38	19.87	17.80	14.74	14.24	13.60	13.49	13.09	12.54
Passaic .....	29.88	25.47	23.11	18.31	13.98	13.90	13.67	13.30	12.72	11.66
Salem .....	24.83	20.54	15.84	13.82	11.82	11.47	11.32	11.07	10.89	10.28
Somerset .....	29.34	26.33	23.97	19.24	13.29	12.61	12.48	12.29	14.15	10.78
Sussex .....	24.00	23.19	20.40	15.99	13.41	13.18	13.21	12.94	13.35	12.49
Union .....	29.37	25.33	22.21	19.24	14.86	14.99	14.95	14.30	13.08	11.20
Warren .....	30.15	25.20	22.31	18.05	14.33	14.39	14.73	14.20	13.69	12.86
State Average .....	\$28.03	\$24.83	\$22.04	\$18.38	\$14.01	\$13.92	\$13.88	\$13.67	\$13.24	\$12.41

Table 21  
 AVERAGE MONTHLY COST PER CHILD  
 Dependent Children's Department of the  
 STATE BOARD OF CHILD WELFARE  
 Years ending June 30, 1938-1947

County	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938
Atlantic .....	\$29.58	\$22.95	\$25.98	\$24.70	\$17.95	\$18.78	\$18.63	\$17.82	\$16.29	\$16.90
Bergen .....	25.07	20.45	24.58	22.06	17.22	17.62	18.43	18.00	16.12	15.79
Burlington .....	25.27	20.94	22.03	19.53	15.03	11.82	16.71	16.58	15.44	15.22
Camden .....	25.46	21.24	24.02	20.48	14.72	15.54	15.67	15.54	14.95	14.64
Cape May .....	28.22	23.51	29.97	24.37	17.30	15.71	17.17	14.96	13.04	15.26
Cumberland .....	21.91	18.51	20.67	17.80	14.89	15.76	16.03	15.78	16.15	13.74
Essex .....	22.38	17.82	20.36	18.32	14.33	14.93	15.67	16.20	15.91	15.84
Gloucester .....	24.25	19.45	23.50	19.66	16.18	16.37	18.02	19.33	18.97	19.10
Hudson .....	22.26	17.95	19.74	17.66	13.95	14.44	14.38	13.30	13.62	14.48
Hunterdon .....	25.27	20.19	23.53	20.92	16.42	17.89	17.84	19.33	18.90	18.85
Mercer .....	25.72	19.61	22.18	19.79	14.72	14.82	14.30	14.65	14.04	14.18
Middlesex .....	26.78	21.84	26.16	23.36	17.04	17.22	17.61	16.77	16.32	15.22
Monmouth .....	24.27	19.19	20.71	18.14	13.67	14.07	13.48	13.26	13.56	14.34
Morris .....	25.76	20.82	24.77	21.80	17.43	17.59	18.72	17.76	17.29	16.72
Ocean .....	20.59	20.23	24.05	23.03	16.54	17.60	17.91	15.67	14.03	13.49
Passaic .....	25.40	20.80	23.53	20.62	15.51	15.93	16.77	16.46	15.67	14.77
Salem .....	19.50	18.74	21.56	18.63	14.88	15.78	16.95	17.58	16.86	16.07
Somerset .....	20.20	17.83	20.65	19.45	12.71	13.49	14.68	15.92	15.53	14.88
Sussex .....	24.63	19.10	22.40	20.20	15.31	16.37	15.76	14.64	14.06	13.42
Union .....	25.34	20.54	24.69	21.06	16.24	17.67	17.32	16.10	14.94	14.42
Warren .....	28.39	22.82	26.84	22.45	16.52	17.56	18.74	17.68	16.84	16.25
State Average .....	\$24.46	\$20.63	\$22.63	\$19.92	\$15.19	\$15.85	\$16.21	\$15.92	\$15.37	\$15.26

Determined by using total case load including "free" placements for which board is not paid but medical care and clothing provided as required.

Table 22  
 SOURCE OF EXPENDITURES  
 For Children Supervised by the  
 STATE BOARD OF CHILD WELFARE  
 Years ending June 30, 1938-1947  
 STATE TOTALS

Years Ending June 30	Total Assistance Expenditures (Both Departments)	HOME LIFE DEPARTMENT				
		Total	Federal	State	County	Parents-Trustees Contributions
1947.....	\$6,184,678	\$3,342,252	\$1,077,982	\$1,064,544	\$1,195,356	\$4,370
1946.....	4,937,791	2,577,968	678,611	948,210	947,190	3,957
1945.....	4,592,835	2,279,245	677,953	798,693	798,167	4,431
1944.....	4,199,994	2,069,283**	732,241	667,225	667,107	2,710
1943.....	4,557,774	2,586,899	1,182,525	503,008	896,814	4,552
1942.....	5,533,961	3,515,136	1,631,580	667,222	1,211,105	5,229
1941.....	6,228,979	4,153,736	1,948,046	775,659	1,425,079	4,952
1940.....	5,873,982	3,939,784	1,559,051	1,030,069	1,347,122	3,542
1939.....	5,651,538	3,894,895	1,241,788	1,325,810	1,325,843	1,454
1938.....	5,102,735	3,363,813	1,091,174	1,135,552	1,135,793	1,294

DEPENDENT CHILDREN'S DEPARTMENT					
	Total	State	County	Parents-Trustees Contributions	Administrative Expenditures (Both Departments)
1947.....	\$2,842,426	\$1,361,328	\$1,323,724	\$157,374	\$629,513
1946.....	2,359,823	1,105,287	1,081,024	173,512	612,460
1945.....	2,313,590	1,073,534	1,049,311	190,744	570,773
1944.....	2,130,711	1,014,805	990,065	125,841	519,778
1943.....	1,970,875	954,006	931,770	85,099	527,325
1942.....	2,018,825	986,733	963,644	68,448	520,616
1941.....	2,075,243	1,029,956	1,001,950	43,337	494,893
1940.....	1,934,198	964,572	932,075	37,551	466,902
1939.....	1,756,643	874,368	853,424	28,851	462,848
1938.....	1,738,922*	875,938	847,935	14,934	461,861

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\*Includes \$115 from Municipal Sources

\*\*Includes only 11 months due to change in June 1944 from post-payment to current payment basis

Table 23  
 RECIPIENTS OF AID TO THE BLIND AND SOURCE OF EXPENDITURES  
 1938-1947  
 STATE TOTALS

Years ending June 30	Number Receiving Assistance	Sources of Expenditures		
		Total	Federal	County
1947.....	696	\$275,943	\$141,535	\$134,408
1946.....	619	221,484	105,599	115,885
1945.....	612	205,278	100,228	105,050
1944.....	681	197,070	98,448	98,622
1943.....	655	207,126	103,563	103,563
1942.....	724	211,738	105,869	105,869
1941.....	748	209,310	104,256	105,054
1940.....	729	183,945	94,092	89,853
1939.....	654	162,373	80,273	82,100
1938.....	599	143,658	71,242	72,416

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Table 24  
 SUMMARY OF SPECIAL SERVICES OF COMMISSION FOR THE BLIND

Years ending June 30	Total Number on Register	Cost of Adminis- tration and Special Services
1947	4,335	\$176,651
1946	4,335	170,374
1945	4,210	151,480
1944	3,932	131,949
1943	3,853	138,332
1942	3,753	125,201
1941	3,889	115,708
1940	3,783	104,971
1939	3,473	103,675
1938	3,354	98,467

Table 25  
 AVERAGE ANNUAL GRANT TO RECIPIENTS OF AID  
 STATE COMMISSION FOR THE BLIND  
 Years ending June 30, 1938-1947

County	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938
Atlantic .....	\$433.17	\$341.05	\$361.16	\$313.37	\$270.24	\$257.70	\$255.67	\$229.02	\$222.16	\$226.38
Bergen .....	449.53	463.57	376.61	323.24	271.60	282.02	236.27	240.00	243.98	231.36
Burlington .....	364.14	389.50	297.00	299.35	216.77	249.70	241.78	224.63	220.35	181.40
Camden .....	364.41	368.49	313.97	277.82	258.85	243.70	236.21	212.22	218.38	221.44
Cape May .....	413.20	296.95	307.45	278.33	295.00	254.09	256.70	254.44	203.75	177.17
Cumberland .....	423.13	331.30	335.56	279.22	254.40	220.62	222.85	242.26	216.44	226.61
Essex .....	420.76	374.93	359.67	325.04	290.63	259.60	264.22	238.58	248.26	234.52
Gloucester .....	364.33	320.50	289.73	234.69	258.00	230.89	219.84	204.25	190.35	195.73
Hudson .....	328.91	313.47	290.68	264.74	233.78	238.61	251.13	252.85	251.40	240.35
Hunterdon .....	343.09	309.00	301.33	253.33	200.14	208.50	205.94	180.50	178.17	174.00
Mercer .....	374.18	356.25	371.76	306.16	263.19	252.71	255.99	232.67	223.34	234.53
Middlesex .....	391.69	355.74	357.78	295.26	245.32	234.30	230.13	192.80	222.77	186.78
Monmouth .....	361.56	275.30	267.41	271.60	249.74	244.05	235.46	198.15	196.69	212.41
Morris .....	372.51	371.57	360.65	284.65	239.46	254.13	220.09	216.07	221.12	221.72
Ocean .....	391.00	383.14	410.57	308.95	258.08	312.18	279.90	246.36	222.27	217.27
Passaic .....	412.26	365.62	326.78	259.71	239.30	236.46	242.41	250.62	239.19	237.85
Salem .....	345.10	313.56	321.43	207.00	240.90	235.44	191.00	225.33	169.42	172.38
Somerset .....	442.00	329.89	398.54	338.14	328.35	334.82	281.10	259.71	258.00	141.25
Sussex .....	338.00	475.00	284.66	314.75	219.80	178.75	192.50	185.00	270.00	270.00
Union .....	355.88	352.28	313.70	259.66	248.09	231.88	220.31	218.04	236.87	230.86
Warren .....	414.28	371.00	325.13	260.08	329.08	289.70	243.71	269.20	251.78	260.63
State Average .....	\$396.47	\$357.81	\$335.26	\$289.38	\$260.54	\$249.69	\$244.84	\$229.16	\$229.98	\$223.77