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PUBLIC HEARING

before

ASSEMBLY REVENUE, FINANCE AND APPROPRIATIONS COMMITTEE

on

Division of Youth and Family Services' Staffing Issues,
Caseload Trends, and Status of Fiscal Year 1986 Appropriations

October 23, 1985
Division of Youth and Family
Services District Office
Toms River, New Jersey

MEMBERS OF COMMITTEE PRESENT:

Assemblywoman Marlene Lynch Ford, Acting Chairwoman
Assemblyman Rodney P. Frelinghuysen

ALSO PRESENT:

Jay Hershberg
Legislative Analyst
Division of Budget and Program Review

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ASSEMBLYWOMAN MARLENE LYNCH FORD (Acting Chairwoman): I want to thank all of you for coming today. This hearing is being held pursuant to the request of Assemblywoman Kalik, in response to my suggestion that we update, on a quarterly basis, the issue of both caseworker ratios and the expenditure of a large appropriation to the Division of Youth and Family Services. I believe an extra \$40 million was appropriated this year, approximately. That was a resolution to the budget, and was really in direct response to the situation that most of you advised us about; that is, the problem of too few caseworkers and too many caseloads, and the impact this is having on the ability to follow through, and so forth, on care. Naturally, along with that \$40 million, went the necessary support services.

I guess what we are really interested in doing is obtaining an update from when we were here in February -- I know I met many of you at that time -- on just what the situation is, whether the caseload situation has been reduced or is going in the direction of being reduced, and perhaps hear any other suggestions or comments you may have.

Besides reviewing the caseload situation and the appropriation, we would like to identify any needs for additional funding you might perceive in this area, so we can consider them for 1986.

With me today is Assemblyman Rodney Frelinghuysen from Morris County. Rodney is a very active supporter of social service funding. He is a Republican, naturally, since everyone is who is from Morris County. Rodney will definitely be back next year because he is from a very, very safe district. So, just in case I'm not back, you can pass your comments on to Rodney, who will be on the Appropriations Committee next year. Hopefully, I will be back also to consider your situation.

To my left is Jay Hershberg, who is from the nonpartisan Office of Legislative Services. He is the Aide to this Committee.

At this point, we are expecting the Acting Commissioner of the Department of Human Services, Geoffrey Perselay. I appreciate his making a special effort to come down here, but he is running a little late. I must tell you that I am going to have to conclude this hearing

at 7:30 because of some other scheduling commitments. I thought maybe we could start off with Ciro Scalera, who is the next available person on our witness list. Are you ready, Mr. Scalera? I know you just walked in the door. Maybe Mr. Scalera could give us his comments to get us started.

CIRO A. SCALERA: Thank you, Assemblywoman Ford. My name is Ciro Scalera; I am Executive Director of the Association for Children of New Jersey. To my right is Cecilia Zalkind, who is a staff associate at the Association.

We welcome the opportunity to come here today for a number of reasons. We testified last year at the oversight hearings held by Assemblyman Flynn. At that time, we supported the Division's need for additional resources. A theme of our testimony at that time was the need for Division accountability for its programs.

Before I get into the text of my prepared remarks for this evening, I would like to make some general statements in terms of what the themes were in that testimony. There is no doubt that there has been a serious crisis in our State in terms of the reports of incidents of child abuse and the need for a response. I believe the Legislature acted quickly and judiciously in making a response and in following up with a review of the allocation of those dollars and the staffing that those dollars represent. This was a good step, and a needed step, in terms of our fundamental advocacy position that there needs to be ongoing accountability for expenditures of dollars and the State agencies' operations in terms of providing services to children.

A second theme we felt was important at that time, in addition to responding, was, as I mentioned, the theme of accountability. We felt that accountability was needed, certainly, in two ways: One, in terms of the operation of the Department and the Division with reference to plans and programs that they, in fact, take what we felt were very sound policies and implement those policies at the district office level. I think it is appropriate that we are in a district office tonight because it is, indeed, at this level of operation that the clients must receive the basic services that the Division provides.

We felt at that time it was important for the Division, as it looks out from Trenton, to ensure that the kind of positive policies we supported were implemented in the field. Another theme we felt was important was accountability in terms of all of the employees in the Division, from the caseworkers to the casework supervisors to the district office managers, understanding becoming part of what those positive policies were and working in a coordinated way to implement many of those policies.

I hope this evening we do not get into debates on mission statements, the broadness of mission statements, or some of these other things. Our purpose is not to have words or catch phrases predominate, but we feel there is a strong need on the part of the Central Office to ensure that the field system has these accountability mechanisms in place.

Those were two things we expressed a year ago, and, indeed, there has been much activity in the past year. The resources that were allocated were primarily geared to assist in developing the staff to implement needed support to combat the increase in reports, or incidents of child abuse. The testimony we submitted covered some of our comments on that. We supported it. We feel those steps were important and needed.

I am here tonight to raise some questions -- we feel it is our role to do that -- concerning what needs to take place from here in terms of having addressed some of those fundamental staffing needs. What must we do now in this State to ensure that the quality of services provided is available and adequate to meet the needs of the Division's caseload?

One final comment before I get into some of the questions we would like to raise with the foster care system. I think in fairness to the Division, it should be pointed out that of all of the divisions in the Department of Human Services, it is the Division of Youth and Family Services that is most often scrutinized in this type of a process. I would just like to comment that under the leadership of Commissioner Albanese -- and now Commissioner Perselay -- as well as under the leadership of Tom Blatner, there has been an attempt to open

up the Administration, if you will, to scrutiny, and to actively involve, solicit, and get input from the advocacy community and the community at large. I think more so than any other division I am aware of, they are to be commended for that.

The kinds of issues we are going to raise here are not being raised in an attempt to be critical, but are being raised from a fundamental view that the children of our State, and the children in foster care in our State, deserve the best possible services that we, as a State, can give them. While the Division has made many strides -- and I believe these are noted in the testimony -- we feel there is always room for improvement. In calling for some of the questions we have, and in calling for some of the data we present, we would hope that this would be collected, would be analyzed, and would lead to further constructive improvements in the system.

In terms of the foster care system, some positive steps have been undertaken in foster care. The Division, in cooperation with the Advisory Council of the Child Placement Review Boards, implemented a unified case recording system, which gives review boards the same information that district offices use. Quality assurance reviews of district office services to the abuse and foster care caseloads were recently completed. This effort combines identification and correction of needed areas of improvement. The Foster Parents Association has received funding from the Division to undertake training and support for foster parents, and to begin a recruitment campaign for new foster parents.

In addition, the Division is in the process of implementing a network of casework specialists in each district office, with Central Office support, to review difficult cases and train workers on issues such as the use of the case recording system, permanency planning, and the development of community supports.

But the foster care system is so complex and difficult that we must not lose sight of how much more is needed. We must begin to take a hard look at the basic foster care data, in order to assess the strengths and weaknesses of the system and to advocate for change. We must know how many children are presently in foster care and what their

characteristics are as to age and ethnic background. We must know how long they remain in the system and what the case goals are for them.

We must know how many children come back into foster care after a permanent goal has been effected, as well as the rate of movement from one foster home to another while in care. Information is needed to determine if siblings are placed in foster homes together, and how often foster children visit with their parents, siblings, and caseworkers. All of this is basic data necessary to determine whether or not children in foster care are being adequately served.

We need to look at the factors that cause children to come into foster care and which delay or prevent their re-unification, in order to develop and direct services to meet those needs. If housing is a serious problem that both causes placement and prevents re-unification, as cited in several recent reports in our State, then we, as a community, not just DYFS alone, must begin to address this problem.

We must take a hard look at the services provided for all parties while the child is in foster care. The concept of permanency has been broadened beyond its initial narrow interpretation of permanency planning for children in placement for more than one year, to the policy that permanency must begin for the child on the day that he or she first becomes known to the agency. This policy is now in place, but the question remains as to whether or not it is being translated into adequate, appropriate, and timely services. An objective, in-depth assessment of the services provided to the foster care population is essential.

Some questions to ask: The adequacy and timeliness of services to natural parents to effect re-unification with children in foster care must be evaluated. Are caseworkers completing initial case assessments and setting reasonable, time-limited goals with parents through contracting and agreement? Are parents being supported to achieve these goals? Are visits with the child frequent and in appropriate settings? Is strong documentation being done by the caseworker so that if the goal has not been achieved within the specified period of time, planning can proceed for that child without

the necessity of repeating those steps simply because they are not adequately documented in the case record?

The provision of services to foster parents must be assessed, as well. This analysis must include not only concrete supports such as homemaker assistance, child care, etc., but also casework services to help the foster parents to understand and deal with the child's problems and to enable them to learn and grow in their role as foster parents. Retention of foster families is a key issue here. The motivation for foster parents to continue in the system is often dependent on the success or failure of their first placement in terms of Division support to them during that time.

Tangential to this issue is the need to take a look at the factors that cause movement of a child from one foster home to another. Are foster homes being shared and used appropriately? Has the Division's computer system resulted in statewide availability of foster homes so that a child can be immediately placed with an appropriate family and not placed in an interim foster home until a more suitable family is located for his particular needs? Have homes been developed so that siblings can stay together? Has the Division addressed the problems of overcrowding in foster homes and the use of those foster homes which were evaluated and determined to be marginal?

And, perhaps most important, are services being provided to the foster child? Does he know why he is in foster care, what happened to his family, and what the goals are for him? Does his worker keep him apprised of the progress of his case? Does he see his parents and siblings frequently and in appropriate settings? Does his caseworker know how he is doing in the foster home, what his relationships are, and what his place is in the foster family? Are his immediate needs for special services, such as therapy, health care, education, etc., being addressed so that foster care does not just become a helping place for him, but a positive experience that he will take with him whether he returns home or is placed for adoption?

Preparation is also necessary for those problems which have been expressed in national research and experienced in other states. The sexual abuse of children in out-of-home placements has been

reported nationally at an alarming rate. Although concrete data is not yet available, there is some evidence to suggest that more than 60% of children in out-of-home placements have been sexually abused. It is essential to note that this figure includes children sexually abused before they came into care, as well as those abused in out-of-home placements, not necessarily by the caretaker, but by other children or adults. Caseworkers and foster parents must know more about sexual abuse in order to care for the child.

Innovative initiatives in other states should also be explored, both to identify those issues which apply in New Jersey, and to give some direction to service delivery here. The use of specialized foster homes is an area of activity in other states which includes foster homes trained to accept children with severe or complex problems, and risk foster homes which can accept children on a potential adoptive basis before the child is legally free. Policy on parental visitation can also be strengthened by a look at those states which have established specialized, incentive-based visitation programs. Some attention should also be directed to those states where legal suits, brought on behalf of foster children by concerned aggressive advocates, have resulted in detailed consent decrees which define appropriate casework practice in foster care.

In addition, we must continue to monitor the development of the policy that allows long-term foster care to be a legal status. The Division has drafted a careful, narrow proposal that allows long-term foster care as a permanent plan for some foster children. We must continue to ensure that the safeguards which have been included are implemented so that long-term foster care remains an acceptable permanent plan for that small group of children who are appropriate for this status, and does not become a goal for those children for whom the system has failed to achieve a permanent plan.

The Division has reported significant data on both its abuse and adoption programs. Similar data has not yet been provided for the foster care system. Although the Division has undertaken some positive initiatives in foster care, such as the implementation of a unified case recording system and the use of quality assurance reviews, it is

difficult to assess the effect of these initiatives without adequate, organized data about the foster care system.

We have attached an addendum that lists some of the areas of data which we feel would be helpful in analyzing the foster care system in our State.

In conclusion, the Division has begun to look at these issues and has already put some of its policies in place. Now is the time to assess the translation of such policy into services. As child advocates, we must have a strong role not only in monitoring the foster care system, but, also, in advocating for those changes and supports necessary both within the Division and in the community.

It is difficult not to be impatient. Foster children are an especially vulnerable population. It is possible for them to lose their voice in the system and to be forgotten because the issues as to their welfare are so complex and difficult, so intricately tied with the problems of poverty as to seem insurmountable.

It is essential for the foster child that we guard against complacency or lack of urgency. We must not allow a return to the notion that the child in foster care is at least physically safe, so that attention can be given to the more immediate needs of abuse or the more tangible results of adoption. We must remember and believe that safety is not enough for the foster child and that safety alone will never replace his need for a permanent, secure home. Thank you.

ASSEMBLYWOMAN FORD: Thank you, Ciro. I'm glad you referred to the report from your special commission, which you had such an active hand in. The report focused on the relationship between poverty and the housing crisis, and how they impact upon children as a whole, living in such substandard conditions, which spins off into all areas of their lives.

Do you have any questions, Rodney?

ASSEMBLYMAN FRELINGHUYSEN: No, I don't.

ASSEMBLYWOMAN FORD: Okay. Thank you for your testimony.

MR. SCALERA: Thank you.

ASSEMBLYWOMAN FORD: I have been advised that Acting Commissioner Perselay is here now. Perhaps he would like to come forward. How are you doing, Commissioner?

ACTING COMMISSIONER GEOFFREY S. PERSELAY: Good; how are you? First, I would like to apologize for being delayed.

ASSEMBLYWOMAN FORD: I apologize, too. Under normal circumstances, we would have waited for you, naturally. But since we are on a tight schedule, I had to proceed.

ACTING COMMISSIONER PERSELAY: I appreciate that. I want to apologize again, and thank you for your patience. I would also like to thank you and Assemblyman Frelinghuysen for calling this hearing and for attending, thus providing me with the opportunity to testify.

I would like to start by expressing my appreciation to you and to the overall Joint Appropriations Committee for your unwavering commitment to children and families, not only in Ocean County, but throughout the State. Through my testimony, I will be apprising you of the progress we have made at DYFS to safeguard children and to strengthen our families.

Last year, we came before a number of legislative committees to talk about the increase in caseloads and the great strain it placed on our State child welfare system. You heard compelling testimony from employee representatives, child advocates, and our own caseworkers concerning the size of the caseloads, paperwork, and worker stress.

We have had a tremendous rise in allegations of abuse. In 1982, there were 20,193 allegations; in 1985, we are projecting 50,000 allegations. We have experienced large caseload increases. In 1982, the caseload was 33,740 children. Today, DYFS supervises 49,920 children.

Caseloads which should be at 34 children per worker, according to Child Welfare League standards, were as high as three times that level. We proposed, with your help, to bring caseloads down to a range of 36 to 42 children per worker, or 85% of the national standard. At the same time, we heard cogent accounts about stress and burnout from the unsung front-line workers who have done so much for our children.

In New Jersey, we stopped reacting to child abuse and started to prevent it. For the first time, New Jerseyans were awakened to the real and present danger of child abuse and worked hand in hand with us

to prevent it. DYFS combined forces in every county with prosecutors, police, schools, the medical profession, business leaders, and parents and children.

The Legislature also joined forces with us in fighting child abuse by providing funding for prevention and family support services. You, and other members of the Legislature, granted DYFS a supplemental appropriation of \$18.8 million in 1985, as well as an unprecedented budget increase in Fiscal Year 1986. We are truly grateful for the Legislature's appropriations.

Those funds have been used for the following purposes: To expand supportive services, including day care, domestic violence, adult, and prevention services; to increase cost-of-living allotments for foster parents and community providers of services to children and families; and, to hire the additional 507 direct service staff employees needed to lower the ratio of workers to cases to meet 85% of the Child Welfare League of America standards for caseload size. We have worked very, very hard to hire quality employees as rapidly as possible.

As of October 21, 1985, we have filled 473 positions: 330 direct field workers; 67 supervisory workers; and, 76 clerical workers. We are also working on back-filling vacant positions created by promotions in our offices, and we hope to reach our full staff complement by January, 1986.

Each office has received positions based on the formula we presented to you last year. You may recall that the allocations were based on caseload, demographic indicators of need, and the number of investigations. In Ocean County, for example, we have allocated 33 new positions to our district office, raising the staffing level from 59 to 92 employees, 84 of whom are currently working in the office. As of October 21, there are four vacancies -- which have already been recruited for -- three workers in training, and one transfer expected to arrive in this district office next week.

Last year we testified that with the 507 workers we would reduce the caseload ratio to 85% of the CWLA standards. I am pleased to inform you today that we have accomplished this statewide. However,

there are variations from office to office and worker to worker, but we are currently correcting these variations. In Ocean County, when all workers are trained and receive a caseload, the caseload ratio will be at 85% of the CWLA standards.

In addition, we are convening a task force, including front-line workers, to review the allocation formula and recommend revisions, if necessary. For example, Ocean County has had the second highest increase in caseload in the State, and it may need an adjustment in resources.

Last year there was great concern about worker morale and conditions in the district offices. We have consistently said, and we continue to maintain, that the job of the DYFS caseworker is the most difficult in State government. But, with the support of the Legislature, we have begun to address the problems of staff morale and burnout. We are establishing career paths for DYFS employees, we are dealing with worker stress, and we are reducing paperwork for employees.

The family support specialist title series, which was created especially for the DYFS social workers, recognizes the unique job they do. But to address the dilemma faced by the professional social worker who must become a supervisor in order to receive higher compensation, a career ladder was developed. A Civil Service test will be given in November, and we expect full implementation of the career ladder by the end of this fiscal year.

The major plight that remains is that of our clerical workers. They have a variety of unique duties unparalleled in the State. They face tremendous paperwork levels and high workloads, and must maintain a certain sensitivity to the clients. If the DYFS worker is the heart of the system, we believe the DYFS clerks are the backbone. They receive low salaries, no career ladder, and high workloads.

To address these problems, we are developing a new proposed title series for clerical workers which upgrades their salaries and establishes a career ladder. We will be meeting shortly with the Communication Workers of America to discuss this proposal.

We also hope to reduce the ratio of clerks from one to five to one clerk to four workers. The additional positions will be contained in the Department's Fiscal Year 1987 appropriation request. We believe this would provide relief to the clerical workers and reduce the paperwork burden on caseworkers.

In addition, we have begun a Stress Management Program in conjunction with the CWA. The program was piloted in five district offices. You will remember the dramatic testimony on stress last year provided by workers and, also, by Dr. Janet Cahill. Dr. Cahill has worked with a DYFS/CWA committee in the development of this Stress Management Program. It is my understanding that Dr. Cahill is here today to testify on the process of the DYFS/CWA Stress Management Program. The important thing is, this unique joint venture between management and labor is very promising, and we plan to expand this program to all of our offices in the coming year.

As you are aware, working conditions and office environment are critical in managing stress, increasing productivity, and achieving accountability. In this regard, with your support, we have provided sufficient cars to allow staff to have three field days a week; we have begun to address environmental standards for district offices; and, we have been able to accommodate new workers with additional office space and equipment, as well as district office relocations.

Up to this point, I have talked primarily about internal DYFS accomplishments, but I want to make it clear -- and I think you heard this cogently from Ciro Scalera -- that we cannot attack the problems of child abuse and caseload increases alone. It is only through strong partnerships that we can resolve these issues. These partnerships must be with local providers, foster parents, adoptive parents, and others. Through such joint efforts we have already dramatically increased both prevention and family support services, and we must continue in the direction of forming and building these partnerships in order to effectively address our caseload.

We predicted that the caseload would reach 45,000. At this point, it is slightly higher than our projection. For this reason we are watching our State aid expenditures closely.

There are additional factors which we must monitor closely. The introduction of the Family Court has resulted in an increase in the children referred for residential placements. As a result of the work of DYFS and the American Bar Association project headed by Ciro Scalera, the adoption process has been streamlined. Much to my delight, this means that the Division is placing children at a rate substantially higher than anticipated in the Adoption Subsidy Program.

In addition, I have become aware of a pressing need for additional supports to foster parents. We need to equalize our rate of payment with surrounding states; we need to fund the Foster Care Enrichment Program; and, we need to establish a Respite Care Program for foster parents. I mention these changes because they could mean additional unforeseen expenditures for our children and families. At the end of the first quarter of Fiscal Year 1986, a review of DYFS expenditures shows that we have spent slightly more than 27% of our revenues. We are continuing to monitor our State aid expenditures closely, and we will report to you on our progress once the midyear analysis has been completed.

In summary, I think it is safe to say that DYFS is in a period of very, very positive transition. This transition and the progress we have made would not have been possible without the wholehearted support of the Legislature and the public.

I don't have to tell you that there have been many concerns about DYFS' credibility. We continue to maintain that we have a moral obligation, as well as a managerial obligation, for accountability, not only to the Legislature, but to the child advocates and to the public. I pledge to you that we will continue to use the resources you have given us to responsibly fulfill the needs of the children and families of our State. In order to do this, major efforts have been taken. We have taken steps to refocus on permanency planning. As of October 1, all 49,000 children under DYFS' care have been assigned one of four time-limited caseloads. We are the only State in the country to have this system in place.

We are also in the midst of a case-by-case audit of every child under supervision to guarantee the appropriateness of service

plans and caseload size. In 1984, case records from all offices were reviewed to document performance levels. A corrective action plan was designed for each office and incorporated into an operational planning process. The final operational plan for DYFS will reflect a complete picture of the organization's needs from bottom to top, and will provide a basis for management accountability.

Madam Chairman, I believe we can all be justifiably proud of our progress over the past three years toward making the Division of Youth and Family Services more responsive to the needs of children and families. But I would be remiss if I did not say that more needs to be done. We cannot rest until the goals for every child in New Jersey are met; we cannot rest until every child in New Jersey has a permanent home; we cannot rest until every family has the services it needs to have a fighting chance for a good life; and, we cannot rest until the public has full confidence in the system that has the awesome responsibility for preventing child abuse and protecting our children.

We must continue to remind ourselves of Eric Erikson's cautionary statement: "The most deadly of all possible sins is the mutilation of a child's spirit." This hearing today and your continued advocacy for services to children and families are indications that you and the State of New Jersey have not forgotten the State's children. Thank you.

ASSEMBLYWOMAN FORD: Thank you, Commissioner. Do you want to introduce your staff members?

ACTING COMMISSIONER PERSELAY: Yes; I'm sorry. Sitting to my direct right is Tom Blatner, Director of the DYFS Management Team, and to his right is Larry Lockhart, Deputy Commissioner, Department of Human Services.

ASSEMBLYWOMAN FORD: I have a few questions, if you don't mind, about bringing these new hires up to date. You indicated there were 473 positions out of the total -- what was it, 480? -- that were appropriated--

ACTING COMMISSIONER PERSELAY: Five hundred and seven.

ASSEMBLYWOMAN FORD: Oh, 507. As of just this week, October 21, the most recent update indicated 473 positions have been filled.

Can you tell me whether these new hirees are people from outside the Division, whether they are people from inside the Division, or whether the positions have been filled through attrition or other internal means?

ACTING COMMISSIONER PERSELAY: There is a combination in terms of job opportunities and upward expansion -- upward mobility -- and in terms of existing staff. The bottom line is, out of the 507, 473 are new positions in the Division of Youth and Family Services.

ASSEMBLYWOMAN FORD: And they replaced-- What were the prior designations on the positions? What were they called before? I know you mentioned the three--

ACTING COMMISSIONER PERSELAY: Of the family service specialists, they were-- What were they, social workers? (Commissioner consults with his associates, and at this point the lights in the room went out.) We need more money for our electric bill. (laughter)

ASSEMBLYWOMAN FORD: No, they told me the lights go off automatically at six o'clock. What did we say about DYFS' credibility? (laughter)

ACTING COMMISSIONER PERSELAY: We said we were monitoring our expenditures closely.

ASSEMBLYWOMAN FORD: I know these are new positions, and I know that the three classifications replace the prior social worker classification. I'm wondering where those individuals actually came from. Were they internal movements within DYFS, or did DYFS hire people from outside of the agency, or people from college, or whatever?

ACTING COMMISSIONER PERSELAY: All right. We have hired people off the street; we have hired people off the Civil Service list; and, we have recruited new staff to fill positions. At the same time, we have moved up and promoted people internally into the additional positions, wherever they have been located. Do we have the numbers?

THOMAS BLATNER: We can provide you with those numbers, but it has been a combination. There have been some people within the Division who have been promoted into these positions, and there have also been people who have come out, for example, of a mental health center or a

probation department or a county welfare agency into the Division of Youth and Family Services.

LARRY J. LOCKHART: We have exhausted all of the Civil Service lists at this point in time.

ASSEMBLYWOMAN FORD: Through these positions, have you been able to attract people who may have left DYFS in the past for other jobs, or people, perhaps, who were unhappy with the working conditions, who left and came back again? Have you found that to be the case at all?

ACTING COMMISSIONER PERSELAY: I can't say for sure.

MR. BLATNER: I don't have data on this, but I know several people who did leave DYFS and who have come back to DYFS under this program. I think the other thing we have been able to do is-- The big purpose of this title series was to make DYFS attractive for employment reasons because the work is so difficult. You know, I think with the starting salary we're offering, the career ladder, and some of those things, we have been successful in that regard.

ACTING COMMISSIONER PERSELAY: I think a different emphasis on that would be the level of attrition which has occurred in DYFS. Prior to the family service specialist series, the attrition level was well above 10%; now it is somewhere around 7%. So, the career ladder, the economic incentives, and the job advancement incentives -- without having to become a supervisor -- to move up in the system, have provided the social workers, or the family service specialists an opportunity to stay on as professional social workers.

ASSEMBLYWOMAN FORD: In other words, you have slowed down people leaving their positions. The long-term effect would then be that you can keep people with greater experience for a longer period of time.

ACTING COMMISSIONER PERSELAY: Which is exactly what the career ladder was designed to do.

ASSEMBLYWOMAN FORD: You indicated that some of the people who were hired came from other social service agencies. Has this created any problems with other agencies? For example, here in Ocean County, I know that many of the people who were hired were oftentimes

some of the best probation workers, and we inadvertently created some problems with the Probation Department. Has that been experienced throughout the State?

ACTING COMMISSIONER PERSELAY: There was a real concern raised about precedent setting the level, you know, increasing the level of salary and what impact that would have on other fields and other offices. Statewide, we have not seen that kind of a draw from other social service agencies or probation offices or court-related functions. I think, given the toughness and the nature of the job of a DYFS social worker, it is unique, and it is different than that of a probation officer in terms of the things they handle. So, we have not seen that transfer of interest just because of a thousand dollars more in their pockets.

MR. BLATNER: The other thing is -- and we did do this in Ocean County -- where there were circumstances of people leaving an agency to come here, we worked with the agency they were coming from to try to schedule the timing so that the other agency would not be hurt during the process.

ASSEMBLYWOMAN FORD: What effect has the actual hiring had on caseloads, either statewide or by individual county? Have we realized a decrease in the average number of cases in a caseload?

ACTING COMMISSIONER PERSELAY: In terms of hiring the additional staff?

ASSEMBLYWOMAN FORD: Yes.

ACTING COMMISSIONER PERSELAY: I believe we have gone from 69% of the CWLA standard to 85%.

ASSEMBLYWOMAN FORD: What does that mean in real numbers?

ACTING COMMISSIONER PERSELAY: We have dropped from one worker having an average of -- what was it?

MR. BLATNER: The statewide average was almost 50 when we presented our--

ACTING COMMISSIONER PERSELAY: Right.

MR. BLATNER: And we hear that the statewide average now is 39. That ranges from office to office from one 21 caseload up to one 60-some caseload in some places where we have not brought on all of our

workers. We are going through a process of equalizing the caseloads, but there has been a definite impact on the size of caseloads.

ASSEMBLYWOMAN FORD: I understand that certain counties -- for example, Gloucester and Salem Counties, the Long Branch Office, and so forth -- have caseloads that are below 25 per caseworker; at least that is an average, whereas other counties and other offices have sometimes up to 50 as an average, even now. To what do you attribute that difference?

MR. BLATNER: Well, there are a couple of things. One is that the hiring rates have been different in different offices and some people have come on board. For example, in Ocean County, we have had more people come in.

Secondly, we did a quality assurance review of all of our offices, and what we found was that in some offices they closed cases that should have been closed very quickly. In other offices-- Personally, I think the most dramatic example was, there was one caseworker recently who had a reported caseload of 120 cases. We sent in our quality assurance team, and that day they were able to identify 77 cases to be closed because a case had not been closed in a year.

Many of our workers have had to deal with the emergencies that we have documented so well, so they have not been able to close cases. Another factor is, we did an analysis of how many cases are open as opposed to how many cases are closed in various offices. The analysis clearly indicated that where there were low caseloads, they were very up to date on closing their cases. In some of our offices, for example, the ratio to opening cases to closing cases is 152%. In those offices we are asking them to close some. The reason we are doing this case by case audit is to understand what is an appropriate case to keep open, and what is an appropriate case to close. Realistically, until these new workers are on board, our workers have had to keep up with the crises of the job. I think this is a normal adjustment we are going through.

ASSEMBLYWOMAN FORD: You also indicated that the number of child abuse cases -- actual cases coming to your office -- is apparently spiraling at a high rate, and that even now the projected

number is much higher than what you anticipated for this appropriation. Do you expect this to level off at some point, or do you expect it to increase progressively?

ACTING COMMISSIONER PERSELAY: We should know better, or we will know better by the end of the second quarter. Right now, at the end of the first quarter, we have a slightly higher rate than we projected. I believe we projected 48,000 cases, and we are now close to 50,000 cases. I have been informed that the quarter we are in now is traditionally a heavy quarter in terms of child abuse because of the holiday season and the financial and economic pressures on families. We should know very shortly whether or not we are going to need additional dollars or what the impact of the additional caseload will be on our budget.

ASSEMBLYWOMAN FORD: There is one other thing I am curious about. I've heard of certain caseworkers who were in-- There are Social Workers I, II, and III -- I think those were the classifications -- with III being the highest level, given the greater seniority and greater experience. I have heard of caseworkers being transferred to the new title at a lower title. Has that happened? Is that a common occurrence and, if so, how is that explained?

MR. BLATNER: I think there have been isolated instances where that has happened. What we have told the employee representatives in our offices is: "When this happens, we will be happy to look into it on an individual basis to see what is going on." However, I think our primary concern is that we do not automatically put anyone in any position based solely upon seniority, either people who have been in the offices for a long period of time or people who have experience from other agencies. We want to get the best people into all of these positions. I think when we implement the rest of the career series -- which we will be doing very shortly after this test -- all of those problems will be worked out.

ASSEMBLYWOMAN FORD: What about the problem of caseworkers and field workers, in particular, who want to stay caseworkers? Do the new titles cover that?

MR. BLATNER: We have not implemented that part of the career series yet. Right after this November test, the second piece of the Family Service Specialist I will be phased in, and between now and the end of the fiscal year, we will have all of those positions in place and promotion opportunities available. The purpose of that position is to allow people to become "case specialists." So, by the end of the fiscal year that will be in place.

ASSEMBLYWOMAN FORD: Assuming that the caseloads increase, obviously through no fault of your own, but through greater increases in reported cases, what do you anticipate the needs of your agency will be within the next year? For example, do you anticipate a supplemental appropriation request?

ACTING COMMISSIONER PERSELAY: Well, depending on what the increases are-- It is really hard to say now. There is no way I could put a figure on it because of the jumps and of where we're going in terms of the second quarter. The process we would go through would be to look internally to see if there is an increase, if there is an increase needed, or if there is a shortfall of resources. We would look internally to see if there was any way we could make it up through a transfer. A supplemental appropriation would be the last resort.

ASSEMBLYWOMAN FORD: Just a question about substantiated and unsubstantiated child abuse cases. Are your statistics accurate in indicating that some 20% of the reported cases are actually substantiated cases?

MR. BLATNER: No, it is about 33%.

ASSEMBLYWOMAN FORD: That is about a third.

MR. BLATNER: About 33% of the reported cases are substantiated.

ASSEMBLYWOMAN FORD: What types of procedures can be implemented to streamline or to screen out the unsubstantiated cases?

ACTING COMMISSIONER PERSELAY: Just by checking them out.

MR. BLATNER: Everything is relative. If we are substantiating one out of every three cases, my opinion is -- and I think most people within the Division would say -- that that is pretty high. So I think, if anything, what our workers are doing is trying to

be more careful. I would say that rather than loosening the process, what we have been trying to do is tighten the process.

ASSEMBLYWOMAN FORD: I agree with you. The only concern I had and wanted to throw out to you was some mail, and so forth, which I have received about perhaps a backlash on child abuse cases -- too much of an emphasis on child abuse, and so forth. I am just interested in what your observations are, being involved in these issues every day.

ACTING COMMISSIONER PERSELAY: There is one particular organization which has been very vocal -- if I may use the term.

ASSEMBLYWOMAN FORD: Well, they write a lot of letters to legislators anyway.

ACTING COMMISSIONER PERSELAY: I would be happy to sit down and talk to you about that on a more extensive basis.

ASSEMBLYWOMAN FORD: Okay. Do you have any questions, Rodney?

ASSEMBLYMAN FRELINGHUYSEN: I would just like to make a few comments to the layman. Most in this room, I presume, have a particular interest, or they wouldn't be down here in the basement. A professional interest, more than a passing interest. For those of us who are lay people -- and many people in the Legislature are -- I must say that your report to Chairwoman Ford, to a lay person, is a positive one. I know that through the Joint Appropriations Committee process, I have felt that there has been a tremendous amount of receptivity to your request -- to yours, as well as your predecessor's. I have not seen much reluctance, and perhaps that has to do with the health of the State's economy.

Could you tell me just a little bit for the record-- I know you mentioned the 1985 \$18 million supplement, but when you talk about the vast increase over the previous year-- For the record, will you please give us some of the dollar particulars because I think they are significant to know. How it is spent, of course, is one thing, and that, to a certain extent, is a battle between you and your staff, perhaps with some firm recommendations from us. Maybe you could give us some of those overall dollar figures.

ACTING COMMISSIONER PERSELAY: I would be happy to, Assemblyman. One thing before I start. I would like to think that part of the receptivity on the part of the JAC, and you in particular, as well as Assemblywoman Ford, has been the accuracy and the adequacy of information which we have supplied to the Legislature in the last three years, and the accountability which we have brought to the system, and which we intend to further enhance.

Overall, we did get the \$18.8 million last year as a supplemental appropriation. Quite frankly, that has transferred into a \$45 million increase in the Division of Youth and Family Services' budget this year. We have had a significant increase. We had \$39 million from the basic appropriation bill, as well as another \$4.5 million from the supplemental -- S-3002. In raw numbers, provider services, including services for district office clients -- psychological, therapeutic, homemaker, day care, and day treatment services -- received a \$10.4 million increase. Staffing and support for 473 of the 507 workers being hired -- that 507 worker number -- has been funded at \$10.1 million. Provider management received an increase of \$4.9 million; day care received an increase of \$1.5 million; and, the Human Services' Advisory Councils, which we rely on very strongly in terms of county input and county planning for social service needs, received an increase of \$3.3 million. Services to district office clients received an increase of \$2.2 million; domestic violence received an increase in Ocean County and Essex County of \$100,000; the county welfare agencies' adult services received an increase of \$400,000; the Governor's Task Force on Prevention of Child Abuse received an increase of \$600,000; and, the Community Education Contracting Operations Program received \$6.2 million. Those figures were out of the basic appropriations.

ASSEMBLYMAN FRELINGHUYSEN: I think you make it clear that no one is being dragged kicking and screaming to support the needs of your Department. You have identified them; that is, Commissioner Albanese and his staff identified them last year. The results have been -- and you have listed them -- more workers and more accountability. It sounds good, and I believe these things, as well as quality assurance,

are being done, as is what is dear to our hearts, what you called "closely monitoring State expenditures." There have been more residential placements and better working conditions created. We know working conditions can be a sore spot, and I'm sure there is a lot of room for improvement, perhaps even down here.

I think it is most important, and something that makes us feel good as members of the Committee, to know that someone is doing a case by case audit. I think that is a significant factor, and I commend you for it. Rather than throw any more laurels at you, I'll stop here. Madam Chairman?

ASSEMBLYWOMAN FORD: Since Rodney brought it up, let me ask you about residential placements. According to the statistics provided by staff, the residential placements are now below the figure estimated in the 1986 budget. Your September, 1985 Fiscal Report indicated that 76% of the money in that account for residential placements was either spent or obligated. If that is the case, and if residential placements are down, why is 76% of the account spent or obligated at this point?

ACTING COMMISSIONER PERSELAY: I'll ask Tom Blatner to respond.

MR. BLATNER: I am not familiar with those figures, but I can tell you several things. One is, the demand for residential placement is up, as is the number of residential placements. One of the areas we are very concerned about, residential services, is up. That is one of the areas the Commissioner mentioned a concern about. I think the lack of residential placements is an area that places a lot of stress on our district offices. So, this is one of the areas we are working on.

ACTING COMMISSIONER PERSELAY: That is one of the areas we are looking at closely, and we will be watching it closely during the next quarter in terms of the placement rate.

ASSEMBLYWOMAN FORD: I have been contacted by a number of people over the past couple of months who told me about problems they had with out-of-State residential placements, presumably because there wasn't a place within New Jersey to place these children. Are there adequate available residential placements within the State?

MR. BLATNER: No, there are not. We happen to have what is called a "Substitute Care Plan," which is a plan for improving out-of-home placement alternatives. The objective of this plan is to provide both residential programs and day programs in local communities, so that people will not have to be placed out-of-State or out-of-county. All of our district offices are now working to move people into this kind of a plan.

We have about 300 kids on a waiting list for residential placement. It is one of the areas of our greatest concern, and we are now working very hard on it.

ASSEMBLYWOMAN FORD: I understand there were a number of facilities that had less than 100% utilization within the State during the 1985 period. Just to suggest a few -- Ewing Township, 79%; Vineland, 75%; Woodbridge, 63%; and, Cedar Grove, 53%. Is this attributed to just a seasonal type of thing, or are those figures actually increasing in the percentage of occupancy?

MR. BLATNER: I'm not sure when the figures you have took place, but during the summer they are generally down slightly. I can tell you that at this point they are very, very close to capacity. We received accreditation on those facilities. One of the issues is that you have to have an admissions policy. Those facilities are being fully utilized, and they are under a strain. The whole area of residential services, particularly with the Family Court, is one we are very concerned about.

ASSEMBLYWOMAN FORD: Those are all the questions I have. Do you have anything else, Rodney?

ASSEMBLYMAN FRELINGHUYSEN: No, thank you.

ASSEMBLYWOMAN FORD: Thank you very much, Commissioner, Mr. Blatner, and Mr. Lockhart.

ACTING COMMISSIONER PERSELAY: Thank you.

ASSEMBLYWOMAN FORD: Mia Andersen?

MIA ANDERSEN: Hello. My name is Mia Andersen. On the agenda, I am listed as Mia Andersen, Member of the Governor's Committee on Children's Services Planning, and that is all true. But I am here today to represent New Jersey PTA. My advocacy work comes from my base

of PTA; I am Juvenile Protection Chairman for New Jersey PTA. Through PTA activities, I am a member of the Governor's Committee on Children's Services Planning, where I chair the Subcommittee on Health. That Committee was responsible for the recommendations regarding health and substance abuse as they affect children. I am also a member of the Advisory Council on Child Care, and other things.

But today I speak to you as Juvenile Protection Chairman for New Jersey PTA. Before I begin my prepared testimony, there are two issues I really didn't get a chance to address or develop in my testimony, which I, for my organization, am very concerned about. Ciro touched on these a little bit. They are freeing kids up for adoption, and the whole issue of severing parental rights. I urge the Legislature to look at the recent pilot project which was done by Jim Boskey and the Bar Association -- I think it was the Bar Association -- because I think the results were very informative and very good. I think it points out the need to review the legislation of the rules and regulations for freeing kids up for adoption and severing parental rights. It is long overdue. We have kids who are lingering in the system who are not free for adoption and who are inappropriately in long-term foster care, and that is not what we want to see. I can't blame the agency for that. They can only deal with the structure and the laws which have been presented to them.

Tangential to that -- part of that, not tangential to that; my mind is jamming up on me -- is, when kids need long-term foster care, I urge the Legislature and DYFS to work together to initiate an almost ironclad policy to place a kid permanently, appropriately in one foster care home, and not to bounce that kid around to seven or eight homes, so that by the time the child is 14 he has no place to hang his hat or that he has ever been able to call home.

New Jersey PTA applauds the Legislature for providing the Division of Youth and Family Services with unprecedented support. We congratulate DYFS on its ability to maximize that support, and to translate that support into appropriate systems and programs with the personnel necessary to meet the agency's mandate. As a result, we believe that DYFS is in a position to be successful in responding to the needs of New Jersey's abused and neglected children and youth.

New Jersey PTA's first concern, our primary concern, is, "What is best for the child?" It is for that reason and from that base that we advocated for the additional qualified staff for the Division. It is from that base that we urged DYFS and the Legislature to provide appropriate levels of compensation in order to attract and retain qualified personnel. But, no matter how many well-paid, well-qualified professionals DYFS employs, they will not be able to do their jobs if they do not have the programs necessary to meet the needs of the children and families they serve.

Therefore, New Jersey PTA urges the Legislature to authorize and provide funding to DYFS for: 1) a needs assessment to determine the number of foster care slots needed to meet current and projected caseload requirements; and 2), an assessment -- a study -- of New Jersey's reimbursement rates as compared to those in surrounding states and to those of other highly industrialized, urbanized states.

We believe these studies will demonstrate that New Jersey's reimbursement rates are low. Appropriate out-of-home placements are one of the most important responsibilities of the DYFS professional, but there are not enough foster care slots in the State. There are thousands of children in out-of-home placement; there are hundreds of others who are in shelters awaiting placement; and many more become in need of placement every week. Last week alone there were 16 babies in one county who needed placement. There simply were not slots for these kids. Many of the children in foster and shelter care are inappropriately placed because there are simply not enough foster parents in the State. Part of that is the Legislature's fault; part of that is the communities' fault; and, part of that is the Division's fault. New Jersey PTA must work harder to educate and motivate the State's parents to accept the responsibility of being foster parents. DYFS and NJPTA must work harder together to accomplish this.

We believe one of the major reasons for the lack of an adequate number of foster families in New Jersey is the low reimbursement rate. Too often it is not that families do not want to be foster parents, it is that they can't afford to be. Because of the economic pressures, both parents work in the majority of New Jersey

families. There are not many families that can afford to have a full-time parent in the home. Unfortunately, most of the children who require out-of-home placement need full-time, skilled parenting. It is certainly understandable that these children have problems as a result of the troubled homes from which they were pulled.

New Jersey PTA believes it is good public policy to provide reimbursement rates which will allow foster mothers to remain in their homes as full-time parents. I guess what I am saying is, professionalize foster care with all of the training that is now being put into some of the pilot projects. We believe it is our obligation -- yours and ours -- to make good our promise to help these at-risk children by providing them with foster care homes where they can benefit from the care of a full-time, skilled parent. It is really good parenting that allows children to grow into competent adults; it is good parenting that prevents the kinds of dysfunctional behaviors that our institutionalized suffer from. Providing these at-risk children with skilled, full-time parenting may be the most cost-effective investment in prevention that the State can make.

The other issue I wanted to address is, the New Jersey PTA believes that accountability and productivity of staff is equally as important as adequate resources. Therefore, we urge DYFS to implement standards of accountability and productivity that respect the needs of both the professionals and the the Division's clients. We think it is also important that accountability extend to the community because it is the community which represents the resources needed to address and redress the problems of child abuse and neglect.

From the PTA perspective, accountability means responding to abuse reports and referrals efficiently and effectively. It does not mean minimizing the reporters' concerns. To us, accountability means that confidentiality must be protected at all times. It does not mean stopping by an alleged abuser's home, leaving a business card with a note saying that so and so has reported them as a suspected abuser, and to call the worker when he or she returns home. It does not mean scolding or ignoring teachers who are reluctant to give their names when reporting cases of suspected abuse.

The effective management of suspected abuse does not mean notifying a client or potential client of the specific day and time an inspection is going to be made. It means being responsible for the efficient and effective management of cases so the case goals are met and the cases are closed. It does not mean that supervisors put the need for the completion of paperwork above the needs of the children, so that social workers are placed in the untenable position of having to be insubordinate in order to appropriately respond to a child in need.

From the PTA perspective, productivity must include major efforts to reach out to the community at large. Please do not misunderstand what I say here as suggesting that we mean to denigrate the important and meaningful work done by DYFS and the Human Service Advisory Councils, the Child Placement Review Boards, and the DYFS County Advisory Committees. These groups are important to accessing the community and its resources. But they are only a part, albeit an important part, of what must be a larger effort to motivate the community at large to take more responsibility for its problems. It is reasonable that DYFS concentrate its efforts on reaching out to those persons and agencies who are already interested in and busy working for the same goals. But to limit agency activity primarily to this is analogous to the minister preaching to the choir or to the teacher scolding those in class for those who are tardy and not yet there. To limit agency activity primarily to these activities will not be as productive to the effort needed to forge a partnership between DYFS and the community at large.

In order to make meaningful strides in addressing the problems of abuse and neglect, we need to mobilize a larger effort than is presently represented by small groups of the already initiated. Child abuse and neglect are enormous community problems. DYFS alone will never be successful in providing the resources to meet the needs of their clients or to decreasing the incidents of abuse and neglect. Undoubtedly, we can be accused of being idealistic and unrealistic in expecting that it is really possible to forge the kind of partnership we suggest and that we think is necessary. But it is just that kind of

a partnership that is needed to make the difference, not only to today's abuse and neglect victims, but to the possibility of reducing the number of potential victims in the future. Public dollars are a finite resource, but public effort is unlimited.

To educate the community to its responsibility to children at risk, will require reaching out to people who may not want to listen. Working with, educating, and motivating the community -- the lay public -- is very, very hard. If it weren't so hard, there would be enough foster homes in which to place our children. If it weren't so hard, it wouldn't take such time and skill. If it weren't so hard, it would have been done successfully long ago and the problem of child abuse and neglect would be decreasing, not increasing. But it is hard and it will take time and skill, and DYFS staff must be willing to meet the challenge that working with the community represents. To be really productive, DYFS staff must convince the community to share more of the burden of helping DYFS clients.

To do this, it will be necessary to reach out to more than churches, PTAs, PTOs, and other home and school kinds of organizations. It will mean reaching into the hospital maternity wards, emergency rooms, pediatric staffs, staffs of the YWCAs and YMCAs, local chambers of commerce, city councils, and boards of education. It will mean that DYFS should not discount a group within the community if that group: does not understand the issues; does not act with the promptness or follow-through that another professional agency would; does not provide a large enough audience; or, does not understand professional protocol.

I recognize and share your frustration that the community does not realize as much as it should, but isn't that the point -- that the community does not understand and may not want to. We can't resolve what we won't deal with. We believe it is the responsibility of DYFS to take the time to reach out to the community and to teach the community what the DYFS professionals know so well. Otherwise, there will be an ongoing need for massive amounts of money to meet an undiminished need.

To summarize, New Jersey PTA is concerned that the Division of Youth and Family Services is not able to fulfill its responsibility to children who require out-of-home placement because there are not enough foster care families in the State. Therefore, New Jersey PTA urges the Legislature to authorize and provide funding for the two studies I mentioned earlier. New Jersey PTA also believes that accountability and productivity of staff are equally as important as adequate resources.

We also believe it is important that accountability extend to the community, as I have just discussed. Thank you.

ASSEMBLYWOMAN FORD: I assume New Jersey PTA would also support the Legislature's efforts. In this year's budget, we permitted DYFS to use part of its foster and adoption subsidy appropriation for the recruitment of foster parents.

MS. ANDERSEN: Absolutely; I think that is critically important. One of the things I did early on as Juvenile Protection Chairman for PTA was participate in the Foster Care and Adoption Recruitment Task Force to develop those kinds of issues. So I would underscore our support of that in triplicate.

ASSEMBLYWOMAN FORD: Thank you. Any questions, Rodney?

ASSEMBLYMAN FRELINGHUYSEN: Ms. Andersen, your comments were excellent. I would like a copy of them.

ASSEMBLYWOMAN FORD: I was going to ask for copies.

MS. ANDERSEN: Yes, I brought my script with me.

ASSEMBLYWOMAN FORD: Okay. Thank you, Mia. Dr. Janet Cahill from Glassboro State College?

DR. JANET CAHILL: My name is Dr. Janet Cahill. I am an Associate Professor in the Department of Psychology at Glassboro State College. I am also a consultant to the DYFS Stress Management Committee.

I am here to testify concerning the Stress Management Program that was alluded to in earlier testimony, which was jointly initiated by the DYFS Management Team and the Communication Workers of America. I would like to give you a little background on this Committee because I think it is relevant to the remainder of my testimony. My involvement with this Program came as a result of a study I did

evaluating stress levels in DYFS workers. I should mention that I have done this type of occupational stress research for about the past five years, and have recently completed a study visit to Scandinavia, where they have much less stress than we, for lots of reasons. So I have specific expertise in this area.

Very briefly, the study concluded that DYFS workers, compared to other workers across the country, have high levels of emotional burnout and physical and mental health stress symptoms. Somewhat surprisingly, I also found that the workers remain committed to their jobs. The reason that is a surprising finding is that most of the time when you find workers with those kinds of symptoms, they tend to give up on their jobs and not care any more. We do not find that with DYFS workers.

Finally, the study identified a number of workplace elements, things that are built into the workplace, which seem to contribute to the high stress levels of DYFS workers. The reason why this issue of workplace stress is so critical for DYFS -- this has already been alluded to -- is that it not only has a negative effect on the health of the workers, which is costly because it increases turnover, but it also, of course, begins to erode the quality of services to the clients.

To their credit, both CWA and the Management Team have taken those findings seriously and have tried to make a sustained and serious effort to address the occupational sources of stress on this population. I need to be sure that I make it clear that it is not as if DYFS workers are somehow defective as individuals. They are just like the rest of us, but under those working conditions, not surprisingly, they show large amounts of stress.

One concrete effort which certainly helped the stress levels was the hiring of the additional workers. That is a positive step. Caseload size is probably the most critical variable in the stress levels of these workers. Many other problems stem from those caseloads. Another positive step, in my view, is the formation of a joint Labor/Management Committee to address other changes in the workplace which could reduce these stress levels. This Committee has

been meeting since March of this year. It has identified a wide range of possibilities in terms of change. Its first effort to deal with these changes was to initiate what is now being referred to as the "Stress Management Program," which consists of the following components: We have designed something called "In-service Days" for four pilot offices. In-service days are designed to provide additional training for the workers on a wide range of programs, to improve their personal coping skills, their professional skills, and, also, to give them more protected time to catch up on the various demands which are placed on them. This occurs one day a month. It has been running -- in most of the offices -- since June, so each office we have piloted has done four or five of these.

The second aspect of this, which I understand was carried out over the summer, has been a series of programs concerning personal stress management techniques. The third element was supervisory training around improving supervisory skills and stress management techniques.

The initial feedback from the Program seems to be quite positive. I think it needs to be fine-tuned, but the offices seem to be making good, active use of the in-service days. The workers seem to like the idea, and they seem to want to keep it. Management has been very cooperative about protecting the time. Supervisory training seems to have been well-received. The offices are generating ideas about how to use the time productively. So, overall, the initial impact of the Program seems to be positive.

This initial success illustrates two things I think are important to mention. One is that this work force is quite willing to take advantage of any efforts to improve their working conditions. This is not a highly demoralized work force which is simply unwilling to try anything. If we appropriately structure some programs for them, and if we address the real needs of the social workers, they will take advantage of it. I think that is very important.

Secondly, although I think the occupational sources of stress for DYFS are severe -- and I say that in comparison with many other occupations -- it seems to me that if we are careful and we design

appropriate programs, we can make some real inroads into these problems.

I am going to keep these remarks very, very brief and see if there are any questions. I want to close, though, by saying -- and I don't think anyone in management or labor would disagree with me -- that substantial problems around sources of stress for the workers remain. The paperwork, the training-- It is very difficult for them to respond to the level of emergencies they have to respond to. The list can go on and on. I understand the Stress Management Committee is going to continue to address those issues in a systematic way, as well as evaluate the proposals you have already implemented. Again, I think that is a very positive framework by which to address this issue.

ASSEMBLYWOMAN FORD: You found a positive impact on the stress levels of the workers as a result of the reduction of caseloads.

DR. CAHILL: Yes.

ASSEMBLYWOMAN FORD: When did you do your follow-up research?

DR. CAHILL: That is a good point. What I'm saying is, I do not have any empirical data to back that up, largely because I just got back to this country two weeks ago. What I've done is call the various offices, and I need to do more of that. The initial impression is positive, but I think we have to evaluate it much more closely to be sure that that is the case. I think the whole Program has to be watched and monitored very closely.

ASSEMBLYWOMAN FORD: Thank you. Any questions, Rodney? I think she should do a study on the stress levels of the first-termers.

ASSEMBLYMAN FRELINGHUYSEN: When it gets closer to Election Day. (laughter)

ASSEMBLYWOMAN FORD: Thank you, Dr. Cahill. Sue Dondiego and Roz McDonald, New Jersey Foster Parents Association.

SUE DONDIEGO: Thank you. I am Sue Dondiego. I am President of the New Jersey Foster Parents Association. With me today is Roz McDonald, who is Executive Director of the Association. We want to thank you for the opportunity to present this testimony. Before we begin, I would also like to mention that we testified before the Legislative Oversight

Committee, chaired by Assemblyman Flynn, and supported the Division's request for funds to increase DYFS staff and to provide a 5% increase in board and clothing rates for foster children.

In addition to the concerns we will raise today, our testimony touches on the staffing needs of DYFS, as these needs impact directly on the quality of care given to foster parents and foster children and their families, as well as other clients being served by DYFS.

The New Jersey Foster Parents Association is a statewide organization providing support, consultation, advocacy, and training to foster parents who care for those children supervised by the Division of Youth and Family Services. Although the majority of cases for which the Division is responsible involve families who remain intact, there remain almost 7,000 youngsters who must be separated from their families and placed in out-of-home foster care settings. These children deserve your ongoing attention.

As many State and Federal initiatives, such as Public Law 96-272, the Adoption Assistance and Child Welfare Act, have positively impacted on reducing the number of children entering the substitute care system, there has been a clear trend toward an increasing influx of children with very special needs requiring foster family intervention. These children are often physically or sexually abused or neglected, some are alcohol or drug dependent, some are pregnant, and many suffer from physically or emotionally handicapping conditions. Statistics reveal that 42.5% are 13 years old or older when they are removed from their families. A disproportionate number of these children are from the minority populace, as 62.5% of the children in care are black. It cannot be disputed that children entering our foster care system today are older and bring a multiple set of complex needs.

Is the system organized around providing appropriate services and resources to children, their parents, and foster families? The Division of Youth and Family Services has advanced a partnership approach to meet family and community needs, has instituted policy and practice changes, and is supporting many innovative programs. Much

more needs to be done directly with our foster parent population if children are to experience benefits in foster care.

Sufficient resources in terms of programs, personnel, and funding should be committed to assure that the children of this State, who come to us from troubled family situations, receive help. From our perspective, adequate staffing is directly connected to foster care placement success. Caseworkers must be available to offer their expertise and support to foster families. If caseload sizes continue at current rates, the needs of foster parents and children will not be addressed.

Of equal concern to our organization is the need to recruit and retain quality foster family resources who can work cooperatively with difficult families and with the system to effect permanency planning for children. It is our belief that while we are increasing the number of applicants who inquire about foster care, we are, at the same time, also seeing too many foster families exiting the program. We must have foster care data available that looks at who our resources are and what services need to be developed and/or implemented to meet their needs, as well as to review service provisions in the context of time-limited, goal-oriented case management.

With base line data, we can formulate standards and translate the Division of Youth and Family Services' philosophical missions and policies into practice.

It has clearly been identified that supportive services to foster parents which encourage families to maintain continuity and stability for troubled youngsters must be expanded. This equates to both practical financial issues and meaningful support issues. Foster parents should not be expected to subsidize the care of foster children. Present economic conditions make it impossible for families to give what they gave in the past. It has been estimated by American Foster Care Resources Incorporated that foster parents nationwide experience a \$1,000 out-of-pocket expense annually for every child maintained in a home.

Nationwide, foster parents are supplementing the child welfare system to an amount exceeding \$500 million. In New Jersey,

this figure is estimated to be \$7 million. The traditional two-parent foster family is disappearing, just as the traditional family itself is disappearing, as more families are coping with divorce, working mothers, and tightened budgets. There are fewer families who feel willing or able to extend themselves to another child or children. It behooves us to consider that we are asking too much of families who already give their commitment and special care to foster children. We need to close the inequity gap between actual expenditures related to foster children and the current board and clothing rate structure. We are advocating increased reimbursement to foster families, consistent with the rates of neighboring states which accurately reflect costs involved in raising foster children. A minimum 10% increase in funding for these maintenance payments is required.

Beyond this initial step of remedying payment reimbursement inadequacies, further thought needs to be given to structuring the foster care system in ways that acknowledge varying levels of foster parent skill development and acquisition, and capabilities. Specialized therapeutic homes with adequate funding, training, and support must be looked to as possible choices for living arrangements to avoid more restrictive, and more costly residential placement of children.

Additionally, children should be sharing the customary experiences of childhood, such as sports involvement, graduation activities, cultural events, etc. These are opportunities to participate in group processes which enhance their social, emotional, and intellectual growth. There is no provision in the Division of Youth and Family Services' budget to recognize this need, and we propose that an enrichment program be established and funded to aid youngsters in this area. Foster parents cannot afford to bear the costs, and they should not be expected to do so.

As our foster parent population cares for increasing numbers of children with serious emotional and physical handicaps, it becomes apparent that families need respite from their 24 hours a day, seven days a week care of these children. We must make it our priority to stabilize placements and avoid the damaging and costly act of replacing

children due to the stress suffered by their foster parents. If we want quality care for children, then it is essential to institute a uniform respite care policy and program.

There is no doubt that attention and funding must be devoted to upgrade the skills and knowledge of foster parents through training. It takes special skills, understanding, and sensitivity to work with the multiplicity of problems exhibited by children coming into foster care placement, i.e., the care and treatment of sexually abused children who are so prevalent in the system today. We must be able to continue our initial efforts on a long-term basis in the area of in-service training and extend the incentives of training stipends, child care, and travel reimbursements. Foster children of this State deserve to live in safe, healthy environments where their needs are satisfied.

Lastly, we must recognize that many children "age out" of the foster care system and are still urgently in need of continued services in order for them to function in our communities. These children fall between the cracks. We must not allow that to happen. We must focus our energies on implementing programs which help these youngsters acquire independent living skills and needed therapeutic services.

Seven thousand current foster children depend upon our collective commitment and action to prosper as citizens of our society.

ASSEMBLYWOMAN FURD: Thank you very much for your comments. One of the things I know the Legislature did in the past year was recognize some of the out-of-pocket expenses that foster parents are often called upon to cover, and to change the law with regard to those special situations where a child dies in the custody of the foster parent. Oftentimes there was not sufficient money to fund a proper burial, and this increase loosened up the law, so to speak, so that DYFS could reimburse the foster parents for the full cost of that service. Too often we found foster parents, as well as even funeral directors, were subsidizing that type of service.

I'm sure there are a multitude of very specific examples which you might consider providing us with in other areas where foster parents are subsidizing. I was particularly interested in the thought

you had with regard to the establishment of an Enrichment Program. So I just want to thank you for giving your testimony and your point of view.

Rodney, do you have any questions?

ASSEMBLYMAN FRELINGHUYSEN: No, thank you.

MS. DONDIEGO: I would like to thank you, as a legislator, for your support of children's issues.

ASSEMBLYWOMAN FORD: Thank you. Our last group of speakers will be the representatives from CWA Local 1039: Les Robinson, Glen Wojtowicz, Joseph Yili, Al Strassberger, Bob Bowles, Jim Gallagher, and Anita Ashkinazy -- I can never get her name right. Hi. Are you basically speaking on behalf of the group?

LES ROBINSON: I am the first speaker of the group.

ASSEMBLYWOMAN FURD: Oh, okay.

MR. ROBINSON: My name is Les Robinson. I have been a supervisor at this district office for the last year. People have reacted, I guess, in different ways to this hearing tonight. I have heard a couple of comments about intimidation and the fact that people felt they didn't want to speak openly in front of such a large group. There are so many different kinds of people here, with different positions, and so forth. I hope I can speak objectively -- I really want to do that -- from my experience during the last year.

I am certainly not here to do anything other than give as objective a presentation as I can of our experiences. I would like to say first of all that, in my opinion, never in the eight years I have been with this agency have we been as aware of every child under our supervision, not only where that child is now, but the need to plan for where the child is going in the future. That is something I feel very strongly, no matter what anyone says. I think that is a reality, and that's very good.

However, I am concerned about the numbers. That is what we are here to talk about tonight. I started with my unit in December, 1984. At that time, we had approximately 340 children under our supervision. For most of this past year we have handled that workload with four full-time workers and one part-time worker. At one point

during the last year we had two caseloads which were over 40 families. I think both of those caseloads were well over 80 children at one point in time. The other caseloads were high, but not that high.

We did a lot of work. When I took the unit over, it really had a glut of cases which by all rights should have been terminated. I am not speaking for the office in general, but this particular unit, for specific reasons, had cases which were ready to move on. We tried to improve that over the last year.

The hiring of the new workers has been a real boon to us because starting in July -- I think it was July when we got our first new worker -- we were dealing with five full-time workers instead of four. Caseloads fell a bit; they leveled out. We have had some other problems. One of our new workers resigned; three of my veteran workers got different positions; and things have bounced around quite a bit. I feel badly for our clients because when that happens, they have to go through the whole time-consuming process of getting to know another worker. When talking about time-loaded case goals, this sets you back. Sometimes the process can't be helped.

We currently have a unit of six bodies: five full-time workers and one part-time worker. Three of those bodies are new workers. By new workers I mean people who have come to us within the last three months. I couldn't ask for a better bunch of people than those in this unit. The new people are excellent; they fit right in with the older workers, who are veterans, and very professional in their own right. This is a good bunch of people to work with.

As of last month, our statistics were-- We had a new worker with a caseload of 64 children; another new worker with a caseload of 62 children; a veteran worker with a caseload of 67; another veteran with a caseload of 67; and, a brand-new worker with a caseload of 44 children. With the people leaving their positions in my unit, we have taken the new workers and we have not really had the luxury of building up their caseloads; in other words, giving them work in a piecemeal fashion. We pretty much had to take them and present them with the caseload to handle. They have all reacted very well to this. I have had to put in a lot of time. You know, as a supervisor, there is no

question but that I have spent a lot of time with them. Skilled as they may be and experienced as they may be, as far as DYFS is concerned, they have a lot of questions and there are a lot of things they have to learn as they go along.

As of November 11 -- I believe it is the eleventh, it's a Monday -- we are going to be assigned another new worker who is currently in training. When she gets here, every caseload will be at a level of 50 children. Don't quote me on that. Maybe one will be 51 and one will be 49, but 50 is more or less where each caseload will be. That will be good. I have already met my new worker, and I think she is as good as my others. I think things look real good for the kids in our caseloads and for us as a unit.

As I said, when I took over there were a lot of cases which needed to be terminated. I find that at the end of the nine months since I became a supervisor, we have been able to terminate as many prior children's cases as we have been assigned new children for supervision. So, basically as far as total number of cases in the unit is concerned, we are right at about 330, which is where we started last December.

I am concerned for a couple of reasons. One is, looking to the future, we are not going to have that glut of cases to terminate to counterbalance the cases we are assigned. During the months of August and September, we were assigned no new cases because we were creating two new units within the office. We were getting the new cases to build our case count up. This month, we are again being assigned cases. So far, the month isn't over, and we have already been assigned 14 new children. This works out to be the second largest month since last December as far as new children assigned to our unit is concerned. This is one month we are talking about. Who knows if this is an indicator of how it is going to be in the future. But if it continues, not having quite as many cases that are right for termination as we had in the past, the trend, I'm afraid, is going to be up.

That, as far as numbers, is what I anticipate. I would not be surprised-- I don't know if it is that way office-wide; I don't

know if it is that way statewide. But as far as my unit is concerned, if we have a fairly decent rate of increase in caseloads, I would imagine that by next spring, say, we are going to be right up there in the mid-60s, child-wise, per worker. That certainly is a possibility.

That is basically what I wanted to say. I just wanted to give you some figures from one supervisor's perspective and one supervisor's experience.

ASSEMBLYWOMAN FORD: Thank you, Les. Rodney, do you have any questions?

ASSEMBLYMAN FRELINGHUYSEN: No, thank you.

ASSEMBLYWOMAN FORD: Okay. Glen Wojtowicz?

GLEN WOJTOWICZ: I would just like to follow up on some of Les' comments.

ASSEMBLYWOMAN FORD: Glen, for the record, please tell us your name and what your position is.

MR. WOJTOWICZ: My name is Glen Wojtowicz. I have been with DYFS for nine years; I have been a supervisor since May. I have also worked with other child welfare agencies. I have a master's degree in social work from the University of Connecticut.

I would just like to compare Les' unit to mine. Les started out with a veteran unit, with a pretty high caseload, before our allocation. My unit is one of the newer units. It was formulated with four people who started out with no cases. It is indicative of the people who were hired. I had two veteran people who had high caseloads to begin with.

So, as the unit was formulated, a lot of the new cases were obviously given to my unit. Okay? We absorbed cases, which allowed some of the other units to bring their caseloads down. For example, in the month of September, my unit received 31 cases. We're talking about families, no matter how many children they happen to have. Thirty-one cases in 30 days. This is the rate at which we were absorbing cases so the other units could bring their cases down.

I want to emphasize that in my numbers, we are not talking about the glut of terminations that Les had. Most of my cases are coming right through screening. That means they have been screened,

and they have been identified as being serious and must be responded to. They would not be cases that we could close out in a couple of weeks.

Other cases that came to my unit came by way of transfer. When people transfer, they generally sit down and clean house. So I think my numbers reflect fairly tight cases. I don't see any leeway for cutting much more out than we have. I have my statistics, but I'm like Les, you know, I am not a computer and I may be a couple off. We're running between 40 and 50 children. Again, this is one of the new units and we have been absorbing a lot of the new cases.

My concern, as was Les', is, where are we going to be three, four, five months from now? I attended all of the hearings and I did a lot more listening than I did talking. I think what everyone seemed to emphasize was the ratio of workers to clients. I mean, that is the bottom line. We have our goals. People made some commendable proposals, but that is where we begin. If we do not have a manageable and doable job, how will we ever get to those objectives? That is why when I see these numbers coming up, and I know we have done our best to keep them down, I start to worry.

ASSEMBLYWOMAN FORD: Glen, do you know why, or does anyone know why, the average numbers that were provided -- I guess this information was from DYFS-- On October 4, 1985, the Ocean County District Office was handling 2,182 active children. I don't know what number of cases that represents, but the average children per caseworker is indicated as 38. You are indicating, at least in your unit, that the average caseloads are much higher.

MR. WOJTOWICZ: I'm talking about children now; I'm talking about 40 to 50 children. Sometimes when you start to talk about these numbers people get confused between cases and children.

ASSEMBLYWOMAN FORD: Caseloads and children.

MR. WOJTOWICZ: So for consistency I thought I would just stick with the number of children.

ASSEMBLYWOMAN FORD: Okay. Do you know any reason why that average would be down to 38 now when you are actually dealing, at least in your unit, with 40 to 50 cases -- I mean children?

MR. WOJTOWICZ: I could account for a figure like that as I have indicated. My statistics are up to the minute. The last count may have been August. It is the rapidity with which the cases have been coming into the new units. I'm talking about 31 new cases in my unit in September. I don't know whether that was added to previous statistics. I think there is one other unit that was formulated with primarily new people, which might have reflected lower stats at the beginning of last month. However, since we are absorbing all of the new cases every month, our ratio is a lot higher than when the cases are spread all around to the different units. That may account for it.

The other issue I would like to address--

MR. BLATNER (from audience): Madam Chairman, I would like to respond to that.

ASSEMBLYWOMAN FORD: Sure.

MR. BLATNER: I don't really know where you are getting your numbers. The data we have would agree completely with the numbers the Ocean District Office has; that is, the caseload size right now is about one worker for 50 children under supervision. Ocean County has experienced the second largest increase in caseload in the State. We have every intention of looking at the allocation within the State to make sure that that office has the appropriate caseload size.

Ocean County has become--

ASSEMBLYWOMAN FORD: I think the numbers we are basing it upon are the numbers of active children, as indicated by your records, and then dividing that by the number of caseworkers and coming up with an average of 38 children as of October 4.

MR. BLATNER: I think we should sit down because we have gone over our figures, and our indication is that as of today, we completely agree with the information the workers are giving. As Commissioner Perselay said, what we are doing right now is re-looking at-- See, what happened was, we allocated staff equally to every office, and things have changed since. In Ocean County -- and I think this may have to do with the increase in reporting and people being willing to come forward -- the caseload has grown much more quickly than it has in other parts of the State, and our intention would be to equalize. There is no disagreement between us in terms of numbers.

MR. WOJTOWICZ: I have two more points I would like to make. As a staff, we have been saying, "What can we do to reduce our numbers?" There have been some support positions created out of the allocation. By support position I mean someone who may have a caseworker title, but who does not actually carry a caseload. Now, if we look at those support positions -- not that they are not necessary and don't add to the quality of service -- numbers are going to go up. I think inevitably there must be some trade-offs. I have heard many voices say, "How can we justify certain liaison positions, or litigation positions, when our numbers are increasing?"

In a way, the bottom line-- I think it starts with the worker and caseload ratio. If we are going to be high, it would be nice to have those positions, but I don't know if we can afford them. At the hearings, I think people primarily stressed the worker/caseload ratio. I didn't hear anyone say, for example, "We need another litigation specialist." You know, you can go back into the testimony. So, that is the only idea I have. I am not saying those positions would not be helpful, but that is one area we should look at.

The other point I would like to make is, a couple of workers came up to me tonight who said they wouldn't feel comfortable sitting in front of a microphone, but they wanted me to pass on a few comments. The comments, again, have to do with numbers. As we approach 50 children, I think this really puts a lot of pressure on a worker. We talk about reaching 85%, which is about 46 children. As these numbers get higher, pressure increases, and a worker may say, "Is there something wrong with me?" There is so much emphasis on taking a look at the numbers. As this has escalated, we have had testimony about stress and how it affects workers. Well, it is the same thing with these numbers. When the numbers get high, the first thing that is looked at is, you know, "What is the worker doing with these cases?" So that just compounds the stress.

I can say from my experience that everyone works very hard, and very diligently. A lot of new people seem committed, and it bothers me that because these numbers are up-- People don't need that one additional pressure. The job in itself is hard enough.

That's basically all I have to say, other than I remember at the hearings--

ASSEMBLYWOMAN FORD: Are there people-- Maybe this is a better question for Mr. Blatner. When you refer to hiring to date, 330 direct field workers, does that include people who may not be handling caseloads, other than--

MR. BLATNER: (from audience) Yes, absolutely.

ASSEMBLYWOMAN FORD: So, it would include people who go to court, whose job, for example, is nothing else but testifying, as well as other types of people who might be identified as caseworkers who are family--

MR. BLATNER: When we made a proposal to you last year, we said we wanted to put a community resource specialist in every office to hook into all these community resources we are talking about. Basically, we have done that.

ASSEMBLYWOMAN FORD: Then what I guess I want to ask a worker is -- and you seem to be available, not to put you on the spot -- is the availability of these other types of people, even though they may have caseworker or family specialist titles and they may go to court or they may do things not necessarily identified as field work-- Is the availability of those people alleviating some of the individual workload such that handling 50 children now may not be exactly the same thing as handling 50 children a year ago?

MR. WOJTOWICZ: Some do and some don't. We have talked about a number of liaison positions. For example, with our liaison to the Child Placement Review Board, that is proposed, as a position. A lot of the workers have been saying, "I would rather go over and meet the Child Placement Review Board myself. I would rather present my own case. They get to know me and I get to know them, rather than my telling another person and then that person going over there." I think we all agree that if doing that ourselves rather than having a liaison really helps our case, than that is not a waste of our time. It is more beneficial. So, as an example, that is one proposed position that people have looked at and said, "Do we really need that?"

Now, with a resource development specialist-- The way it has been unfolding is that it has been part resource development, part public relations. I think it could be very helpful, but it has to be helpful in terms of coming up with actual new resources for our cases. I think any worker who has been in an office for awhile, just by matter of survival, has to get out there in the community and know the resources, and establish relationships with community people. If it is used to somehow create new resources such as day programs or residential programs, then it could be helpful because we could divert our cases. If it is used for more of a public relations function, that might be positive in terms of our image with the community, but I don't see as much of a reflection on our keeping our numbers down, or having any less work to do.

ASSEMBLYWOMAN FORD: Okay. Thank you, Glen.

Mr. Yili?

JOSEPH YILI: I am Joseph Yili. I am a family service specialist, too. I have been employed by the agency for 10 years as of November 15. Prior to that, I had an additional year of social work in New York.

I am a social worker; it is what I want to do. I did not slip into the agency for lack of employment. I have an undergraduate and graduate degrees. I have been in the field -- strictly in the field -- for all of that period of time. I think I care very much about the profession, and in my estimation, there is no one in the community that does more important work.

But I also happen to have a family of five, and I have quite a burden, I can tell you, financially. I am "maxed out" -- that refers to no longer receiving any merit increments -- which means I am totally dependent on raises from the annual increment or inflation -- cost of living -- that we might receive from our contracts. Last year it was three percent, and perhaps another three percent another six months later. So you can see that it is going to be very difficult for me to continue to manage.

During the past six months, as a result of particularly Assemblywoman Ford's intercession and intervention in obtaining these 507 social worker positions, there have been a number of opportunities

in my office here in Ocean County for promotions. At least six or seven of my colleagues have moved up, and I can tell you that they went through a good deal of screening, and were interviewed multiple times. I think they represent, perhaps, some of our best people. It was quite attractive to me. In addition to that, I have also had the opportunity to apply for other positions, which would have meant increases in pay and promotions.

ASSEMBLYWOMAN FORD: But you would rather stay in the field-- Is that it?

MR. YILI: That is absolutely right. I would like to stay in the field, but it is becoming a dilemma, because I also have personal responsibilities. I applied for the Civil Services exam for supervisor, which will be given on the second. At this point, I think I am eligible to become an FFS-1, but there has been no implementation. I did hear the comments made by the Commissioner and the Director about commitment to staff, but the career ladder is already two years old, and all I hear about is delay. The criteria was supposed to have been established, by their own schedule, last September. Implementation of the promotions should have been this month. Now I hear that it is going to be delayed even further. Civil Service may not develop a test that may not be presented until next October. So, it could very well be that I have this opportunity to become a supervisor on a permanent basis, which would be almost a bird in the hand if I pass and score well and am considered qualified for the job, versus waiting for that promotional opportunity as a social worker, which may or may not come. And if it does come, it may not be for six months to a year.

ASSEMBLYWOMAN FORD: Wasn't there a new step created for people who were at that maximum level?

MR. YILI: Yes, I have already--

ASSEMBLYWOMAN FORD: You are at that already?

MR. YILI: Yes. I have gone to the ninth step.

ASSEMBLYWOMAN FORD: Which means that our option at this point is to either lose you and your experience from the field, into a supervisor's position in which I am sure you would do well, but--

MR. YILI: And you have already lost -- in speaking to these six or seven other people-- Some of our best people in this office who have gone on to promotions as supervisors would have preferred to stay as family service specialists, if there was that opportunity to become a "one." That is an equivalent salary, for those of you who are not familiar with it.

I wanted to respond a little bit to the question you asked earlier, because it is something that has been rather upsetting to me. In fact, I am kind of resentful that any of these positions that you allocated to reduce caseloads are going to administrative support people.

I think that is a misappropriation of your funds. There are already in existence Civil Service titles that are comparable. I think to some degree-- And these are considered priorities. I wanted to say that to you. No, there is not, at this point, any FSS-1's -- that is the top field service specialist. But there are, apparently in every office, up to three or four people in that title as administrative support. I think that management would do better by simply asking, requesting, that those titles be changed to management titles.

There is one additional thing. The implementation, finally, of this career ladder, if and when it comes, will also include a quota. I did a survey of the people in our office six months ago -- and I can pass this on today to you later -- with approximately 20 names on this, of people who would qualify for that title. I would like to just read the years of experience: There is nine and a half years, 14 years, 15 years, 13 years, 11 years, 10 years, eight years, eight years, eight years, 15 years, 15 years, six years, seven and a half years, 12 years, six years, nine years, 12 years, 16 years, 10 years and seven years. The qualifications, aside from, I expect, some Civil Service exam, will be three years' experience in order to qualify for an FSS-1 title. So, we have a glut of people who are already qualified for that title, based on experience, and I would daresay, on good work. There will someday be a quota, a maximum quota, of five people. So you will, again, come back to forcing people to either leave the agency, or leave the field.

ASSEMBLYWOMAN FORD: Okay. Thank you.

I have Bob Bowles, Jim Gallagher, and Anita Ashkinazy, and I have 10 minutes left.

Al Strassberger-- Oh, I'm sorry.

AL STRASSBERGER: I am Al Strassberger, and I started as a caseworker with DYFS, which was then called the Board of Child Welfare, on May 21, 1956. I don't know how many people in this room knew what the agency was back then.

I want to second everything that Joe Yili has said. This means, this spring I will be 30 years in the field, as a so-called generic worker in the front lines of this agency. I am very much interested in the career ladder, but I see it as a fraud. I have been telling my friends that I tried to climb it and it fell on me. I want to stay in the field. I want to continue doing what I do and do well, I think--

ASSEMBLYWOMAN FORD: What do you do?

MR. STRASSBERGER: I do the general, garden-variety, generic, case. I have a caseload of children in their own homes. I am trying to keep from being--

ASSEMBLYWOMAN FORD: You visit the children in their homes--

MR. STRASSBERGER: Yes.

ASSEMBLYWOMAN FORD: --and investigate placements and abuse allegations?

MR. STRASSBERGER: Yes. I have no children in placement at the present time. Over the years, I certainly have.

I don't want to be a supervisor, and I don't want to be a so-called support person, a specialist. I do believe, contrary to what was said by Mr. Blatner and maybe others, that experience should count. I want a reward for all those years of being a caseworker on the front lines.

ASSEMBLYWOMAN FORD: What title are you-- Are you being transferred over to a new title?

MR. STRASSBERGER: Not unless I pass the test next month. I don't even think there should be a test. I have been tested for 30 years. Give me a break. (audience applause) Assuming a certain minimum level of competency and I have a lot more than that, I think

that I and all the people like me, with all those incredible numbers of years that you are always talking about, should certainly be promoted to FSS-2 and 1, without having to run the gamut of the Civil Service test, just based on seniority, experience, and expertise, or else our morale will slip very badly.

At a setting not too different from this one, about eight or 10 years ago, I remember describing myself as a walking incendiary device. That was a measure of my anger. I think the only thing I have burned down in the interim, has been myself, as Janet will probably tell you. We are very angry, and we feel we really need a career ladder that means something. So far, we have not seen it at all.

ASSEMBLYWOMAN FORD: Thank you.

MR. STRASSBERGER: Thank you.

ASSEMBLYWOMAN FORD: Did you want to respond to that, Larry?

MR. LOCKHART: I realize you have to go, and I certainly want to just make a couple of comments. I think that, as you two are frustrated with your 30 years of service as a social worker, about taking a Civil Service test, I, too, am very much frustrated with the fact that we should even be here discussing child abuse and the way to deal with it, because I don't want child abuse, and you don't want the Civil Service test. But the fact of the matter is that both of those things are a reality, and in this State, when we came together -- and I remember the meeting in South Jersey, when Governor Kean had amassed the task force to talk about this issue -- the biggest question that was put on the table was what we could do to begin progress, and what we could do to begin to undo the things that have occurred in the past. Those things that were put on the table, as instruments to progress, were first, keeping in mind the protection of the child, and second, the worker and beginning the start of what was to be what we are talking about here today. I am not comfortable with the terms in which we are speaking, because I think we have made a lot of progress. But certainly, as was mentioned here earlier, more remains to be done. As was presented to the Legislature when the issue of indexing came up, it was presented if we were to take these 507 positions, apply them in the system, realizing that the possibilities of the new prevention

programs that we were putting in place in this State-- The fact that we were creating a cap program that was going to create more of a state of awareness at the community level; the fact that we were creating a partnership with community-based organizations; and, the fact that we were allowing people in this State to feel comfortable about coming forward to do something about child abuse-- All of these things are ingredients of our problem today.

What we are discussing is a vehicle to solve this particular problem, and the only way we can solve it is through communication with our respective workers and employees, the community-based organizations, and the Legislature. I think this year, we have made one heck of an effort to bring about that process. Without question, there remain things that still have to be done. But I find it very difficult, to look at the kind of effort that has been put into this process from the Governor's office on down, to hear people refer to a system as being fraudulent, because I think that sometimes, people tend to get emotional, and we, as professionals, have been trained not to be emotional. But I think we must, when we use the word "fraudulent," not use it in the context as it is described in Webster's, but perhaps use it from the standpoint of our own personal position. Without question, the fact that the child abuse cases in this State have risen by well over 10,000-- Those 10,000 circumstances are by no means fraudulent. They are, without question, the very essence by which we came together to try to structure a process to solve. So, to use that terminology--

ASSEMBLYWOMAN FORD: Excuse me, Larry. I thought you were going to respond to some specific comments that he had--

ASSEMBLYMAN FRELINGHUYSEN: I think his response is excellent, Madam Chairman. I think he ought to be allowed to finish.

MR. LOCKHART: I am responding, Madam Chairman. We have accomplished a lot in this State, and we accomplished it because we decided we were going to do something about the issue of child abuse. There are enough statistics on the table to support that. I remember last year, we were discussing not whether or not we had solutions, we were discussing the fact that we did not even have workers. Today,

we are discussing not whether or not we are going to get additional workers, whether or not we are going to do something about child abuse. We are discussing solutions to the problems.

People are here making presentations about the efforts that have been made, and I don't think we should lose sight of that. I think it is very important that all the testimony that has been presented be couched from a positive standpoint: the fact that the Governor, the Legislature, community-based organizations, the Administration, and the people in this State have decided they are going to do something about child abuse. I think the testimony that has been presented here today clearly indicates that something has been done, and that more has to be done and will be done. And if nothing else comes from this hearing today, I would certainly hope that the kind of support that created this kind of fervor in our system will create further concern about solving this particular issue; and that we not deal with this from a personal standpoint but from the standpoint of the thousands of youngsters who are being mistreated in this State.

ASSEMBLYWOMAN FORD: I don't think for one moment -- and I don't want to belabor this because we have run out of time for the hearing-- I don't think one of the focuses of either the Special Legislative Oversight Commission or this appropriation goes to the effectiveness and the impact of that appropriation upon the workers. I think it is valid that we hear from them. I am certain there is no intent to cast any aspersions on your Department, but I think they have a right to be heard.

MR. STRASSBERGER: May I say something?

ASSEMBLYWOMAN FORD: Mr. Strassberger?

MR. STRASSBERGER: The whole campaign to lower caseload size, as well as the campaign for what I still consider a fraudulent career ladder -- that is the only fraud I was referring to -- was initiated by our union, CWA. Management had to be dragged kicking and screaming into this whole situation. I am not talking about community people. But we initiated it, we fought for it, and that is ultimately one of the reasons these hearings are being held. So these are a lot of nice

words from management about how they are looking at the problem, but it is our fighting, our militance, and our being outspoken as the people on the front lines, that brought this whole thing about.

MR. LOCKHART: How many years were you fighting?

ASSEMBLYWOMAN FORD: Wait-- Mr. Lockhart, I am chairing these hearings--

MR. LOCKHART: I'm sorry.

ASSEMBLYWOMAN FORD: --and now I am going to exercise the prerogative of the chair. I have given everyone an opportunity to be heard, and this gentleman-- This is his time. I am going to ask you to leave the table, and we will continue and allow the remaining people on my list to finish up.

If you want to make some comments and you want to make them publicly, we will schedule another hearing. If you want to include them within the record, I will leave the record open for two weeks, and if you want to respond and include into the record any additional comments from you or anyone within your Department, I will be happy to do that. But just in the interest of allowing people to have the opportunity to place their comments on the record, that is--

MR. LOCKHART: I respect the wishes of the Chair.

ASSEMBLYWOMAN FORD: Thank you.

MORT CULLITY: My name is Mort Cullity, and going along with Al Strassberger, I am a supervisor in the Middletown District Office. I happen to be Al's supervisor.

I started in this field 43 years ago. I have not been with the State that entire length of time, but I was working with the State 43 years ago. I have taken a voluntary demotion to come into a supervisory position. I have been in the residential field, I have been with Menlo Park, and I have been in various centers, so I have a very good overall picture of what is going on. And there is something which I heard tonight, which, in essence, really frightens me.

I heard some comments about stress, I have watched all these units change-- First, let's compliment everybody from the Governor right down, as Mr. Lockhart says. Let's compliment everybody, the union and everybody else, for the attempts we are making to help the

child abuse. The numbers are fine, they are coming up. Just today, I have a unit which is -- outside of Al being in the unit -- comparatively new. Everybody who has a job as a temporary supervisor -- and there are many; over 50% in my county who are supervisors are temporary-- All of the new workers are temporary pending the examination which must occur through Civil Service, and the stress is beginning to tell. Until January, when the appointments occur, we have a problem, a real problem. We are going to need people looking at everything that goes on. I have had two people who look like our potential best and they are ready to throw in the sponge. They are a little nervous about what is going to happen with their jobs. People do get nervous when they have to take the exams. As Al said, he has been tested for 30 years. I could potentially lose two people I don't want to lose.

What will happen in January? Let's look ahead for just a moment. All the money that we have put in, and all the workers we have put to work-- Every one of those temporary supervisors could be out, as could every one of those potential social workers. It means reorganizing every single unit in the State of New Jersey. And at this moment, I haven't heard one person say we are doing anything about that. Are we looking into January or are we all of a sudden, in January, going to be faced with the fact that we have got 10,000 more child abuse cases -- on an increase -- and no one there to cope with them except new workers and new supervisors trying to fight the struggle? It is not an easy job. You people are to be complimented on what you are trying to do. Everybody here is trying to do something, but I haven't heard anyone looking down the road a little bit. We have to hope that every single one is going to pass that exam in a position to be appointed, or they will be out and we will have to reshuffle every district office in the State -- I don't care whether we are talking about the Northern District, the Southern District, or the Central District. That is going to happen. We have that danger, and the fear is actually being expressed. The other thing about the fear is that among the offices -- and I have gotten around to several -- you have all of these temporary workers who are afraid to speak out. They

are afraid because they are temporary. They can't speak out; they can't say this, that or the other thing because they might be fired. They might be transferred back to their other job.

I think Al-- I am supervising Al, and I want to add one thing, just for a little humor. I got there after the ladder fell on him not before; I did not push the ladder over on him. But the situation is such that we have a very critical situation here. We are two months ahead of the game. What is it going to be like in November, December, and then in January, when the results of those tests come out? That is where our problem is going to lie. How are we going to take care of the kids of New Jersey? (applause)

ASSEMBLYWOMAN FORD: Thank you.

Is there anyway that you can combine your testimony -- you last two?

ANITA ASHKINAZY: Representing these people who are always on the firing line, I would just like to say that--

ASSEMBLYWOMAN FORD: Anita, please give your name for the record.

MS. ASHKINAZY: My name is Anita Ashkinazy. I thought everyone knew me.

ASSEMBLYWOMAN FORD: But the person transcribing may not.

MS. ASHKINAZY: My name is Anita Ashkinazy, Local 1039, CWA.

ASSEMBLYWOMAN FORD: Jim Gallagher?

JAMES GALLAGHER: I am Jim Gallagher, President of CWA Local 1039.

MS. ASHKINAZY: As a staff rep representing all of these people, I would like to say that aside from being on the firing line with the enormous caseloads that they are now carrying and will be carrying in the future, the Paperwork Committee is not working, because what is coming down on them is more paperwork. So, that is also causing stress. Something has to be done about the paperwork. I am going to be very brief, but I would like some kind of an investigation into this immediately.

ASSEMBLYWOMAN FORD: You are referring to what was demonstrated--

MS. ASHKINAZY: Forms that professionals have to fill out, that clericals have to fill out-- Instead of reducing paperwork, they have been devising new forms. So, it is becoming more and more difficult, and this is very time consuming.

ASSEMBLYMAN FRELINGHUYSEN: I would like to make a comment.

If you have to have forms to assure accountability and quality, like those that are required of health institutions -- and they are far more multitudinous than the ones you have to fill out -- I suspect it should be done. But if they are duplicative and unnecessary, then those forms should be pointed out to the proper authorities and we should do away with them. But for accountability and quality assurance, if those forms are needed, they should be kept.

MS. ASHKINAZY: I don't disagree with you, sir, on the accountability and quality assurance. But what I am saying is, there are more forms, and we have to investigate them. I would say that they are probably duplicative, okay?

ASSEMBLYMAN FRELINGHUYSEN: Thank you.

MS. ASHKINAZY: The other thing the Commission discussed was our clerical series. They said they would be dealing with that in the very near future. I believe it should have been yesterday. The clericals are extremely overwhelmed with work. Most of them are doing jobs of Sec-3s, and I guess a Sec-3 is probably a Range 19 or a Range 20. These people are Ranges 12, 13, and 14. I believe it should be an immediate priority to move that series forward, in order to get these people into positions where the duties they perform are commensurate with the new job specs. That is extremely important, because they are support staff. Without the clericals, these offices would not run. They do everything from taking care of kids to paralegal work, and they do word processing in-between that. So, I believe that should be another immediate priority.

Sensitivity of the agency-- We have many single parents with children who are told to go out at night. Then they have a case that comes in at 4:30, for example. They have to go out on the case while they have small children at home. The agency says, "You have to go out

and we don't care what happens to your kids." This is happening on a regular basis. I have been getting many, many telephone calls about this.

I was going to discuss other things but these are my top priorities, and they should be investigated as soon as possible.

ASSEMBLYWOMAN FORD: Jim? Thank you, Anita.

MR. GALLAGHER: Yes. I can be very brief because I think Dr. Janet Cahill summarized my observations. I have been involved with the Labor Management Stress Program, and I think this hearing today kind of assimilates where we have come in the past year. I think we have heard from just about everybody, and everybody admits that in the past year, we have seen progress and we have moved forward.

We also heard -- to varying degrees -- that there is quite a bit that we still have to do. I think from our perspective as a union, we feel that in the past year, we have made some gains. The Labor Management Committee is working on what we feel will be a program which, when it is eventually taken out and perfected, will deal with the problem of burnout and stress. We feel that the reason this program is now successful and is going to be successful is the fact that we have had labor and management working together on it. I was glad to hear in the Commissioner's remarks that labor and management will be working on the clerical career ladder.

So, I think, given that working together, with the involvement also of the Legislature, that we can move forward. I think what we had today was very good, and I think we should have a forum by which we can talk about problems, where the front-line workers can come up here and evaluate some of these programs from the bottom. You know, we hear from the top down, but I think it is also good that we hear from the bottom up. With that sort of a working relationship between labor and management, and with the Legislature also involved, I am optimistic that we can move forward. But we do have a long and difficult road ahead of us.

I would like to thank the members of the Assembly for the work they have done in helping us to move along that path. We look

forward to continued work to improve the problems that face DYFS and the children of New Jersey. Thank you.

ASSEMBLYWOMAN FORD: Thank you.

That's my list of speakers. Rodney, unless there is something you wish to add, I will close the hearing.

ASSEMBLYMAN FRELINGHUYSEN: I have nothing further.

ASSEMBLYWOMAN FORD: Thank you all for coming.

(HEARING CONCLUDED)

APPENDIX



ACNJ
ASSOCIATION FOR CHILDREN OF NEW JERSEY17 Academy Street, Suite 709
Newark, New Jersey 07102

October 21, 1985

TO: Assemblywoman Marlene Lynch Ford
Assembly Revenue, Finance & Appropriations Committee

FROM: Ciro A. Scalera, Executive Director
Cecilia Zalkind, Staff Associate
ASSOCIATION FOR CHILDREN OF NEW JERSEY (ACNJ).

We are here today on behalf of the Association for Children of New Jersey (ACNJ) to present testimony on the issue of child welfare services provided by the Division of Youth and Family Services (DYFS). As a statewide, citizen-based advocacy organization, ACNJ's goal is to ensure that these policies and programs affecting children in New Jersey are adequate and responsive.

Child Welfare has traditionally been a strong issue area for ACNJ. Several of our publications, including Beneath the Labels and Through the Safety Net, assessed the child welfare services provided to children in the state and recommended improvements to strengthen these systems. We have also participated in various community and Division Committees designed to formulate and implement policy in child welfare. Last year we presented testimony before the Legislative Oversight Committee chaired by Assemblyman Flynn and supported the Division's need for more resources.

A theme of our testimony at that time was the need for Division accountability for its programs. Significant additional funding was later appropriated to the Division to meet the demands of its caseload which had dramatically increased in 1984. Accountability should be a theme of this legislative committee as well in order to assess the effectiveness of the present system as well as to define any needed areas of improvement. The Division has made considerable efforts to develop policy in all of its areas of practice; now is the time to assess how this policy has been implemented.

STRENGTHENING THE CHILD ABUSE AND ADOPTION PROGRAMS

A primary reason for the Division's need for additional resources last year was due to the dramatic increase in the number of abuse allegations reported. A significant proportion of these funds were utilized to employ additional casework staff to meet the needs of a large and difficult caseload. Resources were also provided, however, to develop community supports in order to implement the Division's policy in keeping families together whenever possible. Resources were earmarked for prevention initiatives as well.

Allocation of resources in these specific areas was appropriate and necessary to strengthen child abuse and neglect services at a time when sheer numbers of referrals had overburdened the system. It is essential now to evaluate the success of some of these initiatives. Have prevention strategies been successful? Have the additional community supports been appropriate and utilized by casework staff?

The adoption program was also significantly strengthened. The Division made a commitment to leave its four Adoption Resource Centers remain intact as a specialized service. Strong central administration and support resulted in initiatives that led to more children being freed for adoption, more adoptive placements being made and more support services to children and adoptive families being offered.

ACNJ chaired an American Bar Association Committee on Special Needs Adoption which identified the delays in the legal process to free the child for adoption. Cooperation of Division district office and adoption staff, the Attorney General's office and court personnel resulted in a dramatic decrease in the length of time to move a child through the legal process. The committee, which concentrated its efforts in Essex County, is now in the process of being replicated throughout the state with continued support from the Division.

FOSTER CARE: HAS POLICY IMPROVED SERVICE?

Some positive initiatives have also been undertaken in foster care. The Division, in cooperation with the Advisory Council of the Child Placement Review Boards implemented a unified case recording system, which gives review boards the same information that district offices use. Quality assurance reviews were recently completed of district office services to the abuse and foster care caseloads. This effort combines identification and correction of needed areas of improvement. The Foster Parents Association has received funding from the Division to undertake training and support for foster parents and to begin a recruitment campaign for new foster parents. In addition, the Division is in the process of implementing a network of casework specialists in each district office with central office support to review difficult cases and train workers on issues such as the use of the case recording system, permanency planning and development of community supports.

But the foster care system is so complex and difficult that we must not lose sight of how much more is needed. We must begin with a hard look at basic foster care data in order to assess the strengths and weaknesses of the system and to advocate for change. We must know how many children are presently in foster care and what their characteristics are as to age and ethnicity. We must know how long they remain in the system and what the case goals are for them.

We must know how many children come back into foster care after a permanent goal has been effected as well as the rate of movement from one foster home to another while in care. Information is needed to determine if siblings are placed in foster homes together and how often a foster child visits with his parents, siblings and caseworkers. All of this is basic data necessary to determine whether or not children in foster care are being adequately served.

We need to look at the factors that cause a child to come into foster care and that delay or prevent his re-unification in order to develop and direct services to meet those needs. If housing is a serious problem that both causes placement and prevents re-unification, as cited in several recent reports, then we as a community, not the Division alone, must begin to address this problem.

We must take a hard look at the services provided for all parties while the child is in foster care. The concept of permanency has been broadened beyond its initial narrow interpretation of permanency planning for children in placement for more than one year to the policy that permanency must be for the child on the day that he first becomes known to the agency. This policy is now in place but the question remains as to whether it is being translated into adequate, appropriate and timely

remains as to whether it is being translated into adequate, appropriate and timely services. An objective, in-depth assessment of the services provided to the foster care population is essential.

SOME QUESTIONS TO ASK

The adequacy and timeliness of services to natural parents to effect re-unification with children in foster care must be evaluated, Are caseworkers completing initial case assessments and setting reasonable, time-limited goals with parents through contracting and agreement? Are parents being supported to achieve these goals? Are visits with the child frequent and in appropriate settings? Is strong documentation being done by the caseworker so that if the goal has not been achieved within the specified period of time, planning can proceed for that child without the necessity of repeating those steps simply because they are not adequately documented in the case record?

The provision of services to foster parents must be assessed as well. This analysis must include not only concrete supports such as homemaker assistance, child care, etc. but also casework services to help the foster parents to understand and deal with the child's problems and to enable them to learn and grow in their role as foster parents. Retention of foster families is a key issue here. The motivation for foster parents to continue in the system is often dependent on the success or failure of their first placement in terms of Division support to them during that time.

→ Tangential to this issue is the need to take a look at the factors that cause movement of the child from one foster home to another. Are foster homes being shared and used appropriately? Has the Division's computer system resulted in statewide availability of foster homes so that a child can be immediately placed with an appropriate family and not placed in an interim foster home until a more suitable family is located for his particular needs? Have homes been developed so that siblings can stay together? Has the Division addressed the problems of overcrowding in foster homes and use of those foster homes which were evaluated and determined to be marginal?

And, perhaps most important, are services being provided to the foster child? Does he know why he is in foster care, what happened to his family and what the goals are for him? Does his worker keep him apprised of the progress of his case? Does he see his parents and siblings frequently and in appropriate settings? Does his caseworker know how he is doing in the foster home, what his relationships are and what his place is in the foster family? And are his immediate needs for special services such as therapy, health care, education, etc. being addressed so that foster care does not just become a helping place for him but a positive experience that he will take with him whether he returns home or is placed for adoption.

ISSUES FOR THE FUTURE

Preparation is also necessary for those problems which have been expressed in national research and experienced in other states. The sexual abuse of children in out-of-home placement has been reported nationally at an alarming rate. Although concrete data is not yet available, there is some evidence to suggest that more than 60% of children in out-of-home placement have been sexually abused. It is essential to note that this figure includes children sexually abused before they came into care as well as those abused in out-of-home placement, not necessarily by the caretaker but by other children or adults. Caseworkers and foster parents must know more about sexual abuse in order to care for the child.

Innovative initiatives in other states should also be explored both to identify those issues which apply in New Jersey as well as to give some direction to service delivery here. The use of specialized foster homes is an area of activity in other states which includes foster homes trained to accept children with severe or complex problems and risk foster homes who can accept children on a potential adoptive basis before the child is legally free. Policy on parental visitation can also be strengthened by a look at those states which have established specialized, incentive - based visitation programs. Some attention should also be directed to those states where legal suits, brought on behalf of foster children by concerned aggressive advocates, have resulted in detailed consent decrees which define appropriate casework practice in foster care.

In addition, we must continue to monitor the development of the policy that allows long-term foster care to be a legal status. The Division has drafted a careful, narrow proposal that allows long-term foster care as a permanent plan for some foster children. We must continue to insure that the safeguards which have been included are implemented so that long-term foster care remains an acceptable permanent plan for that small group of children who are appropriate for this status and does not become a goal for those children for whom the system has failed to achieve a permanent plan.

FOSTER CARE DATA NEEDED

The Division has reported significant data on both its abuse and adoption programs. Similar data has not yet been provided for the foster care system. Although the Division has undertaken some positive initiatives in foster care such as the implementation of a unified case recording system and use of quality assurance reviews, it is difficult to assess the effect of these initiatives without adequate, organized data about the foster care system.

In its advocacy role of monitoring children in foster care, ACNJ requested such data from the Division earlier this year. A limited portion of this data, primarily in abuse and adoption, was provided to us last month. We continue to believe, however, that such data is essential in any professional assessment of the foster care system. Attached as addendum I is a list of the basic data we believe is needed to evaluate the child welfare system.

Utilization of quality assurance reviews by the Division is a strong step in the right direction. They provide a needed element of accountability by giving district office managers, supervisors and caseworkers an assessment performance tool and by giving advocates such as ACNJ a public accountability measure. We must be clear, however, about the standards used for measurement. We must also be sure that all the elements of the system, not just a few indicators, are measured. In specific, future quality assurance reviews should measure services to foster parents and children as well as natural parents.

WE MUST ALL ADVOCATE FOR THE FOSTER CHILD

The Division has begun to look at these issues and has already put some of its policies in place. Now is the time to assess the translation of such policy into services. As child advocates, we must have a strong role not only in monitoring the foster care system but also in advocating for those changes and supports necessary both within the Division and in the community.

It is difficult not to be impatient. Foster children are an especially vulnerable population. It is possible for them to lose their voice in the system, to be forgotten because the issues are so complex and difficult, so intricately tied with the

problems of poverty as to seem insurmountable.

It is essential for the foster child that we guard against complacency or lack of urgency. We must not allow a return to the notion that the child in foster care is at least physically safe so that attention can be given to the more immediate needs of abuse or the more tangible results of adoption. We must remember and believe that safety is not enough for the foster child and that safety alone will never replace his need for a permanent, secure home.

A D D E N D U M I

FOSTER CHILDREN

- Average length of placement for children in foster care, by age and ethnicity.
- Average number of moves for children in out-of-home placement
- Number of children returning home from placement (% also), by age and ethnicity.
- Number (and %) of recidivism in foster care, by age and ethnicity
- Average number of visits with siblings per month.
- Average number of visits with parents per month.
- Number of children placed in foster homes apart from their siblings.

FOSTER HOMES

- Number of foster homes re-evaluated each year, number not retained.
- Who does evaluation?
- Use of support services for foster homes: specific services, frequency utilized and frequency request denied.
- Use of Emergency Crisis Fund for foster homes: specific services; frequency utilized and frequency requests denied.
- Number of referrals to Family Court for termination of parental rights.

RESIDENTIAL CARE

- Number of children under DYFS in residential care.
- Types of facilities, average length of placement, in state versus out-of-state.
- Number of referrals to Family Court for termination of parental rights.

BIOLOGICAL FAMILIES

- Types of services being offered to families and frequency types of services requested, frequency types of services denied.
- Use of Emergency Crisis Fund for families; and frequency utilized, frequency denied.
- Demographic data re: parents receiving services.

SOCIAL WORKERS

- Average caseload size per worker in each county, by foster care and protective service.

- Training of social workers: specific programs/average number per worker
- Number of identified permanency workers currently with DYFS
- Number of identified permanency workers with the agency 3 years ago
- Average number of caseload of permanency workers.

ADOPTION

- Number of children who experienced an adoption disruption
- Number of cases where parental rights were terminated
- Number of children awaiting adoption/demographic characteristics.
- Number of finalized adoptions.
- Number of children placed in adoptive homes.

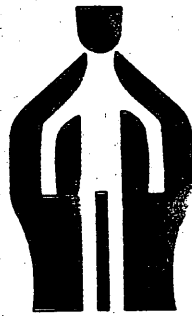
PLACEMENTS

- Reasons for placement (frequency).
- Number (and %) of voluntary placements
- Number (and %) of court ordered placements
- Number of Dodd Removals (and %).

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH AND FAMILY SERVICES**

**A Community Support System
For Children And Families:**

**A PLAN FOR IMPROVING
OUT-OF-HOME PLACEMENT ALTERNATIVES**



**new jersey
department of
HUMAN SERVICES**

APRIL 1985

**Thomas H. Kean, Governor
State of New Jersey**

**George J. Albanese, Commissioner
Department of Human Services**

ISSUES AND RECOMMENDATIONS

Larry J. Lockhart
Deputy Commissioner

Thomas Blatner, Director
DYFS Management Team

FOREWORD

One of the major recommendations of the Management Review of the Division of Youth and Family Services, which was released in October, 1982, was the revitalization of direct services within the Division. The revitalization would entail an extensive change in the approach and delivery of social services to youth and families in New Jersey. This change in the approach and delivery of services was first articulated in the Division's Mission Statement and Service Principles which focused on the provision of protective, supportive and preventive services to strengthen and preserve families. One particular service principle, the concept of a unified service system, was introduced as a means of attaining the needed change in the delivery of services. A unified service system entails the provision of services through a local service system which is organized around the service needs of the community with mutually agreed upon roles and responsibilities among the private and government operated service providers.

As a next step in conceptualizing a service delivery system, the Division conducted an intensive review of the foster care and adoption system in New Jersey. There was much public concern regarding children in foster care particularly because children were being removed from their own homes much too often and much too long with limited efforts directed towards reunification or permanency planning. The findings of this review were outlined in the report entitled "Foster Care and Adoption: A Commitment to Change" and the accompanying implementation plan. The recommendations contained in this report reinforced the provision of services to strengthen and preserve families in addition to promoting the need to deliver services which will prevent placement, reunite families and support foster and adoptive families.

Now, with this plan, the Division seeks to expand upon the recommendations set forth in the Foster Care and Adoption paper and to begin directing it's efforts toward the delivery of services to children in out-of-home placements with special emphasis on the approximately 1,300 children who are residing in out-of-home placements other than foster care. Currently, there is concern with the Division's overreliance on the use of residential treatment particularly for older children who cannot be maintained in their own homes and communities or in the more traditional foster care setting. Although residential treatment is an invaluable and essential service for many children it is expensive and children in residential placement are separated from their families and communities for long periods of time. In addition, there continues to be a number of children in residential placement who could be more appropriately served in less structured community based placements such as group homes or, more importantly, in their own homes if the proper resources and services were available in their local community.

In spite of the above factors, the development of community placement alternatives and support services to both prevent placement and reunite families has to a degree been ignored. Therefore, the major focus of this plan primarily concerns the expansion of both in-home and local family support services and secondarily the further development of community based placement alternatives for children.

This plan can be viewed as the final element in the Divisions's commitment to establish a unified service delivery or comprehensive community support system. The implementation of this plan is envisioned to take place over a five year period and will require appropriate fiscal support from the State Legislature.

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SECTION I: TOWARDS A COMMUNITY SUPPORT SYSTEM FOR CHILDREN

In June 1977, there were 11,824 children under the supervision of the Division of Youth and Family Services in out-of-home placements*. As of February 3, 1984, 8,802 children continued to be placed out-of-home. The most dramatic reductions have occurred in foster care (30.1%) and residential services (25.3%). Yet, too many children continue to be placed outside their homes, for too long, and with little hope for a more permanent family setting.

The problem of out-of-home placement for children was partially addressed by the Foster Care and Adoption Policy Paper, and the subsequent implementation plan released on January 3, 1984. This plan, an expansion of that effort, addresses the improvement of the family and community alternatives available to families of all children, particularly those who need a more structured service plan than that normally prescribed by foster care placements, e.g., residential services. This issue becomes more important as residential placements begin to increase (from 871 on January 1983, to 934 on January 1984) and demands for service placements increase through renewed efforts of other service systems (e.g., Family Court, see Appendix D).

This policy paper recommends a complete reassessment of the out-of-home, or substitute care, system for children, similar to that in the Foster Care and Adoption Policy Paper, based on the Mission Statement and Service Principles. Simply, does the current out-of-home placement system for children:

- (1) Ensure a commitment to family and community services with an emphasis on family stabilization and reunification, and services which:
 - (a) Include a sufficient variety of community and in-home services such as day treatment and general social services (e.g., day care and homemaker) to maintain, strengthen and reunite families (a survey conducted with District Offices in March 1984 indicates that 1,400 children, in placement or about to be placed, could remain in their own home or be reunited with their families if the appropriate in-home services were available).
 - (b) Reflect a community based orientation with easy access to family members and natural support systems (approximately 90% of the children in residential placements are placed out of their own counties).
 - (c) Meet the needs of children and families in the most appropriate and least restrictive setting (24% of children in residential care were recently identified as able to be served more appropriately in less restrictive in-home or community alternative programs, if they and appropriate community support services were available).
- (2) Provide an assessment service system which clearly and comprehensively identifies the needs of children and families, and ensures that service providers meet these needs.

*Figures exclude subsidized adoption.

- (3) Ensure that the needs of children and families are met through a variety of service alternatives, organized in a unified service system which clearly identifies the role of respective provider agencies.
- (4) Ensure that children receive the services they need through the availability of in-home and local community service programs.

A preliminary review of the substitute care system indicates that it does not reflect the Mission Statement and Service Principles. Most importantly it does not adequately reflect a commitment to family and community services with a focus on in-home services, and out-of-home placements which are community based. Further,

- (1) The substitute care system does not provide a framework for ensuring a comprehensive assessment of client needs and appropriate services;
- (2) The service system is not organized with a clear purpose and model of delivery for unified services;
- (3) A sufficient number of in-home services and community placement alternatives is not available to meet an increasing demand for services.

The following three sections and recommendations represent an effort to address these findings by:

- (1) Developing a client assessment approach, based on level of functioning, for children who may need out-of-home placements and their families;
- (2) Developing a clear purpose and service model for substitute care in a unified service system;
- (3) Developing adequate support services and less costly placement alternatives which are community based.

**SECTION II: ENSURING THAT THE NEEDS OF CHILDREN AND FAMILIES ARE PROPERLY
ADDRESSED: LEVEL OF FUNCTIONING**

Children are often placed in a particular out-of-home placement arrangement based upon the availability of that service or through the influence of the court or school system, rather than based upon a child and family's particular needs. This has been referred to as the "carousel approach"; i.e., if a placement vacancy emerges, "grab it." Further, when placements are recommended, these decisions are often based on behavioral characteristics of a child (e.g., fire-setting, substance abuse, etc.) and may ignore the family and community context. Typically, decisions concerning residential placements are based on diagnostic evaluations arranged through the school, social service or court systems. Although these evaluations are necessary and beneficial, they focus primarily on a child's behavior and do not consider the child's and family's skills and abilities (level of functioning). This absence of a level of functioning assessment increases the difficulty of determining the individual service needs of children and families and the most appropriate service setting. Further, a client assessment approach which focuses on individual negative behavior, may not recognize the positive characteristics which children and families often possess, utilization of which might prevent out-of-home placement or support a more appropriate community placement.

In order to ensure that out-of-home placement is only utilized by the service system when no in-home alternative is available or appropriate, and in the most suitable living arrangement, a level of functioning approach to client services must be developed to compliment traditional assessment practices. A level of functioning approach, first developed in other disciplines such as mental retardation and mental health, will:

- (1) Be used in conjunction with the new individual and family assessment process developed by the Division of Youth and Family Services so that a uniform decision-making and case assessment process will exist at the district office level. It is essential that district office procedures in regards to case assessment and decision making concerning the use of out-of-home placements be changed to reflect the Division's commitment to family and community services. Specifically this entails the provision of in-home support services to prevent placement or reunite families and the use of placement services which are community-based.
- (2) Address all areas of a child and family's functioning including:

- Social Relationship Abilities
- Personal Care Skills
- Educational History
- Physical Functioning
- Medical/Physical Conditions
- Emotional Stability
- Life Skills Assessment

In order to ensure that the needs of children and families are properly addressed, the Division, with input from out-of-home providers and the appropriate local systems, such as the Family Court, will:

RECOMMENDATION 1: DEVELOP A LEVEL OF FUNCTIONING INSTRUMENT FOR CHILDREN AND FAMILIES BY SEPTEMBER 1, 1985.

The second step in this process of incorporating level of functioning criteria into placement decisions will be to ensure that the service needs of children as identified by a level of functioning approach to client assessment are being properly met by state-operated and contract out-of-home placement providers; that is, to determine if the service needs of children correspond to the provision of services by different providers. As with client assessment, current eligibility criteria are behaviorally-oriented. In order to ensure the above:

RECOMMENDATION 2: THE DIVISION IN CONJUNCTION WITH THE NEW JERSEY ASSOCIATION OF CHILDREN'S RESIDENTIAL FACILITIES WILL DEVELOP SUGGESTED ELIGIBILITY CRITERIA FOR PLACEMENT PROVIDERS WHICH REFLECTS LEVEL OF FUNCTIONING BY DECEMBER 1, 1985.

In summary, although there is a variety of data to indicate the behavioral characteristics of children in placement (see next section), an instrument to assess the service needs of children and families, and the most appropriate services to meet these needs is not available. This vital information must be considered in placement decisions and in determining the most appropriate living arrangement when placement is necessary. The two recommendations above are intended to address this need.

SECTION III: PURPOSE AND SERVICE MODEL FOR SUBSTITUTE CARE

As stated earlier, there is no system or clear criteria for determining when substitute care, or out-of-home placement, is appropriate (that is, for what purpose) and which type of placement would best meet the needs of a particular child. In addition, placement decisions concerning DYFS clients are not always primarily based on the assessment made by Division workers but rather are influenced by other local systems such as the Family Court and Child Placement Review Boards. As indicated in Section II, a level of functioning approach must be developed to aid in service planning for children and families. Further, there must be a model of services for out-of-home placements which ensure that different providers are organized in a unified service system with clearly identified roles to meet the needs of children and families. However, the level of functioning instrument and the purpose and the service model for substitute care, the latter two which are explained below, need to be acknowledged by all the local systems which influence substitute care placement as the primary decision making tools regarding the use of substitute care. It is important to develop a uniform and mutually acceptable decision making process in order to better ensure the appropriate use of substitute care.

In attempting to develop a clear purpose for substitute care, one must identify the "problem" a particular service is trying to address. Many of the factors associated with out-of-home placements have been identified in several research reports. For example, the factors most frequently associated with residential placement are usually characterized in "behavioral" terms, that is: delinquency, educational and school difficulties, emotional problems and family dysfunction. The preliminary results of a survey conducted in conjunction with the New Jersey Association of Children's Residential Facilities indicate that among a large sample of the children in the more intensively structured residential programs (Type I facilities) 21% were involved in arson, 33.3% were destructive to property and 32.3% had exhibited assaultive behavior. In the less intensively structured residential programs (Type II facilities), 18.2% of the children in the sample exhibited assaultive behavior, 13.1% were involved in sexual deviant behavior and 14.1% with arson. In a survey of group home residents, the highest proportion abused drugs and alcohol, 23.4% and 20.5% respectively. (More extensive survey results are contained in the Client Characteristics Appendix A, page 18).

In regards to foster care, a soon to be released research study which analyzes foster care utilization in the Northern, Central and Southern Regions indicates that the five leading factors precipitating out-of-home placements are, in order of rank: movement from one placement to another (23.7%), incapacitated parent (16.9%), homeless living situation (13.9%), parent-youth conflict (12.7%) and physical abuse or risk (12.1%).

In reviewing the research studies, and talking to service providers, two principal reasons for the use of substitute care emerge: (1) the inability of the family and community support system to provide adequate care, shelter and nurturing; and/or (2) the inability of a child to successfully function (or "behave") in normal developmental institutions (school, family, etc.). Therefore, the Division will limit the use of substitute care to the following:

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RECOMMENDATION 3: OUT-OF-HOME PLACEMENT WILL BE USED SOLELY TO:

- o Provide a temporary alternative when no other living arrangement is available through the child's natural family and community, such situations would include:
 - a child being at risk due to abusive and/or neglectful parents;
 - the inability of the parent/s to adequately function due to drug and alcohol abuse or mental illness;
 - a runaway child who cannot return home due to a serious parent/child conflict.
 - a child whose parents have relinquished custody.
- o Improve serious level of functioning problems which prevent the child from remaining within his own home and/or community, for example:
 - a child who requires more intensive social services, supervision and structure than can be provided in his natural home due to a behavioral problem such as severe acting out or assaultive behavior;
 - a child who is in need of daily professional treatment or a remedial program in a structured setting.
- o Provide a permanent living arrangement for a child whose level of functioning precludes reunification with the family and community, for example:
 - an ill, handicapped or disabled child who requires life-long care.

This statement of purpose will be adopted along with a level functioning assessment and used by the Division in making appropriate out-of-home placement decisions.

Once the level of functioning scale is developed, and the purpose for out-of-home placement is adopted, the variety of service providers must be organized in a unified service system which ensures that out-of-home placement providers meet the needs of children and families. Naturally, these providers will have as their primary role the responsibility for providing and, when necessary, the developing of the appropriate services based upon the projected needs of a child and his/her family. The Division of Youth and Family Services is committed to working with local service providers, the Residential Providers Association, child welfare advocates and other local service systems, i.e. county welfare agencies to identify and develop the critical support services needed at the local level to meet these needs. A unified service system model for out-of-home placements must be developed. A proposed model is presented in this Section. This model:

- (1) assumes that out-of-home placements in most situations are the least desirable alternative, and that they must be seen in the context of utilizing other community based in-home services;

- (2) within the "purpose" of out-of-home placement:
 - (a) provides an alternative living arrangement for some period of time ("duration") until the family's level of functioning, is improved/or;
 - (b) provides a variety of services, which range in intensity from semi-structured to highly structured, to improve a child's level of functioning;
 - (c) provides a permanent living arrangement and services for extreme level of functioning problems.

The following briefly describes each of these placement types prescribed "purpose" in the model. Also included are proposed time limits for several of the placement types:

- 1) Emergency Shelter Facilities: these facilities provide shelter and food on a short-term basis in emergency situations, and may only be utilized as a temporary living arrangement.
- 2) Juvenile-Family in Crisis Shelters: these facilities provide shelter and food on a short-term basis for children who are charged or awaiting adjudication as status offenders or are charged as juvenile delinquents and who would otherwise be released if a suitable guardian was available.
- 3) Foster Homes: foster homes provide an alternative living arrangement for clients whose caretakers are unable or unwilling to provide appropriate care for them but who are able to function in a family setting. Foster care should only be utilized for the following:
 - Emergency Foster Care - parents are temporarily unable to provide care.
 - Intermediate Foster Care - family reunification is anticipated shortly or for a child awaiting adoption.
 - Long Term Foster Care - older child who cannot return home and adoption is not appropriate.
- 4) Independent Living: an alternative living arrangement for older adolescents in need of placement away from their own families but who possess adequate living skills to be somewhat self-sufficient with minimal adult supervision.
- 5) Supervised Transitional Living Programs: these facilities provide room and board and support services to adolescents who are preparing to live independently in the community. Adolescents residing in these programs must be able to function appropriately in a less restrictive environment with minimal adult supervision. An adolescent shall be prepared to live independently within one year.
- 6) Alternate Care Homes: these community placements have been designed as an alternative to an initial residential placement particularly for a child going directly from his own home to a residential program or as a transitional program for a child who has successfully completed

a residential program. Educational, therapeutic and support services are provided through the community. Not more than two years will be required to improve the child's level of functioning.

- 7) Group Homes: these facilities provide 24 hour per day care and treatment, primarily through the use of community providers, to clients. This service should be utilized when a child's needs cannot be met in their own or foster homes, because they need a more structured service program to improve their community level-of-functioning skills. A less structured living arrangement will be arranged for the child within eighteen months.
- 8) Teaching Family Homes: a network of these homes is operated by the Division and should serve clients with severe level of functioning problems and other special needs who can utilize community based services. Each home, which is a family like group setting, follows a highly structured behavior modification treatment model. Not more than two years will be required to improve a child's level of functioning with the exception of the autistic population many who will require a longer placement.
- 9) Private Residential Treatment Centers: these facilities provide 24 hour per day care and treatment, in primarily a self contained setting, for clients who have severe level of functioning problems in their own homes, schools or communities and require intensive services in a structured environment. Not more than two years will be required to improve the child's level of functioning with the exception of the more severely handicapped children many who will require a longer placement.
- 10) State-operated Residential Facilities: DYFS operates four facilities. These should only be utilized for the most severe level of functioning problem children, with highly restricted intake. The Division is pursuing JCAH accreditation (Joint Commission on the Accreditation of Hospitals) which may help to facilitate this recommendation. Not more than thirty months will be required to improve the child's level of functioning. However, the Woodbridge Diagnostic Center will remain a statewide resource for short term assessments.

Last, the attachment on the next page presents a schematic illustration of the "level of care" in the proposed model. This illustration diagrams where each of the placement types in the D.Y.F.S. substitute care program are positioned within the model in terms of the intensity of services provided and the duration of placement. These placement types are further illustrated on a Continuum of Care, which follows the schematic illustration.

The proposed service model and continuum of care is an attempt to organize and restructure the substitute care system so that it will be more responsive to the individual needs of children and families. However, for this to be successful, the Division must be able to better identify service needs and subsequently develop the most appropriate service settings. This identification of service needs and settings must be done in conjunction with private providers and child welfare advocates because of their knowledge of program needs and the services necessary to support these programs.

As previously mentioned, a level of functioning assessment tool, to be used in determining service needs, will be developed jointly by the Division and private providers with input from those systems which influence placement such as the Family Court. Furthermore, as a first step towards ensuring that the most appropriate service settings along with the related services are developed, it is important that the private providers, child welfare advocates, and representatives from the appropriate local systems work with the Division in refining the proposed service model and continuum of care. Therefore;

RECOMMENDATION 4: THE PROPOSED SERVICE MODEL AND CONTINUUM OF CARE SHOULD BE REVIEWED AND APPROVED BY THE PRIVATE PROVIDERS, CHILD WELFARE ADVOCATES AND REPRESENTATIVES FROM THE APPROPRIATE LOCAL SYSTEMS PRIOR TO ADOPTION.

Finally, the Division wishes to move towards a substitute care system which reflects a community based orientation. As can be seen in Appendix E, the substitute care system as it is currently structured results in many children being placed outside of their own counties and thus removed from familiar natural and community support systems. In particular, approximately 90% of the children in residential treatment centers and teaching family homes are placed outside of their own counties as well as approximately 50% of the group home population.

In order to restructure the substitute care system to reflect a community based orientation, each county will be required to have a continuum of care which includes all of those community placement alternatives, such as group homes and alternate care homes, which will be necessary to meet the needs of that particular county. Fiscally, it would be extremely expensive to develop a residential treatment system which is county based therefore; the Division will move towards a residential treatment system which is regionally based. This would entail providing residential treatment services to children within their own regions whenever possible. Each of the regional offices will be responsible for determining the service needs within their respective regions and working with the out-of-home placement providers and the appropriate Division staff in developing these services.

In summary, in order to restructure the substitute care system to better reflect a community based orientation the Division is proposing:

RECOMMENDATION 5: THE DEVELOPMENT OF A REGIONALLY CONTAINED SUBSTITUTE CARE SYSTEM THAT PROVIDES COMMUNITY PLACEMENT ALTERNATIVES WHICH ARE COUNTY BASED AND RESIDENTIAL TREATMENT SERVICES WHICH ARE REGIONALLY BASED. THE RESTRUCTURING AND ONGOING MANAGEMENT OF THIS SYSTEM WILL BE COORDINATED THROUGH THE REGIONAL OFFICES.

SUBSTITUTE CARE MODEL

DYFS SYSTEM

D U R A T I O N

SHORT (2 Days - 3 Months)

INTERMEDIATE (3 - 24 Months)

LONG (1 - 2.5 Years)

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LOW

- 1) Emergency Shelter
- 2) Foster Care

- 1) Foster Care
- 2) Independent Living
- 3) Alternate Care Home
- 4) Supervised Transitional Living Program

- 1) Foster Care

INTERMEDIATE

- 1) Juvenile- Family in Crisis Shelter

- 1) Group Home

- 1) Private Residential Center

HIGH

- 1) Emergency Reception and Child Diagnostic Center

- 1) Teaching Family Program

- 1) DYFS Operated Residential Center

SECURE

These types of facilities are contained within the Mental Health and Correctional Systems.

CONTINUUM OF CARE

DYFS SYSTEM

REGIONALLY CONTAINED

FOSTER CARE <--> INDEPENDENT LIVING <--> SHELTER CARE <--> TRANSITIONAL LIVING <--> ALTERNATE CARE HOME <--> GROUP HOME <--> TEACHING FAMILY <--> PRIVATE RESIDENTIAL CENTER <--> DYFS RESIDENTIAL CENTER

COUNTY BASED SERVICES

REGIONALLY BASED SERVICES

21X

SECTION IV: PROGRAM DEVELOPMENT: SERVICE NEEDS

On June 28, 1983, the Division of Youth and Family Services issued a final policy paper entitled "Foster Care and Adoption: A Commitment to Change." This paper highlighted a number of problems in the foster care and adoption system, including:

- o the need for a comprehensive family and community oriented assessment;
- o the inadequate availability of community based services and resources;
- o the unavailability of services in response to total family needs or a unified service system; and
- o the lack of responsiveness of the service system to youth, families, and communities.

This plan seeks to develop additional in-home and community support services which will facilitate the maintenance of families in their own communities and reunite families heretofore separated. Furthermore, this plan calls for the development of additional community-based placement alternatives for children which will serve primarily as alternatives to more restrictive and costly residential placements.

In addition to proposing the development of a level of functioning assessment tool to be used in determining individual and family service needs, the Division also reviewed the characteristics of children in out-of-home placements as a means of assisting the development and planning of community based services. In Appendix A, the age, sex and racial characteristics of the children in out-of-home placements are examined. The major findings of this examination are:

- o approximately 65% of the children in placement are minorities with 57.1% being black and 7.9% hispanic;
- o the percent of black children receiving residential care is significantly lower than for white children (approximately 30% black versus 61.5% white);
- o black children account for approximately 62.5% of foster placements compared to 26.1% for white children;
- o in terms of age distribution, approximately 42.5% of the children in placement are 13 years or older;
- o approximately 81.8% of the children in residential placement are 13 years or older;
- o slightly more males than females are in out-of-home placements with approximately 51.4% of this population being male;
- o in residential treatment, approximately 71.3% of the children are males.

Consideration of these characteristics assists us in identifying both the types of services and target groups for these services. For example, a review of the age characteristic reveals that a significant number (81.8%) of the children in residential placement are 13 years or older. This would indicate

a need to develop day treatment programs, self-help and employment services to ensure a smooth transition as this population returns home. This factor would also guide the development of community placement alternatives so that resources would be directed to accommodate those in this age group unable to return home. Therefore:

RECOMMENDATION 6: BOTH LEVEL OF FUNCTIONING AND CLIENT CHARACTERISTICS SHOULD BE CONSIDERED IN THE DEVELOPMENT AND PLANNING OF COMMUNITY SERVICES.

The Division found in a recent survey to assess client needs, which is explained below, that there is need for the expansion of programs for preventing out-of-home placements, support for the development of additional community placement alternatives, and services to children in placement and their families to enable these children to return home.

As mentioned in Section II, a first step in improving the system's responsiveness to the needs of families and communities, a level of functioning assessment instrument is being proposed.

In lieu of a uniform level of functioning assessment process, on March 1, 1984 informal surveys were conducted throughout the Division to indicate more specifically where service needs exist. Given the short time frame for these surveys, it is recognized that inconsistencies existed in the data collection instrument, as well as in its completion by different offices. However, based on the data gathered a number of concerns and subsequent conclusions, which are highlighted below, can be identified.

One of the most substantial needs identified was that of improved utilization and increased availability of day treatment services for children and families. Approximately 6% of children in foster care were identified as able to return home with day treatment services; of those children in their own homes with out of home placement as a consideration, 22% could remain in their own homes with day treatment services; and 10% of children in residential facilities were noted as able to be returned home with day treatment services (see page 17). These percentages represent approximately 660 children who could be returned home or remain in their own homes if day treatment services were available in their local community.

To further the maintenance of families in their communities, it is recommended that:

RECOMMENDATION 7: THE DEVELOPMENT OF NEW PROGRAMS PROVIDING DAY TREATMENT SERVICES, SUCH AS COUNSELING/PSYCHOTHERAPY, SPECIAL EDUCATION AND RECREATION IN A SUPERVISED SETTING, WILL BE PURSUED BEGINNING IN 1985. THESE PROGRAMS SHOULD ALSO INCLUDE COMPONENTS WHICH ADDRESS THE SERVICE NEEDS OF THE ENTIRE FAMILY SUCH AS FAMILY THERAPY, CRISIS INTERVENTION AND PARENTING SKILL TRAINING.

Based on survey results, this initiative should facilitate the return of children from residential and foster care to their own homes, freeing up residential slots for children with severe level-of-functioning problems. Moreover, additional community day treatment slots will enable children who

might otherwise enter substitute care to remain in their own homes.

A second issue in maintaining children in their own homes is the expansion of critical services for families in crisis. Recent studies indicate that one of the leading causes of foster care placement is a lack of adequate housing. Both the Division and the county welfare agencies provide emergency funds to assist families experiencing housing-related difficulties such as a shortage of food, clothing or house furnishings. Although these programs have been effective in preventing placement and reuniting families they can not address the critical issue involving the lack of adequate and affordable housing. While this problem extends beyond the scope of the Division, coordination efforts with housing and county welfare agencies will be expanded. Additionally, program models for family shelters will be developed.

Other critical services to families in crisis include: psychological/therapeutic, (especially for parents and/or children with alcohol and drug abuse problems and mental illness); health related, day care and homemaker services which provide more intensive and structured parenting skills training. The previously mentioned survey shows that the following numbers of children could remain in or return to their own homes with such services: approximately 170 (18%) of those children in their own homes who are being considered for out-of-home placement; approximately 540 (10%) of children in foster care, and approximately 60 (6%) of children in residential placement (see page 17). Therefore, in order to maintain and reunite families, it is recommended:

RECOMMENDATION 8: THAT FUNDING FOR PREVENTIVE/REUNIFICATION SERVICES FOR FAMILIES BE EXPANDED WITH A SPECIAL EMPHASIS ON PREVENTING OUT-OF-HOME PLACEMENT.

Again, expanding supportive as well as day treatment services will serve the dual purpose of facilitating the return of children to their own homes thus freeing more restrictive placement slots for children with greater level of functioning problems, as well as enabling children who might otherwise enter substitute care to remain with their own families. However, service planning and service provision directed towards family reunification should not begin as a child nears discharge from placement but rather should be an on-going process which begins at the time of placement and continues throughout a child's placement. When it is determined that family reunification is not possible then other permanency services such as the development of an adoptive or foster home should be pursued.

Along with safeguarding the maintenance of children in their own communities, steps must be taken to improve the adequacy of local community placement alternatives to residential care. Community placement alternatives must be available throughout the state, not only due to their less restrictive nature and lesser cost in comparison to residential placement, but also because allowing the child to remain in his community facilitates the involvement of the family in the service plan (as stated earlier approximately 90% of the children in residential are placed out-of-county). An individual, family, and community approach to services cannot be achieved until alternatives to more restrictive residential care are available in all communities. District Offices indicate that the following percentages of children could benefit from community alternative programs (e.g., group homes, teaching family and alternate care homes): Approximately 80 (8%) of the children currently in residential placements (although after an intensive review, one D.O. determined that 50% of their residential population could return home if adequate community alternatives

existed), approximately 200 (3%) of the children in foster care, and approximately 190 (20%) of the children in their own homes for whom out-of-home placement is being considered (see page 17). Similar results were obtained from a survey of DYFS residential facilities, and a shelter survey indicated a particular need for transitional living arrangements. Developing programs in response to these identified needs will afford more community based alternatives to children who might otherwise enter residential care. On July 1, 1984, 188 children were being served by group homes, 74 by teaching family homes, and 17 by alternate care. It is proposed that:

RECOMMENDATION 9: THE NEW THRUST TOWARDS COMMUNITY-BASED SERVICES BE REALIZED THROUGH THE DEVELOPMENT OF ADDITIONAL COMMUNITY PLACEMENT ALTERNATIVES.

These alternatives will include four group homes (especially transitional living arrangements which are facilities providing room and board and support services to adolescents who are preparing to live independently in the community; this has been identified as a particular need) serving twenty-four children, four teaching family homes for twenty autistic children, four other non-autistic teaching family homes for twenty-four children, and the development of an additional sixty to one hundred alternate care bed spaces. This will increase the number of community placement alternative slots from the current total of 340 to 508.

The current group home programs and the newer ones to be developed may be required to serve children with more severe level of functioning problems than they have traditionally served. Therefore, more intensive and structured services and supervision will be needed to maintain children in these programs. For example, these programs may require a day treatment component for those children needing more structured educational and therapeutic services than are available through the local school system. Joint program development and funding between the Division and the local school district could facilitate such an endeavor. The Division and the group home providers are also proposing the development of emergency crisis teams which would entail the availability of crisis intervention and support services by professional staff on a twenty-four hour basis. Therefore, it is recommended that:

RECOMMENDATION 10: DIVISION STAFF AND GROUP HOME PROVIDERS IDENTIFY THE PROGRAM EXPANSIONS AND IMPROVEMENTS WHICH WILL BE REQUIRED TO SUPPORT CHILDREN IN COMMUNITY BASED PLACEMENTS, PARTICULARLY GROUP HOMES.

It is anticipated that with the implementation of the preventive measures outlined above, the movement of children from residential placements will be facilitated. On July 31, 1984 the Division had 822 children in private residential placements. As community services are expanded, criteria for placement and retention of children in residential facilities will be made more stringent.

Through the expansion of prevention/reunification services and the tightening of residential placement and retention criteria, residential services should become optimally utilized without a significant increase in residential costs. It is a goal of the Division to contain residential utilization at the present level, restrict its use to children with critical needs and provide this service to individual children for shorter periods of time. However, the Division will

continue to maintain a residential treatment network for those children in the greatest need and for whom this placement setting is the most appropriate.

Development of community placement alternatives should be focused in those counties which must utilize a significant number of out-of-county placement resources due to a lack of in-county resources. For example, Essex County utilizes 18% of the non-foster care placements but has only 8.1% of the resources. Appendix E compares resource utilization with resource availability by county. Consideration must also be given to those counties which have higher numbers of children in residential placement. As indicated in the proximity study, also contained in Appendix E, over 90% of the residential placements are out of county therefore when it is appropriate to service these children in less structured community alternatives these placements must be available in their home counties. Therefore, based on a review of these factors it appears that;

RECOMMENDATION 11: INITIAL DEVELOPMENT OF COMMUNITY PLACEMENT ALTERNATIVES WOULD BE INDICATED IN HUDSON, ESSEX, UNION, PASSAIC, OCEAN, MIDDLESEX AND CAMDEN COUNTIES.

As part of the earlier proposed regionally contained residential system, it would be the responsibility of the regional offices to coordinate the development of the community placement alternatives in their respective regions with the placement providers and the appropriate Division staff. In addition, each regional office will have the responsibility of identifying local needs regarding day treatment and prevention/reunification services and subsequently working with local service providers in developing programming to meet these needs. The Human Service Advisory Councils, which have conducted needs assessments in each of the counties, will also be actively involved in this process.

The survey conducted indicated a related need to develop a more unified service delivery system with the Division of Mental Retardation (DMR) the Division of Mental Health and Hospitals (DMH&H) and the Department of Corrections. Although not included in this survey, there is also a need for both improving service delivery and case management coordination with local school districts and pursuing a joint program development effort with the Department of Education especially concerning day treatment programming (see Appendix D: Interagency Issues). In response to this need, interagency agreements similar to the agreement of cooperation negotiated between DYFS and DMR will be developed with the DMH&H and the Departments of Corrections and Education concerning case planning for mutual clients and their families. Such agreements should also facilitate a more responsive community support system.

This Division seeks, then, to move toward such a community support system by:

- o maintaining and reuniting families in their communities through the expansion of in-home and community support services,
- o developing an adequate array of community placement alternatives, and
- o supporting a quality residential service program for those most in need.

As the focus shifts from residential placement to preventive/reunification services, a comprehensive community support system can become more fully realized.

STATEWIDE SUMMARY OF NEEDED SERVICES VERSUS CURRENT SERVICES AS OF 3/1/84

CURRENT SERVICE

	CHILDREN IN FOSTER CARE	CHILDREN IN OWN HOME(A)	CHILDREN IN RESIDENTIAL	TOTAL CHILDREN	
N E E D E D	SUPPORTIVE SERVICES (B)	548	171	59	778
	DAY TREATMENT (B)	362	204	98	664
S E R V I C E	COMMUNITY PLACEMENT	204	197	88	489
	RESIDENTIAL	66	187	79	332
	OTHER DIVISIONS OR DEPARTMENTS	123	176	156	455
	TOTAL (C):	1,303	935	480	2,718

(A) Whose service plan indicates a need for out of home placement.

(B) These services would be provided to children residing in their own homes.

(C) Does not represent the total number of children in placement; only represents children who may be better served in another setting.

SHELTER FACILITY NEEDS SURVEY BY TYPE OF RESOURCE

AS OF 3/1/84

REGION	# OF SHELTERS SURVEYED (A)	SUPERVISED TRANSITIONAL LIVING	IN-PATIENT MENTAL HEALTH	GROUP HOME	FOSTER CARE	ALCOHOL TREATMENT	DMR FACILITY	RESIDENTIAL TREATMENT
Metropolitan	1	12	20	---	---	---	---	---
Northern (B)	3	(D)	5	15	17 (C)	---	---	6
Central	4	37	17	52	90	12	5	12
Southern	1	---	---	---	14	---	---	---
TOTAL:	9	49	42	67	121	12	5	18

- (A) In this survey, several shelter facility directors were asked to identify the types of resources which are needed to expedite the discharge of clients from their facilities.
- (B) One facility from this region identified the number of resources needed for the current population while the other eight facilities indicated the number of resources needed based on their annual population.
- (C) One facility from this region specifically indicated that 15 of these foster care homes are needed for Black children.
- (D) A need for supervised transitional living arrangements was indicated by one shelter from this region although no estimated number was given.

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CHILDREN IN DYFS OPERATED RESIDENTIAL CENTERS NEEDING ALTERNATIVE PLACEMENTS

AS OF 3/1/84

FACILITY	CURRENT PLACEMENTS	DAY TREATMENT	FOSTER CARE	GROUP HOMES	ALTERNATIVE CARE HOMES	TEACHING FAMILIES	TOTAL
Vineland	40	1	1	4	2	1	9
Ewing	39	---	6	---	4	---	10
TOTAL:	79	1	7	4	6	1	19

29X

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Superintendents of these two facilities were asked to review their respective current population to determine if there were any residents who could be more appropriately served in alternative placements.

APPENDIX A: CLIENT CHARACTERISTICS

CLIENT CHARACTERISTICS SUMMARY

According to Service Information System (SIS) data*, there were 8,481 children in substitute care as of 1/6/84. This figure includes the following living arrangements: foster care (including para foster care), residential treatment centers, both private and DYFS operated, teaching family homes, emergency shelter facilities, JINS shelters, group homes and independent living.

Of these 8,481 children in substitute care, 57.1% (4,843) are black, 7.9% (673) are Hispanic and 31.4% (2,666) are white. A small percent (3.6%) are categorized as "other." This breakdown reveals that the vast majority of children in substitute care (65%) are minorities.

In general, the percent of black children receiving residential care is significantly lower than for white children (30% black versus 61.5% white). Black children account for 62.5% of foster care placements, compared to 26.1% for white children.

In terms of age distribution, nearly half of the population, in all types of care 42.5% (3,601), is 13 years or older. In residential, teaching family home, and group home care this figure is 84.1% (1,002).

More males 51.4% (4,354) than females 45.2% (3,832) are in substitute care. In residential care the difference is much more significant in that males account for 71.3% of the residential center placements.

In summary, the population in all forms of substitute care is predominantly composed of minorities, but a significant variation occurs when type of placement is considered (over half of the children in residential care are white). Somewhat more males than females are in substitute care; however, this proportion increases to almost 71% when the placement type is residential. Approximately 73% of children in substitute care are school age and 43% are 13 years old or older.

The following charts #1, 2 and 3 highlight client characteristics by placement type while chart #4, which also follows, illustrates the number of children in each type of placement according to the county of charge. However, it should be noted, that each of the placements made by a particular district office are not necessarily located within the county. This situation is illustrated in Appendix E.

Tables 1, 3, 4 and 5 contain a portion of the preliminary results of a survey conducted by the Division in conjunction with the New Jersey Association of Children's Residential Facilities. The survey examines a large portion of the client populations in Type I residential facilities, which are highly structured programs, Type II residential facilities, which are less structured programs, and group homes. Table 1 specifically indicates in which facilities children who exhibit certain cost inducing characteristics such as arson, age (under 12), assaultive behavior and property destruction are placed. Cost inducing characteristics are those which increase the costs of facilities to maintain certain children.

Tables 3 and 4 illustrate the IQ ranges and Child Study Team classifications in each type of facility while Table 5 examines psychiatric labels. All of these tables are included because they provide a recent overview of several of the behavioral characteristics associated with residential and group home placement.

* This data only captures those children in placement by living arrangement and their characteristics which have been coded into the system. Therefore, all children in placement may not be included, in this sample. In addition, SIS codes are being changed to more accurately reflect placement type.

COMPARISON OF PLACEMENT TYPE BY SEX

CHART 1

DATE PREPARED: 2/2/84

DATA AS OF: 1/6/84

PLACEMENT TYPE	TOTAL #	TOTAL %	MALE #	MALE %	FEMALE #	FEMALE %	UNKNOWN #	UNKNOWN %
Juvenile Crisis Shelter	91	1.1%	57	62.6%	32	35.2%	2	2.2%
Emergency Shelter	133	1.6%	75	56.4%	57	42.9%	1	0.8%
Foster Care (Includes Para)	6,923	81.6%	3,335	48.2%	3,335	48.2%	253	3.7%
Independent Living	143	1.7%	73	51.0%	53	37.1%	17	11.9%
Group Home	214	2.5%	118	55.1%	94	43.9%	2	0.9%
Teaching Family	76	0.9%	54	71.1%	22	28.9%	0	0.0%
Private Residential: In-State	479	5.6%	362	75.6%	105	21.9%	12	2.5%
Out-of-State	278	3.3%	198	71.2%	75	27.0%	5	1.8%
Residential- DYFS	144	1.7%	82	56.9%	59	41.0%	3	2.1%
TOTAL:	8,481	100.0%	4,354	51.3%	3,832	45.2%	295	3.5%

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COMPARISON OF PLACEMENT TYPE BY AGE

CHART 2

DATE PREPARED: 2/2/84

DATA AS OF: 1/6/84

PLACEMENT TYPE	TOTAL # TOTAL %		UNDER 1		1 - 5		6 - 12		13 - 15		OVER 15	
	#	%	#	%	#	%	#	%	#	%	#	%
Juvenile Crisis Shelter	91	1.1%	0	0.0%	2	2.2%	13	14.3%	42	46.2%	34	37.4%
Emergency Shelter	133	1.6%	4	3.0%	19	14.3%	35	875.0%	42	31.6%	33	24.8%
Foster Care (Includes Para)	6,923	81.6%	276	4.0%	1,954	28.2%	2,384	34.4%	1,128	16.3%	1,181	17.1%
Independent Living	143	1.7%	1	0.7%	0	0.0%	3	2.1%	4	2.8%	135	94.4%
Group Home	214	2.5%	2	0.9%	0	0.0%	17	7.9%	75	35.0%	120	56.1%
Teaching Family	76	0.9%	0	0.0%	1	1.3%	5	6.6%	30	39.5%	40	52.6%
Private Residential:												
In-State	479	5.6%	2	0.4%	1	0.2%	124	25.9%	196	40.9%	156	32.6%
Out-of-State	278	3.3%	0	0.0%	0	0.0%	33	11.9%	92	33.1%	153	55.0%
Residential- DYFS	144	1.7%	0	0.0%	0	0.0%	4	2.8%	85	59.0%	55	38.2%
TOTAL:	8,481	100.0%	285	3.4%	1,977	23.3%	2,618	30.9%	1,694	20.0%	1,907	22.5%

X#E

CHART 3

COMPARISON OF PLACEMENT TYPE BY RACE

DATE PREPARED: 2/2/84

DATA AS OF: 1/6/84

PLACEMENT TYPE	TOTAL #	TOTAL %	WHITE #	WHITE %	BLACK #	BLACK %	HISP. #	HISP. %	OTHER & UNKNOWN #	OTHER & UNKNOWN %
Juvenile Crisis Shelter	91	1.1%	47	51.6%	31	34.1%	11	12.1%	2	2.2%
Emergency Shelter	133	1.6%	28	21.1%	80	60.2%	24	18.0%	1	0.8%
Foster Care (Includes Para)	6,923	81.6%	1,810	26.1%	4,327	62.5%	530	7.7%	256	3.7%
Independent Living	143	1.7%	63	44.1%	51	35.7%	12	8.4%	17	11.9%
Group Home	214	2.5%	123	57.5%	73	34.1%	16	7.5%	2	0.9%
Teaching Family	76	0.9%	41	53.9%	29	38.2%	6	7.9%	0	0.0%
Private Residential: In-State	479	5.6%	273	57.0%	158	33.0%	36	7.5%	12	2.5%
Out-of-State	278	3.3%	207	74.5%	42	15.1%	24	8.6%	5	1.8%
Residential- DYFS	144	1.7%	74	51.4%	52	36.1%	14	9.7%	4	2.8%
TOTAL:	8,481	100.0%	2,666	31.4%	4,843	57.1%	673	7.9%	299	3.5%

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Chart 4

CHILDREN RECEIVING PLACEMENT SERVICES BY COUNTY OF SUPERVISION

COUNTY OF SUPERVISION	FOSTER CARE	RESIDENTIAL	GROUP HOMES	SHELTERS	INDEPENDENT LIVING	TEACHING FAMILY	TOTAL
Atlantic	131	14	2	2	6	4	159
Bergen	139	70	32	34	3	2	280
Burlington	196	26	13	7	13	1	256
Camden	473	100	1	30	19	2	625
Cape May	66	13	0	5	3	2	89
Cumberland	170	19	3	5	1	5	203
Essex	1,983	135	22	151	20	20	2,331
Gloucester	125	46	10	10	3	3	197
Hudson	273	150	31	31	2	7	494
Hunterdon	24	7	0	5	0	2	38
Mercer	192	38	3	15	4	3	255
Middlesex	204	58	10	16	13	6	307
Monmouth	458	79	12	11	19	9	588
Morris	87	36	7	20	8	5	163
Ocean	220	44	0	15	9	1	289
Passaic	340	76	22	4	3	1	446
Salem	83	8	1	4	1	2	99
Somerset	40	21	5	14	9	3	92
Sussex	71	6	2	5	3	0	87
Union	327	74	10	74	4	5	494
Warren	60	13	4	10	1	2	90
Subtotal:	5,662	1,033	190	468	144	85	7,582
A.R.C.'s	1,125	30	8	7	1	11	1,182
Central Office	101	0	0	0	13	0	114
GRAND TOTAL:	6,888	1,063	198	475	158	96	8,878

(6/20/84)

TABLE 1

Percentage of Children Displaying
Cost Inducing Characteristics
Within Each Type of Facility

TYPE OF FACILITY	AGE*	ARSON	PROPERTY	DRUG ABUSE	ALCOHOL ABUSE	MEDICATION REGULAR	MEDICATION PSYCHOTROPIC	N of Cases, by TYPE
Type I	43.2%	21.0%	33.3%	9.2%	7.0%	1.8%	16.2%	(186)
Type II	30.8	14.4	8.2	4.5	2.7	1.8	13.5	(112)
Group Homes	6.4	2.6	0.0	23.4	20.5	5.1	1.3	(78)
Special Programs	37.8	0.0	17.1	0.0	0.0	15.8	36.8	(76)
	SUICIDE	HOMICIDE	THEFT	ASSAULT	RUNAWAY	SEXUAL DEVIANCE		
Type I	2.7	1.1	9.7	32.3	15.2	11.3		(186)
Type II	0.0	0.9	3.6	18.2	3.6	13.1		(112)
Group Homes	9.1	1.3	6.4	14.1	14.3	3.8		(78)
Special Programs	0.0	0.0	0.0	27.6	0.0	0.0		(76)

*Below Age Twelve

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TABLE 3

Comparison of Facility Types
on the IQ Variable
(per cent of cases
within each type)

IQ SCORE RANGE	TYPE I	TYPE II	GROUP HOMES	SPECIAL PROGRAMS	
Up to 69	13.9%	4.1%		70.0%	
70-80	18.2	20.6	12.0	2.9	
81-85	13.3	15.5	18.0		
86-99	30.3	28.9	36.0	5.7	
100-119	21.2	25.8	24.0		
Greater than 119	3.0	5.2	10.0		
Autistic				21.4	
N of Known Cases, Within Each Type:	165	97	50	70	382
MEAN IQ, standard dev.:	87.49, 17.75	92.23, 15.49	95.52, 13.40	52.83, 17.29	

TABLE 4

Comparison of Facility Types
on the Child Study Team Classification
Variable
(per cent of cases within each type)

CLASSIFICATION	TYPE I	TYPE II	GROUP HOMES	SPECIAL PROGRAMS	
None (incl. Autistic)	6.0%	7.7%	48.0%	25.7%	
Emotionally Disturbed	79.8	75.0	25.3	18.9	
Mentally Retarded			1.3	8.1	
Multiply Handicapped	13.7	9.6	10.7	44.6	
Neurologically Imp.		4.8		2.7	
Perceptually Imp.		1.0	13.3		
Socially Maladjusted		1.9			
Tested, Classification to be determined	0.5		1.3		
N of Known Cases Within Each Type:	183	104	75	74	436

TABLE 5

Comparison of Facility Types
on the Psychiatric Label Variable
(per cent of cases within each type)

PSYCHIATRIC LABEL	TYPE I	TYPE II	GROUP HOMES	SPECIAL PROGRAMS	
None	7.6%	14.9%	27.9%	28.6%	
Personality Disorders	2.5	8.5	9.8		
Adjustment Disorders	14.0	12.8	24.6		
Conduct Disorders	42.7	39.4	23.0	4.3	
Mental Retardation		1.1		11.4	
Schizoid Disorders	0.6			1.4	
Attention Deficits	5.1	8.5	1.6	1.4	
Developmental Disabilities	3.2	1.1		38.6	
Impulse Control Disorders	1.9				
Anxiety Disorders	1.3	2.1	1.6		
Other Disturbances of Childhood, Adolescence	12.1	4.3	3.3	10.0	
Depressive Neuroses	1.9	4.3	6.6		
All Others	7.1	3.0	1.6	4.3	
N of Known Cases, Within Each Type:	157	94	61	70	382

APPENDIX B: PROVIDER CHARACTERISTICS

Types of Substitute Care Providers:

Providers in the DYFS substitute care or out-of-placement system consist of shelter facilities, foster homes, group homes, alternate care homes, teaching family homes, supervised transitional living programs and residential treatment centers. The following summarizes each type of provider:

(1) Type of Program: Children's Shelter

- a) Description: These facilities provide temporary shelter care to children who are dependent, neglected, abused, abandoned or in need of emergency shelter care.
- b) Utilization: As of July 31, 1984, there are six children's shelter programs approved by the Division. The total number of beds contracted for are sixty-six. Regionally broken down, these numbers account for 35 beds in the Metro Region, 18 in the Southern Region and 13 in the Northern Region. In addition to the above six shelters, ten of the Juvenile-Family In Crisis shelters will serve this population. The total number of additional beds vary according to specific contractual arrangements or the availability of bed spaces.
- c) Cost: Five of the shelters are paid monthly board rates ranging from \$913 to \$1,610 while the remaining shelter has a cost reimbursement contract.

(2) Type of Program: Juvenile-Family In Crisis Shelter

- a) Description: Children who are charged or awaiting adjudication as status offenders or are charged as juvenile delinquents and who would otherwise be released if a suitable guardian was available can be placed in one of these shelter programs which provide room and board on a temporary basis.
- b) Utilization: There are eighteen of these shelter programs operated by the counties as of July 31, 1984. Gloucester and Cumberland Counties contract with two other county shelters for bed spaces, while Passaic County contracts with two private providers for shelter spaces.
- c) Cost: The Division reimburses the counties \$5.50 per day for D.Y.F.S. children residing in these shelter programs.

(3) Type of Program: Runaway Shelter

- a) Description: These facilities, which are "walk-in" shelters for runaways and juveniles in need of shelter, were created as part of the federal runaway program.

- b) Utilization: As of July 31, 1984 there are five of these shelter programs in New Jersey. These facilities provide a total of 45 beds for this purpose, 27 which are in the southern region, 12 in the central and 6 in the northern region.
- c) Cost: The Division partially finances four of these programs. The total cost to the Division is \$314,442 (Sept. 83 - Aug. 84).

(4) Type of Program: Foster Care

- a) Description: Foster homes provide temporary family care for five or fewer children normally under age eighteen.
- b) Utilization: According to data from PCIS, as of December, 1983, there are currently 3,672 DYFS foster and special un-related homes, 2,557 which are approved and meet regular foster care standards. The remaining 1,115 homes may either be approved for use for one particular child or not currently being used due to incomplete training or a abuse/neglect investigation.
- c) Cost: Foster parents are reimbursed for the costs related to caring for the child on a monthly basis. The amount paid is standardized, with variation according to the child's age and special need for care. The rates are:

Age in Years

Rate	5 and under	6-9	10-14	15 and over
Regular	\$176.	\$188.	\$208.	\$220.
Special	216.	228.	248.	260.
Special	251.	263.	283.	295.
Special	291.	303.	323.	335.

The costs are funded through state aid, with reimbursement for 50% of costs for 43% of the cases through Title IV-E of the Social Security Act. Children are covered by Medicaid or Code 65 Medical Services.

(5) Type of Program: Group Home

- a) Description: Group homes are facilities which provide 24 hour per day care and services for clients whose needs cannot be met in their own or foster homes, but who do not need a more structured or restricted placement. Group homes are typically small, not exceeding a population of twelve clients, and are usually located in family type dwellings. Group home residents utilize community educational, support and therapeutic services.
- b) Utilization: As of July 31, 1984, the Division is utilizing twenty-five group homes, two of which are state-operated.
- c) Cost: All but one of the New Jersey group homes are paid through a cost reimbursement contract. Monthly board rates for private group homes range from \$1,250 to \$1,400. The one

remaining N.J. group home has an individually negotiated contract while the group home providing respite care, during a client's vacation periods from a residential facility, is reimbursed through a supplement paid to that residential facility. The state operated group homes are funded out of state operations money. The average monthly costs per child in these group homes are \$1,010. (NOTE: This figure is based on 90% capacity and reflects all operational costs.) All group home residents have Medicaid coverage.

(6) Type of Program: Alternate Care Home

- a) Description: These community placements, which are private homes, have been designed as an alternative to an initial residential placement, particularly for children going directly from their own home to a residential placement. These facilities can also serve as a transitional program for children who have successfully completed a residential placement. Educational, therapeutic and support services are provided through the local community.
- b) Utilization: DYFS (as of July 31, 1984) has sixteen of these homes. An alternate care home normally serves two children. As of July 1, 1984 seventeen children were being served in these homes.
- c) Cost: Alternate care home parents are paid a monthly stipend out of state aid monies. The stipends amount to \$500 per child.

(7) Type of Program: Supervised Transitional Living Programs

- a) Description: These facilities provide room and board and support services to adolescents who are preparing to live independently in the community. Adolescents residing in these programs must be able to function appropriately in a less restrictive environment with minimal adult supervision. Adolescents in these programs rely primarily on the community for support services such as medical, educational, vocational and employment opportunities.
- b) Utilization: There are (as of July 31, 1984) five supervised transitional living programs approved for use by the Division. These programs provide a total of thirty-nine beds. As of July 3, 1984 twenty-two adolescents were being served.
- c) Cost: These five programs are paid through the use of various payment methods. Two programs have cost reimbursement contracts while the remaining three programs have monthly rates of \$639, \$821 and \$1,206.

(8) Type of Program: Teaching Family Home

- a) Description: The Division's Teaching Family Project operates a system of teaching family homes for D.Y.F.S. clients, with behavior problems and other special needs. Educational, therapeutic and support services are community-based.
- b) Utilization: The Division (as of July 31, 1984) operates nineteen teaching family homes, seven which are state operated group homes and twelve which are private homes. These homes are categorized into three areas based on the type of client which they service. These categories are emotionally disturbed, autistic and orthopedically handicapped. Of these nineteen homes, twelve are classified as emotionally disturbed, four autistic and two orthopedically handicapped. The four autistic and three of the emotionally disturbed homes comprise the seven state operated group homes. A private home typically serves four children while the autistic group homes have a capacity of five and the emotionally disturbed group homes a capacity of six. As of July 31, 1984 these programs were serving sixty-five children.
- c) Cost: The four state operated autistic homes cost an average of \$3,290 per month per child while the remaining three state operated group homes average \$1,605 per month per child. (Note: These figures are based on 100% capacity and reflect total operational costs such as staff, food, etc.) The private teaching family homes average \$1,190 per month per child. Residents in all the teaching family homes have Medicaid coverage.

(9) Type of Program: Residential Treatment Centers

- a) Description: A residential treatment center is defined as a facility which provides 24 hour per day care and services for clients who are unable to function in their own homes, schools or communities and cannot be served in a less restrictive setting. It is difficult to clearly indicate the general nature of the population that existing facilities serve due to specific behavioral-oriented admissions criteria that are used (see page 37). Therefore, the following information can only be presented in utilizing the terminology now used which is not specific in terms of level of functioning.

According to a Bureau of Licensing survey, the most common criteria for admission among D.Y.F.S. approved residential treatment centers is emotional disturbance. Of the seventy-one facilities, twenty-seven accept severely emotionally disturbed while forty-three accept mildly emotionally disturbed. The survey also indicates that there are fewer facilities which admit the more acute physical and behavioral disorders and conditions such as deafness, visual impairments, orthopedic handicaps, diabetes, suicidal and fire setting which may need specialized care. Also, as seen from the survey, a majority of the programs, fifty-three, serve a coeducational population while eleven admit only males and seven only females.

- b) Utilization (State-Operated): DYFS currently operates four residential treatment centers. 107 DYFS residents were in those facilities as of the end of July, 1984.
- c) Cost (State-Operated): The four D.Y.F.S. operated facilities are funded out of direct state funds. The average monthly costs per child in these facilities range from \$3,404 to \$4,007. (NOTE: These figures are based on the FY 1985 spending plan and include all the costs such as staff salaries, special services, food, etc). Educational programming for residents in these D.Y.F.S. operated programs is paid by the Department of Education.
- d) Utilization (Private In-State): D.Y.F.S. (as of July 31, 1984) contracts with twenty-six private residential programs located within New Jersey. The client populations of the great majority of in-state residential programs consist primarily of D.Y.F.S. placed residents. Only in rare occasions are children from other states admitted to these programs. At the end of July, 1984, 556 DYFS children were in private in-state residential programs. D.Y.F.S. also has two children placed in two different medical facilities. These placements are paid through Medicaid as are several placements in one of the above private programs.
- e) Cost (Private In-State): Monthly board rates for in-state programs are determined by a rate structure which is a matrix schedule designed to differentiate costs according to the seriousness of behaviors and conditions accepted by programs. Programs may receive multiple rates if they provide specialized services for different types of behaviors or conditions.

The following chart lists each of the program categories (behaviors or conditions) in the rate structure and the range of monthly costs:

<u>Category</u>	<u>Base Rate Per Month Per Child</u>	<u>Maximum Rate Per Month Per Child</u>
1) Autistic	\$2,150	\$2,450
2) Multi-Handicapped	\$1,500	\$1,800
3) Physically Handicapped	\$1,475	\$1,775
4) Type I Behavior Disorder	\$1,900	\$2,200
5) Type II Behavior Disorder	\$1,275	\$1,575

In addition to monthly board rates from D.Y.F.S., these programs receive funding from the Department of Education for educational costs. Tuition rates range from a low of \$590 per month for chronically ill to a high of \$1,144 per month for visually handicapped.

- f) Utilization (Out-of-State): The Division (as of July 31, 1984) contracts with thirty-seven out-of-state residential programs. The utilization rates for individual out-of-state programs are

much lower because D.Y.F.S. placements represent a small portion of the total client population of these facilities. At the end of July, 1984, 309 DYFS children were in out-of-state residential programs.

- g) Cost (Out-of-State): The monthly rates for out-of-state programs are individually negotiated and reflect either a privately established rate or one which is charged to their home state residents. Many of these programs receive additional funding from D.Y.F.S. in the form of monthly educational supplements.

Monthly board rates for out-of-state programs range from \$774 to \$3,090 per month, with the median cost being \$1,545, while educational supplements range from \$283 to \$3,331 per month. Monthly board rates for in and out-of-state programs are comparable; however, many of the out-of-state programs are more expensive due to the educational supplements paid by the Division. All children in residential placement either in or out-of-state have Medicaid coverage.

The following chart captures the number of out-of-state facilities and DYFS placements within various monthly board rates:

Out-of-State Residential Treatment Center*

Monthly board rates (excluding ed. supplements)	Number of facilities & percent	Number of DYFS children & percent
\$ 0 - 500	4 (10.2%)	12 (4.0%)
\$ 500 - 1,000	3 (7.7%)	8 (2.7%)
\$ 1,000 - 1,500	9 (23.1%)	71 (23.8%)
\$ 1,500 - 2,000	15 (38.5%)	159 (53.3%)
\$ 2,000 - 2,500	5 (12.8%)	41 (13.7%)
\$ 2,500 & Up	3 (7.7%)	7 (2.3%)

* Data from the May, 1984 Residential Child Care Facilities Report.

INTAKE CRITERIA FOR ADMISSION OF CHILDREN IN DYFS-APPROVED RESIDENTIAL CHILD CARE FACILITIES

-----FACILITIES-----

	Resident. Child Care (70)	Group Homes (25)	Teach. Family Homes (20)	Supervised Transitional Living Homes (4)	Total (119)
Intake Criteria					
Males	10	13	7	1	31
Females	7	7	5	2	21
Coed	53	5	8	1	67
Ages 10 and below	38	6	5	0	49
Ages 11 to 15	64	22	20	0	106
Ages 15 to 18	61	24	20	4	109
Below Average IQ	25	1	2	0	28
Average IQ	27	5	12	4	48
Above Average IQ	18	5	9	4	36
Emotionally Disturbed (Mild)	42	19	14	2	77
Emotionally Disturbed (Severe)	27	1	0	1	29
Multiply Handicapped	18	1	1	0	20
Neurologically Impaired	20	2	1	0	23
Orthopedically Handicapped	5	1	2	0	8
Perceptually Handicapped	8	1	0	0	9
Socially Maladjusted	16	11	11	2	40
Visually Impaired	6	1	0	0	7
Auditory Handicapped	12	1	0	0	13
Non-Ambulatory	19	0	0	0	19
Adjudicated Delinquent	11	7	3	2	23
Drug/Alcohol Addiction	4	1	0	0	5
Controlled Epilepsy	7	3	0	1	11
Enuretic	2	1	3	1	7
Fire setting (within past 2 years)	4	1	0	0	5
Fire setting (more than 2 years)	5	1	0	1	7
Suicidal	6	7	1	1	15
Psychotic	11	4	0	0	15
Overt Homosexuality	4	2	0	0	6
Diabetic	2	1	0	1	4
Pregnant	5	0	0	1	6
Deaf	4	0	0	0	4
Autistic	12	0	4	0	16
Supervised Independent Living	1	1	0	4	6
Schizophrenic	15	0	0	0	15
Communication Handicapped	8	1	0	0	9
Family Dysfunction	10	1	0	0	11

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ESTIMATED MONTHLY COSTS
OUT OF HOME PLACEMENTS

TYPE OF PLACEMENT	ESTIMATED MONTHLY COST(1) PER CHILD
Juvenile- Family in Crisis	\$165 (2)
Foster Care	200
Alternate Care Home	500
Runaway Shelter	880 (3)
Supervised Transitional Living	890 (4)
Group Home (State Operated)	1,010 (5)
Childrens Shelter	1,110
Group Home (Private)	1,325
Teaching Family	
Autistic Group Home	3,290 (6)
Group Home (Emotionally Disturbed)	1,605 (6)
Private Home	1,190
Residential	
Private (In State)	2,450 (7)
Private (Out of State)	2,510 (8)
State Operated	3,800 (9)

- (1) These figures are averages, individual program costs could be higher or lower than these averages. Medical costs are excluded.
- (2) Assumes child is placed for 30 days at \$5.50 per diem, which DYFS reimburses the county.
- (3) Based on the funding which DYFS provides these programs.
- (4) Reflects the average of the three programs which have monthly board rates. The remaining two programs have cost reimbursement contracts.
- (5) Based on 90% of capacity and total operating cost.
- (6) Based on 100% of capacity and total operating cost.
- (7) Includes estimated monthly educational costs paid through the Department of Education. Title XIX reimbursement for JCAH approved programs is excluded.
- (8) Includes estimated monthly educational costs paid through the Dept. of Education plus a monthly estimate of the educational supplements paid by DYFS. Not all of these programs receive educational supplements yet these costs were included when calculating the average by spreading them over all of the out-of-state programs. Title XIX reimbursement for JCAH approved programs is excluded.
- (9) Based on total operational costs of these programs as indicated in the FY 1985 Spending Plan.

APPENDIX C: FISCAL SUMMARY

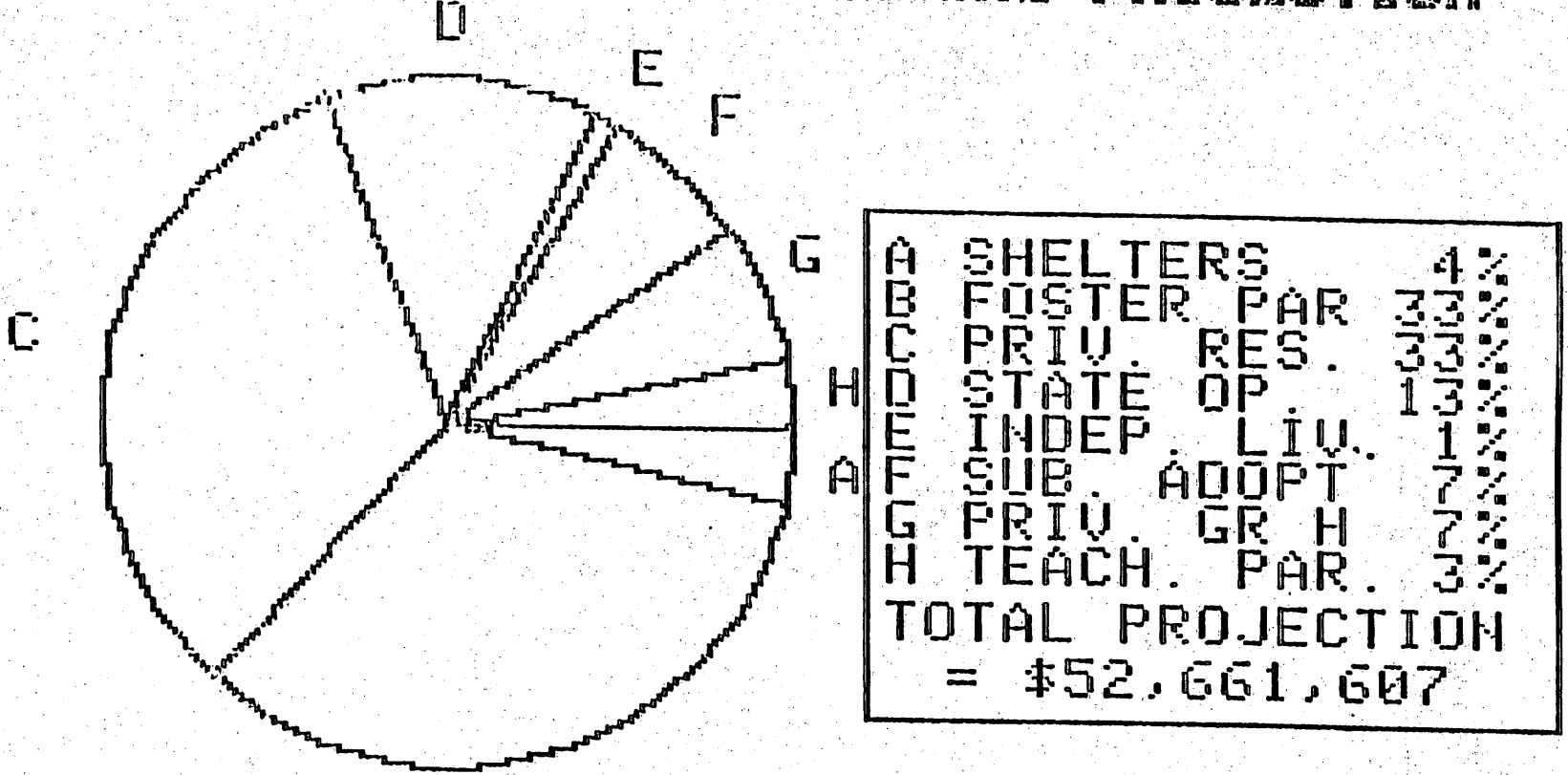
FISCAL SUMMARY

During FY 1984 the DYFS Spending Plan allocated Substitute Care funds by service type. The plan received the Commissioner's approval in October, 1983 and was the basis for the DYFS FY 1985 Budget request. The Substitute Care Financial Summary compares the FY 1984 Spending Plan projections with the Executive FY 1985 Budget Recommendation amounts. Please note that the FY 1985 Recommendation has been adjusted two ways: (1) All funds have been included. Since the focus of the Executive Budget is to appropriate net State funds, it may be difficult to relate the Substitute care Financial Summary to the Executive Budget; and (2) Both State Operations and State Aid Budgets were combined for clarity of the Substitute Care funding complement.

In February, 1984, the Division submitted its mid-year Spending Plan Analysis to the Department of Human Services. This document examines the first six months of the fiscal year (July 1 - December 31, 1983) and analyzes the differences between actual spending and the approved spending plan. The mid-year spending projections have been displayed both as a table and a pie chart to show what proportion of funds are spent on the various Substitute Care services. Please note that for clarity, the pie chart combines all shelters (JINS and Other Children's) and includes Alternative Care in the Teaching Parent percentage. This pie chart and table indicates that:

- o \$52.6 million is the total projected spending in FY 1984 for substitute care;
- o \$24.1 million (46%) of the projected spending is for residential treatment which involves only 12% of the children in out-of-home placements;
- o \$17.3 million (33.%) of the project spending is for foster care which involves 77% of the children in out-of-home placements.

QUANTITATIVE CARE EXPENDING PROJECTION



A	SHELTERS	42%
B	FOSTER	18%
C	PRIV. OPER.	12%
D	STATE	8%
E	INDEP.	5%
F	SUB. ADOPT.	3%
G	PRIV. GR. H.	2%
H	TEACH. PAR.	2%
TOTAL PROJECTION		
= \$52,661,607		

FOR FY 1984

PER FY 1984 DYFS MID-YEAR ANALYSIS

SIX

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SUBSTITUTE CARE FINANCIAL SUMMARY

DATE PREPARED:

3/8/84

SERVICE	FY 1984 ORIGINAL SPENDING PROJECTION	FY 1985 RECOMMENDED BUDGET	NET INCREASE (DECREASE) \$	NET INCREASE (DECREASE) %
JINS Shelters	\$124,816	\$124,816	\$0	0.00%
Other Children's Shelters	1,574,041	1,574,041	0	0.00%
Foster Care	19,269,171	19,269,171	0	0.00%
Private Residential	14,532,895	15,844,283	1,311,388	9.02%
State Operated Facilities	6,632,268	6,863,350	231,082	3.48%
Independent Living	597,461	615,385	17,924	3.00%
Subsidized Adoption	3,845,981	4,188,672	342,691	8.91%
Private Group Homes	2,518,290	3,593,839	1,075,549	42.71%
Teaching Parents	1,014,360	1,914,360	900,000	88.73%
Alternative Care	0	400,000	400,000	-----
TOTAL:	\$50,109,283 =====	\$54,387,917 =====	\$4,278,634 =====	8.54% =====

FY 1984 SPENDING PROJECTION FOR SUBSTITUTE CARE PER MID-YEAR ANALYSIS

SERVICE	SPENDING PROJECTION	% OF SUBSTITUTE CARE
JINS Shelters	\$124,816	0.24%
Other Children's Shelters	1,814,000	3.44%
Foster Care	17,292,933	32.84%
Private Residential	17,307,234	32.86%
State Operated Facilities	6,799,000	12.91%
Independent Living	585,000	1.11%
Subsidized Adoption	3,575,926	6.79%
Private Group Homes	3,463,676	6.58%
Teaching Parents	1,579,022	3.00%
Alternative Care	120,000	0.23%
TOTAL:	<u>\$52,661,607</u>	<u>100.00%</u>

APPENDIX D: INTERAGENCY ISSUES
AND
THE IMPACT OF THE FAMILY COURT

Interagency Issues

In addition to D.Y.F.S., the major child placement agencies include the Divisions of Mental Health and Hospitals and Mental Retardation and the Department of Corrections.

Although these systems encompass a variety of substitute care resources, many clients may be unable to be appropriately serviced due to the inability of clients to access services across agency lines. As a result, clients may be inappropriately placed within a particular agency's system even though a more appropriate placement or service is available within another agency's system.

Interdivisional issues, concerning the delivery of substitute care services which must be addressed include:

- 1) A coordinated case management and decision making process does not exist.
- 2) A sufficient number of specialized community care resources for multi-problem children are needed. For example, specialized transitional programs for children leaving psychiatric facilities and residential treatment centers are needed especially for clients approaching age 18.
- 3) Coordinated service planning is difficult due to different geographic boundaries (catchment areas) and administrative structures.

The various substitute care resources available through all the above agencies will be organized into a unified service system in order to insure that all those clients in need of substitute care will receive appropriate substitute care services in an expeditious manner. Interagency agreements will be pursued or existing ones refined to assure:

- 1) There shall be coordinated case management among the various agencies in addition to the establishment of service referral and follow-up procedures. Such procedures have been developed between DYFS and DMR. Decision making will be localized.
- 2) The development of appropriate resources which are sufficient in number and adequately funded shall be clearly identified among all the involved agencies. Resources shall be periodically reassessed in order to make appropriate adjustments as client needs and target populations change.
- 3) Coterminous regions among DMR, DYFS and DMH&H shall be established with lines of administrative problem identification and resolution clearly identified.
- 4) A special task force consisting of DYFS and Department of Corrections staff shall be convened in order to address the needs of children in detention centers and those nearing discharge from correctional facilities (especially from Skillman).

In addition to addressing the above interagency issues regarding the other child placement agencies, the Division must also improve case management and service delivery coordination between DYFS, the Department of Education and local school districts. As stated earlier in this plan, the major requirement for maintaining children in their own homes or community placement alternatives is to ensure that there are adequate in-home and community support services available to meet the needs of a particular child and his/her family.

One of these essential community services is educational programming which for many children will need to take the form of alternative day school or day treatment programs. However, due to both the lack of case coordination between DYFS and local school districts and program availability, many children are placed in residential treatment centers where they can receive the structured educational and support services they need. In several cases placement in more restrictive settings could be prevented through coordinated service delivery with DYFS arranging the essential in-home support services or a community placement and the local school district providing the educational programming through referrals to private or regional day school or day treatment programs. In regards to day treatment, there is currently no joint or coordinated effort concerning program development and funding. Ideally, the Division would fund the therapeutic and supportive program components while the Department of Education would fund the appropriate educational services. However, such a comprehensive and cooperative effort is lacking. In many cases, existing educational facilities could be utilized in order to minimize or eliminate capital costs.

Therefore, in order to address the above issues, the Division is proposing:

- 1) The improvement of service delivery coordination which can be addressed through interactions between district offices and local school districts and;
- 2) A joint program development effort between the Department of Education and DYFS regarding day treatment programming. An example of such an effort would be the Extended Day Program in Essex County which is a joint initiative between the Division and the Department of Education. This program provides intensive support services to emotionally handicapped children in order to reduce the dropout rate and the need for residential placement.

Finally, the Division must expand it's coordination efforts with housing and county welfare agencies regarding the provision of services to families experiencing a housing crisis. As mentioned in Section IV, the Division many times must arrange a temporary placement for the children until the crisis is resolved.

IMPACT OF THE FAMILY COURT

In July, 1982 the County Juvenile and Domestic Relations Court system was abolished and the Family Division of the Superior Court was created in its place. The legislation which established the Family Court views juvenile offenses as a family problem and seeks the utilization of a comprehensive service system to address the needs of children and families. The Division of Youth and Family Services has been designated as one of the primary service resources for the Family Court System. Due to this designation, the service demands on the Division have increased substantially especially in the area of out-of-home placement services. For example, residential and group home

placements have increased by over 100 children during the last two years. Many Division staff believe that much of this increase can be attributed directly to the Family Courts.

The provision of out-of-home placement services such as, group care and residential treatment have become crucial because the Family Court System relies on these resources as alternatives to incarceration for less serious juvenile offenders. These types of court dispositions which are mandated by the Family Court Legislation has placed a great strain on the Division's out-of-home placement resources. Furthermore, Family Court staff throughout the state have revealed that there are many children in shelter facilities awaiting placement and other children in need of alternative placements but who are being incarcerated or going unserved. Therefore, if the Division is to meet the current and future service demands of the Family Court then additional out-of-home placement resources must be developed. However, the increased demand for out-of-home placement resources is not only associated with the Family Court's desire to utilize less restrictive placement options but is also the direct result of the lack of community based services available as alternatives to placement or incarceration. The Department of Human Services, through monitoring reports, has indicated that there are statewide gaps in specific services such as specialized mental health programs for juvenile offenders, community programs for drug and alcohol abusers and day treatment programs.

As can be seen, the expansion of community-based services, such as day treatment, is as essential as the development of additional out-of-home placement resources in meeting the service demands of the Family Court. Therefore, the expansion of resources outlined in this plan take on greater significance. Specifically, the program development proposed will provide both additional community placement alternatives and community support services aimed at stabilizing families and thus preventing the need for placement. In addition, it is a goal of the Division that these services be utilized in order to facilitate the return of children to their communities and/or families and thus increasing the availability of placement resources. However as the service demands of the Family Court continue to increase it may be necessary to develop additional placement resources especially residential treatment for those children with more critical service needs.

APPENDIX E: PROXIMITY ANALYSIS

Proximity Analysis

This appendix provides information which can be utilized in examining the proximity of children in placement to their own communities (primarily their own counties). Analyzing this information is an important step in determining where resource development should be directed in order to ensure an out-of-home placement system which is community-based. This information consists of a proximity analysis, location analysis, two comparisons of resource utilization with resource availability and a breakdown of the children receiving placement services by county of supervision.

Information Services compiled a report which compares the "Office of Family Supervision" to the county, region, or state in which a child in a substitute care placement resides. The "Office of Family Supervision" is the district office which supervises the family but which is not necessarily the child's office of supervision. This report, which includes a sample of the children in foster care (including para foster), emergency and juvenile-family in crisis shelters, independent living, group home, teaching family, and both private and DYFS operated residential treatment centers, was requested in order to analyze the proximity of children in these placements to their own communities.

There are several limitations to this report in that it does not include children in public institutions (such as correctional facilities), children for whom an ARC is the family office of supervision or those under dual supervision with an ARC. Also excluded were the unaccompanied minors in the Indo-Chinese program, supervised by Central Office. In addition, a number of children were not included due to faulty data which includes conflicts between living arrangement codes and service codes or information which was not entered appropriately.

As a result of the above limitations, the report on page 50, only captures 71.2% of the children in substitute care placements. Therefore, due to the exclusion of the remaining 28.8% of the children the data which is presented may be distorted. For example, the data concerning Hudson County, which relies on other counties for foster care, illustrates that 82.7% of their children in foster care are placed within the county. However, at least 102 children were missing from the sample who if included may more accurately reflect the situation in Hudson County. Several of the conclusions which can be drawn from this report are that:

- o approximately 90% of the children in residential treatment are placed outside of their counties while 60%-70% are placed out of their regions;
- o it is estimated that 50% of the group home placements are in-county while 70% are in-region;
- o approximately 89% of the teaching family placements are out-of-county while 63% are out-of-region;
- o about 93% of the foster placements are in-county.

The location analysis on page 51 identifies the number of placement resources in each county by placement type while the chart on page 52 looks at

the number of children from each individual county being serviced in each of these placement types. The last two charts on pages 53 and 54 compare the resource utilization of each county with their resource availability. The first chart focuses primarily on foster care while the remaining placements are included on the second chart. Several of the highlights of these two charts are:

- o 29% of the foster care placements are in Essex County;
- o Essex County accounts for 18% of the non-foster care placements but only has 8.1% of the resources;
- o Hudson County accounts for 12% of the non-foster care placements but only has 6.1% of the resources;
- o Somerset County accounts for only 2% of these placements yet has nearly 10% of the resources.

PROXIMITY OF PLACEMENT TO OFFICE OF FAMILY SUPERVISION

DATA AS OF 2/3/84

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SERVICE	SAME COUNTY	SAME REGION OTHER COUNTY	TOTAL SAME REGION	OTHER REGION IN STATE	OUT OF STATE	TOTAL OTHER REGION
Emergency Shelter	90.78%	4.61%	95.39%	3.19%	1.42%	4.61%
Family Crisis Shelter	96.20%	1.27%	97.47%	2.53%	0.00%	2.53%
Foster Care	92.87%	3.04%	95.91%	1.80%	2.21%	4.09%
Independent Living	90.70%	5.43%	96.12%	3.10%	0.78%	3.88%
Group Home	49.40%	19.64%	69.05%	28.57%	2.38%	30.95%
Teaching Family	10.77%	26.15%	36.92%	63.08%	0.00%	63.08%
Residential Centers	9.60%	18.24%	27.84%	29.70%	30.30%	60.00%

**LOCATION ANALYSIS
IN-STATE PLACEMENT RESOURCES**

COUNTY OF SUPERVISION	FOSTER CARE BEDS(1)	RESIDENTIAL BEDS (2)	GROUP HOME BEDS	SHELTER BEDS	TRANSITIONAL LIVING BEDS	TEACHING FAMILY BEDS(3)	ALTERNATE CARE BEDS	TOTAL
Atlantic	290	0	0	24	0	8	0	322
Bergen	234	48	52	25	6	0	0	365
Burlington	417	45	11	14	8	7	2	504
Camden	632	25	17	43	0	0	1	718
Cape May	160	0	0	12	0	4	0	176
Cumberland	265	69	6	0	0	12	12	364
Essex	1,481	50	32	34	6	0	0	1,603
Gloucester	157	1	12	10	12	4	6	202
Hudson	293	43	24	25	0	0	0	385
Hunterdon	55	0	0	12	0	5	2	74
Mercer	325	80	10	24	0	5	0	444
Middlesex	294	42	12	12	0	0	0	360
Monmouth	622	48	42	14	0	13	5	744
Morris	211	32	8	22	0	6	0	279
Ocean	449	1	8	11	0	0	2	471
Passaic	396	52	8	20	6	0	1	483
Salem	119	48	0	12	0	4	0	183
Somerset	71	127	0	18	0	0	0	216
Sussex	99	0	0	7	0	0	0	106
Union	434	0	12	24	0	6	0	476
Warren	79	26	0	3	0	0	0	108
TOTAL	7,083	737	254	366	38	74	31	8,583

(1) Includes homes which are approved and meet agency standards as well as those approved only for use by a particular child. Also included are homes which may not be currently in use due to an abuse/neglect investigation or incomplete foster parent training.

(2) Only the number of DYFS placements (as opposed to capacity) were included for restricted intake facilities and those facilities serving a specialized population such as mentally retarded and physically handicapped. Restricted intake facilities serve a limited number of DYFS clients.

(3) The Cedar Grove Teaching Family community was included with the residential bed count.

DATA SOURCES :

PCIS File 12/2/83

Residential Child Care Facilities Report 5/84

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CHILDREN RECEIVING PLACEMENT SERVICES BY COUNTY OF SUPERVISION

COUNTY OF SUPERVISION	FOSTER CARE	RESIDENTIAL	GROUP HOMES	SHIELTERS	TRANSITIONAL LIVING	TEACHING FAMILY	ALTERNATE CARE	TOTAL
Atlantic	131	14	2	2	2	4	0	155
Bergen	139	70	32	34	1	2	1	279
Burlington	196	26	13	7	0	1	0	243
Camden	473	100	1	30	1	2	0	607
Cape May	66	13	0	5	1	2	0	87
Cumberland	170	19	3	5	0	5	2	204
Essex	1,933	135	22	151	5	20	2	2,318
Gloucester	125	46	10	10	2	3	0	196
Hudson	273	150	31	31	0	7	2	494
Hunterdon	24	7	0	5	0	2	0	38
Mercer	192	38	3	15	0	3	1	252
Middlesex	264	58	10	16	0	6	2	296
Monmouth	438	79	12	11	0	9	0	569
Morris	37	36	7	20	0	5	0	155
Ocean	220	44	0	15	0	1	2	282
Passaic	340	76	22	4	3	1	0	446
Salem	33	8	1	4	2	2	0	100
Somerset	40	21	5	14	8	3	0	91
Sussex	71	6	2	5	0	0	0	84
Union	327	74	10	74	0	5	0	490
Warren	60	13	4	10	0	2	1	90
Subtotal:	5,662	1,033	190	468	25	85	13	7,476
Central Office	162	0	0	0	0	0	0	162
A.R.C.'s	1,125	30	8	7	0	11	3	1,184
GRAND TOTAL:	6,809	1,063	198	475	25	96	16	8,762

DATA SOURCES :
 "Service Active/Children In Placement Report"
 SLS Report 136 June 4, 1934

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COMPARISON OF RESOURCE UTILIZATION
WITH RESOURCE AVAILABILITY
FOSTER CARE (*)

COUNTY	NUMBER OF PLACEMENTS	PERCENT OF PLACEMENTS	NUMBER OF BEDS	PERCENT OF BEDS
Atlantic	131	1.93%	290	4.09%
Bergen	139	2.05%	234	3.30%
Burlington	196	2.89%	417	5.89%
Camden	473	6.97%	632	8.92%
Cape May	66	0.97%	160	2.26%
Cumberland	170	2.50%	265	3.74%
Essex	1,983	29.22%	1,481	20.91%
Gloucester	125	1.84%	157	2.22%
Hudson	273	4.02%	293	4.14%
Hunterdon	24	0.35%	55	0.78%
Mercer	192	2.83%	325	4.59%
Middlesex	204	3.01%	294	4.15%
Monmouth	458	6.75%	622	8.78%
Morris	87	1.28%	211	2.98%
Ocean	220	3.24%	449	6.34%
Passaic	340	5.01%	396	5.59%
Salem	83	1.22%	119	1.68%
Somerset	40	0.59%	71	1.00%
Sussex	71	1.05%	99	1.40%
Union	327	4.82%	434	6.13%
Warren	60	0.88%	79	1.12%
ARC'S	1,125	16.58%	---	---
TOTAL	6,787	100.00%	7,083	100.00%

(*) Includes homes which are approved and meet agency standards as well as those approved only for use by a particular child. Also included are homes which may not currently be in use due to an abuse/neglect investigation or incomplete foster parent training.

DATA SOURCE:
PCIS FILE 12/2/83
SIS 7/6/84

COMPARISON OF RESOURCE UTILIZATION
WITH RESOURCE AVAILABILITY (*)

COUNTY	NUMBER OF PLACEMENTS	PERCENT OF PLACEMENTS	NUMBER OF BEDS	PERCENT OF BEDS
Atlantic	24	1.35%	32	2.13%
Bergen	140	7.86%	131	8.73%
Burlington	47	2.64%	87	5.80%
Camden	133	7.46%	86	5.73%
Cape May	20	1.12%	16	1.07%
Cumberland	34	1.91%	99	6.60%
Essex	330	18.52%	122	8.13%
Gloucester	69	3.87%	45	3.00%
Hudson	221	12.40%	92	6.13%
Hunterdon	14	0.79%	19	1.27%
Mercer	60	3.37%	119	7.93%
Middlesex	92	5.16%	66	4.40%
Monmouth	111	6.23%	122	8.13%
Morris	68	3.82%	68	4.53%
Ocean	62	3.48%	22	1.47%
Passaic	103	5.78%	87	5.80%
Salem	15	0.84%	64	4.27%
Somerset	43	2.41%	145	9.67%
Sussex	13	0.73%	7	0.47%
Union	163	9.15%	42	2.80%
Warren	20	1.12%	29	1.93%
TOTAL	1,782	100.00%	1,500	100.00%

(*) Placement data combines residential, group home, teaching family, alternate care, shelter care, and transitional living programs (both in and out of state). Bed space data reflects only in state programs. There are approximately 300 children in out of state residential placement.

DATA SOURCE:
SIS 7/6/84



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH AND FAMILY SERVICES

1 South Montgomery Street
CN 717
Trenton, N.J. 08625

THOMAS BLATNER
Director
DYFS Management Team

MEMORANDUM

TO: Jay Hershberg
Office of Legislative Services

DATE: November 21, 1985

THRU: Thomas Blatner, Director
DYFS Management Team *TB*

FROM: Marc Cherna, Assistant Director *ML*
DYFS Office of Policy, Planning & Support

SUBJECT: DYFS' Response to Questions Concerning
October 23, 1985 Public Hearing

As requested, attached please find the responses to the four questions you raised after the October 23, 1985 Public Hearing.

md

c Geoffrey S. Perselay, Acting Commissioner
Department of Human Services
Larry J. Lockhart, Deputy Commissioner
Department of Human Services

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Q. What has been the impact of the Family Court on residential placements?

A. The Division of Youth and Family Services has estimated that the Family Court has increased the number of children in group home and residential placement by approximately 100 per year. An exact impact of the New Family Court has been difficult to track for a number of reasons, including:

- ° (A) The fact that the Family Court was preceded by the Juvenile and Domestic Relations Court which did refer clients to the Division.
- ° (B) The data gathering system did not identify the source of referral for children coming under supervision.

In an attempt to compensate for the problem in the data gathering system, the Division has revised the case recording system to include an item which will identify cases referred by the Family Court. While this will allow DYFS to track new cases, we are still unable to compare previous periods.

Due to the importance of confirming and establishing the impact of the Family Court the Division will complete a survey within the next few weeks of all children in group home or residential placement to determine involvement by the Family Court. The results of this survey should be available in approximately a month.

Q. Has 76% of the residential account been expended?

A. Residential placements are projected to increase above budget estimates. The statement that 76% of our Residential Care account is spent is due to the fact that the Federal reimbursement and county collections have not been credited to the Residential Care account. Also, obligations in this account reflect the large volume of July 1, contract renewals (60%), which must be obligated for a full year cost.

Q. Are there enough residential beds in the state to meet the demand for services?

A. There are not enough residential beds to accommodate all residential referrals.

Publicity concerning out-of-state placement of children by DYFS surfaced in 1977. In May of that year, 595 children were in out-of-state facilities, 261 of those children were in Treatment Centers more than 50 miles from New Jersey. In response to this concern, the Division initiated measures to reduce the out-of-state population and create more placement resources in-state. Currently DYFS prohibits the placement of any child outside of New Jersey until all appropriate in-state facilities have been explored.

As of September 31, 1985, 347 children were placed outside of New Jersey. Of this number, only 32 were in facilities located beyond 50 miles of the New Jersey border. The Division recognizes the need and benefit to continue utilizing nearby out-of-state facilities. In many cases, these programs offer services and programs not available in New Jersey. In addition, these programs are often more easily accessible to families. For example, a Philadelphia area program would be more accessible to a Camden County family than a Bergen County facility.

Currently, many of the in-state residential and group home programs are operating at near capacity. (Average utilization rate 78%.) The Division has recognized the need to encourage program expansion and the development of specialized programs to meet the needs of children requiring placement.

The Plan for Improving Out of Home Placement Alternatives was distributed at the Public Hearing on October 23, 1985, lays out what action must be taken to address residential placements. DYFS has established, as an outgrowth of the Plan, the Out of Home Placement Care Task Force to work on program development and expansion.

Q. Can the Division substantiate an increase in residential placements over the past year?

A. There are three major ways that residential placements are counted and published. Referring to the attached table, these are:

- o (A) PAID PLACEMENTS: This column represents the number of children for whom payment was made for residential and group home placements during the month indicated. If a child receives services, but no payment is made that month, he will not be counted.
- o (B) SISM-5 CENSUS: This column represents the number of children registered in the SIS as receiving residential services as of the first friday of the month indicated. This number includes free as well as paid placements, whether or not payment is forthcoming. For the purpose of consistency in this comparison, the numbers shown include residential, group homes, public institutions, and teaching parent placements. This was done because categorization of the SISM-5 placement data was changed during 1984, and only by including all of these services can a valid comparison be made.
- o (C) LICENSING CENSUS: This column represents the number of children who received services residential and group home services on the last day of the month indicated based on child counts provided by the institutions. This number also includes free as well as paid placements, whether or not payment is forthcoming.

While each of these different counting methodologies serve different purposes, there are two basic facts which must be considered:

- o They cannot be compared with each other as they count different things different ways.
- o There are both seasonal and systematic differences which do not necessarily have their effect during the same months of the year.

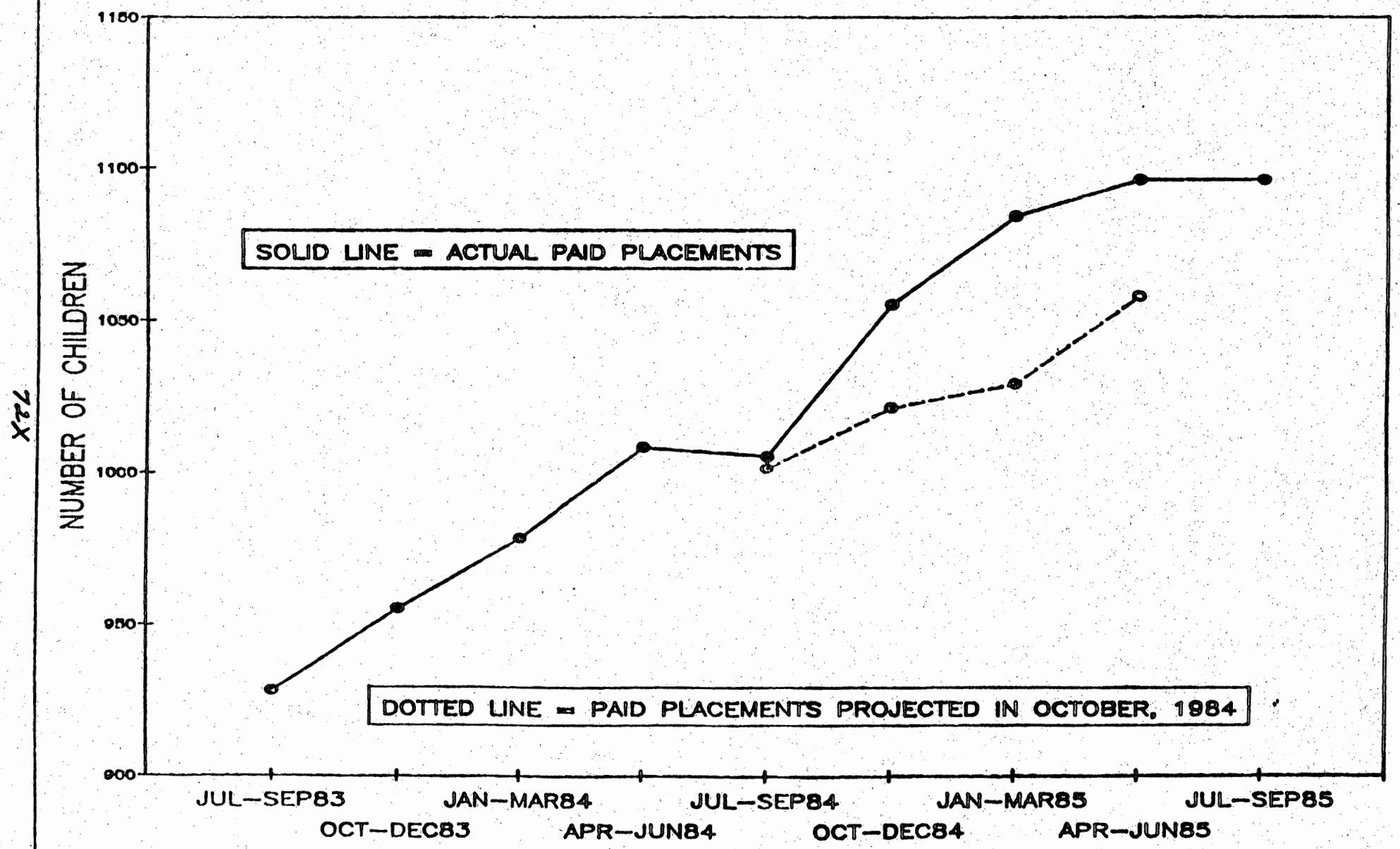
In view of the above, three different comparisons are utilized for these three different counting methodologies. The first eight months of 1984 and 1985 were chosen for comparison because uniform and accurate data was available for all three methodologies for that period.

Comparison (1) shows the overall increase from the month January, 1984 to the month August, 1985. This overall change is comparable between (A) PAID PLACEMENTS and (B) SISM-5 CENSUS but (C) LICENSING CENSUS is substantially lower. Comparison (2) pins the highest and lowest months (of the 16 months shown) and computes that increase (showing the two months used). Again, (A) and (B) are comparable, but (C) shows a remarkable increase.

Some interesting observations can be drawn from these comparisons. While there has been some fluctuation, paid placements tend to steadily increase, as the lowest and highest months are also the first and last (Jan 84 and Aug 85 respectively). The SIS census is also relatively consistent, with only a minor drop from June 85 to August 85. The Licensing Census, while irregular on a month-by-month basis, still shows an upward trend. When averaging the first eight months of each year for each counting methodology, as shown in Comparison (3), we yield comparable average annual increases. This corroborates the Division's position that we have increased approximately 100 paid residential placements since the Financial Impact was issued (October, 1984) while free placements remained relatively constant. Similarly, Comparisons (1) and (2) indicate a proportional increase over approximately one and one half years.

Increases in residential and group home placements were characterized in the October, 1984 Financial Impact by a graph which depicted paid placements by average fiscal quarters. The attached graph shows that both the actual average quarterly paid placements (solid line) as well as those originally projected last October (dotted line). Please note that we are averaging approximately 50 paid placements over our projection.

CHILDREN RECEIVING STATE AID SERVICES PAID RESIDENTIAL/GROUP HOME PLACEMENTS



SOLID LINE = ACTUAL PAID PLACEMENTS

DOTTED LINE = PAID PLACEMENTS PROJECTED IN OCTOBER, 1984

AVERAGE NUMBER OF PAID PLACEMENTS PER FISCAL QUARTER