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PUBLIC HEARING

before

ASSEMBLY HIGHER EDUCATION AND REGULATED PROFESSIONS COMMITTEE

on

REORGANIZATION OF THE UNIVERSITY OF MEDICINE

AND DENTISTRY COMMUNITY MENTAL HEALTH CENTER

Held:

May 30, 1984

University of Medicine and

Dentistry of New Jersey

Newark, New Jersey

MEMBERS OF COMMITTEE PRESENT:

Assemblywoman Mildred Barry Garvin, Vice Chairwoman

ALSO PRESENT:

Kathleen Fazzari, Research Associate  
Office of Legislative Services  
Aide, Assembly Higher Education and  
Regulated Professions Committee

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**ASSEMBLYWOMAN MILDRED BARRY GARVIN (Vice Chairwoman):** This public hearing will now come to order. I would like to thank those who are here for coming. Before we start, I want to state that this hearing is being held at the request of the Deputy Speaker of the Assembly, Assemblyman Willie B. Brown. The purpose of the hearing has to do with complaints from the Central Ward Coalition of Parents and Concerned Citizens. So, I have respected Assemblyman Willie Brown and requested Assemblyman Doria, who is the Chairman of the Assembly Higher Education and Regulated Professions Committee, to call for this public hearing.

I am Mildred Barry Garvin, the Vice Chair of the Committee. Hopefully, we will be able to expedite the reorganization of the Mental Health Division of the University of Medicine and Dentistry in a way that will be effective for the community. Kathy, will you call the first speaker and tell us where he is from?

**MS. FAZZARI:** Mr. Gary Lamson, Executive Director for University Mental Health Services at the University of Medicine and Dentistry of New Jersey.

**ASSEMBLYWOMAN GARVIN:** Okay, thank you.

**GARY LAMSON:** Thank you. Madam Chairman, before I begin I would like to thank you for allowing me to speak with you about this prior to this formal opportunity to discuss many of these issues with you. I found your comments to be very, very helpful, and I want to thank you for that.

I am pleased to have this opportunity today to address the Committee. My name is Gary Lamson and, as mentioned, I am the Executive Director for University Mental Health Services at the University of Medicine and Dentistry of New Jersey. It is my understanding that this Committee is concerned with recent actions I have taken regarding the organization and operation of the Community Mental Health Center in Newark. I believe it is important to state at the very beginning that last July, Dr. Bergen, the President of the University of Medicine and Dentistry of New Jersey, and its Board of Trustees appointed me to an administrative position governing both University mental health centers.

I have been the Chief Executive Officer of the Center in Piscataway for many years, and during my tenure, that institution has developed a national and international reputation, and has become established as a responsive and concerned treating facility for local neighborhoods. I was asked to assume responsibility for the Center in Newark because there were many problems there. These problems included a lack of responsiveness to the mental health needs of the community, a declining quality in the service provided, and many administrative shortcomings.

Upon assuming responsibility for the Center in Newark, one of the first issues I had to grapple with was as follows:

In 1982, the salary program was almost \$400,000 in the red. At that time, we transferred \$225,000 from the Center in Piscataway to Newark in order to forestall layoffs and cover the deficit.

In 1983, the salary program was \$305,000 in deficit. In order to cover that loss, I began negotiating with University Hospital to assume salary support for nurses in the Inpatient Unit. It was made quite clear to me that there would be no future bail-out moneys coming to save the Center in Fiscal Year 1984. Therefore, I began an analysis of the full-time equivalent positions in the Center and learned there were 175 employees, but only 157 authorized, on budgeted lines. I immediately instituted a freeze on hiring and was successful in negotiating with Mr. Lopez of University Hospital to transfer the nursing lines to his support. Therefore, I was able to reduce the projected salary deficit for Fiscal Year 1984. However, in September, 1983, the State approved a three-year contract for our employees. This contract provides for an approximate 8% cost-of-living raise and an increment, in addition to a \$700 one-time bonus. In addition, 1985 and 1986 raises in salary will cost approximately 10%, or \$400,000. At this time, I have no expectation of an increase in the State appropriation to cover the salary program. Therefore, I began a comprehensive review of the units at the Mental Health Center.

My review of the units has resulted in some reorganization, some upgrading, some changes in administrative reporting, and some changes in personnel. While I have not yet completed a review of every unit of the Center, I have made the following changes to date:

1. Two high-level management employees, both minority, were hired to give new administrative and clinical direction to our Rehabilitation Unit.

2. A total of 15 employees were reclassified upward as a result of reorganization in the Rehabilitation Unit. This Unit treats approximately 100 seriously psychiatrically-ill patients every day in a day-long program.

3. Several security officers, as well as one maintenance person, were upgraded in order to compensate them for increased duties and responsibilities.

4. A reorganization and restructuring of the Business Office has resulted in the upgrading of one middle-management position. By doing this, I hope to be able to maximize third-party reimbursement, such as Medicaid and Medicare, so that we can be justly compensated for the level of service we are providing.

5. Three employees of the Inpatient Unit decided to resign rather than give full time and attention to the activities of that Unit.

6. The Director of the Consultation and Education Unit resigned rather than give full time and attention to that Unit. In addition, three employees of that Unit were laid off. This action was taken because a review of their productivity indicated serious shortcomings. It was decided that their functions and additional functions could be carried out in a more effective manner by redistributing them to other units of the Mental Health Center. Ralph Horton, Ph.D. was appointed as Director of the Consultation and Education Unit and was given the responsibility of coordinating these activities with various members of the Mental Health Center staff.

In addition to some changes within the staff and structure of the Mental Health Center, I began to work on the Mental Health Center's appearance. Those of you who have visited the Mental Health Center know that in recent years it has fallen into a state of disrepair. The carpeting in the hallways was torn, spotted, and taped together, causing, in some situations, a dangerous environment.

In addition, there were many holes in the walls, many offices needed painting, and the waiting rooms were not pleasant. There were also major leaks in the roof, which rendered the classrooms and treatment rooms on the first floor practically unusable during rainstorms. I would add that there were major problems with the heat distribution, and several rooms were not able to be used in the winter because they were too cold. We actually had to send patients home because of this condition.

We have already instituted a program to replace the carpeting in the halls with tile. The roof is currently being repaired, and, hopefully, this will stop the leaks. In addition, we are painting and repairing the public corridors and offices in order to make them more presentable. I have also begun a process of redesigning a kitchen in the Mental Health Center which will be used by our Extended Care Program as a transitional employment experience for them, and will provide an opportunity for them to fix a nutritious lunch. By so doing, we can almost cut in half the \$70,000-a-year expense we were formerly paying to the University Hospital cafeteria. In addition, we are working on developing a new playground for children who are patients at the Center. This will require landscaping to prevent the river from running down our South Orange Avenue entrance -- as it currently does when it rains -- as well as the installation of new sidewalks. We hope that in the near future, we will be able to provide swings and other playground equipment for these children.

Reorganizing the Community Mental Health Center, establishing an administrative structure, providing quality and quantity of clinical services delivered, and upgrading the building are all time-consuming and costly adventures. In the process, there will be more staff upgradings and possibly more layoffs. In addition, there will be restructuring of units and redefining of employees' goals and objectives. These are slow and tedious processes, but they have only one goal in mind; that is, the improvement of the operating efficiency and effectiveness of the Community Mental Health Center.

Currently, we have a resolution before the Joint Appropriations Committee requesting that \$519,000 be added to the



budget for the CMHC in Newark beginning July 1, 1984. If we do not receive that money, we face the possibility of an additional 30 layoffs to the staff. I have to this point laid off five employees out of the 175 that were here prior to my assuming responsibility for the Center. Of the five, three are currently employed by the University. They are in other operating units. We owe a debt of gratitude to Mr. Lopez and the hospital administration for paying approximately 26 nursing salaries, which helped avert additional layoffs. However, unless we are successful in getting some money from the State appropriations process, I am afraid we will have to lay off more employees in the coming year. In order to minimize this impact, it will be my responsibility to maximize the staff that we have by insisting that they are fully productive and competent, and committed to serving the needs of the Newark community.

I would also like to add that the reorganization of the C&E Unit was done with the hope that it would not have any negative impact upon the programs currently in operation. We are fully committed to continuing work with community organizations that had been in process, and it is our intention to provide more services by redesigning and redistributing these functions. It has become quite apparent to me over recent months that the physical size of the Mental Health Center is not adequate to meet the needs. I have spent many days out in the community visiting programs. I visited the jail, I visited the youth house, and I visited many educational programs and some neighborhood agencies. There is a tremendous need, and we do not have adequate space. Therefore, it would be my hope that in the not too distant future, perhaps next year, we can gain support to add a second story onto the Community Mental Health Center. I can see this space being used to provide day-treatment programs for infants, for children, and for adults. I think this is a greatly needed expansion, or addition to the services.

I would also like to mention that I am faced with a very, very difficult task. I have two, what could be viewed as competing agendas. On the one hand, I want to have the Center be more responsive to community needs and provide more treatment, and on the other hand, I

am faced with -- at the worst case -- significant decreases in our operating budget and probably, at the best case, just a leveling off or standing pat. So, it is going to be a very difficult time. There is no Federal money coming into the Center anymore. Times are really tough in community mental health. We are totally dependent upon the State appropriation and upon whatever revenue we can generate through patient fees. As I know you are aware, most of the patient fees from the Newark community are either very low on a sliding fee scale or are based on Medicaid rates.

ASSEMBLYWOMAN GARVIN: Okay, thank you, Mr. Lamson. I just have a couple of questions. Would you share with us any other source of funds that the Center might have? You said that at present it does not receive Federal funds.

MR. LAMSON: No, the Center had an eight-year staffing grant, which they received in approximately 1972. I would have to verify that, but it was around 1972. That was Federal support which diminished over eight years and terminated. They then received a two-year distress grant, which the Federal government offered to, particularly, inner-city programs and very rural programs that were not able, as the Federal government had designed, to find other sources of support over the eight years. So, those two years have also come and gone, and that leaves the Center with two major sources of support -- the State appropriation and revenue, or patient fees.

The Center has not had a good history -- and this is really deplorable as far as I am concerned -- of getting outside grant support. One of my issues with the Consultation and Education Unit is that it is expected of a unit like that, with the history that Unit had in terms of working in the community for 10, 12, and for some people as many as 14 years, I understand, that they should have been getting outside grants. They provide the kinds of services which foundations and other outside people love to support. Not only did they not get them, but they didn't try, which is the worst part. So, one of my other agendas is to get additional grant support for many of these programs for which there is a crying need. I know there are foundations out there that, if approached and worked with, would give us some money.



ASSEMBLYWOMAN GARVIN: Mr. Lamson, I know the University had a Research and Development Unit here and the purpose, I thought, of that Research and Development Unit was to be responsible for possible grant submissions for subunits in the University. I guess my question is, what kind of relationship has the Mental Health Center had with the Research and Development Unit at this great University in support of the Center? Could you respond to that?

MR. LAMSON: Yes, and that goes along with my earlier response. Unfortunately, there is a very limited relationship because the Center staff has not requested it. Ms. Dianne Redd is the primary contact at that Unit, the one you mentioned, and she is very helpful. If you have a grant application, or even a rough idea of something you would like to get funded, she will review the various foundations that you might submit that to and will give you some guidance on how to draft the final copy so that it might get funded. However, she only reacts when she is approached. She does not take the initiative. So, it requires a member of the Center staff to have an idea, put that idea on paper, and then approach them to get assistance in finding a possible funding source. They have not done that; therefore, very regretablely, she has not had anything to do for them. There may have been one or two grants in the history of the Center, but there were not many.

ASSEMBLYWOMAN GARVIN: My other question has to do with the new funding mechanism for the moneys coming from the State. Would that all be money from our State budget, or would that be moneys from our Human Services' Advisory Committee?

MR. LAMSON: No, that is not part of the Human Services' Advisory Committee structure. Our money is an extraordinary appropriation. It is a line item appropriation in the Governor's Budget Message. It is awarded to the Department of Human Services, then transferred to the Department of Higher Education, and then to the University of Medicine and Dentistry of New Jersey. So, it is a lump-sum extraordinary appropriation. It is not counted in with Human Services' dollars. That is why we get no salary program money, by the way. As a lump-sum extraordinary appropriation, we are given "X"

amount of dollars. Most units of State government get a certain pot of money from the Treasury every year to pay for salary raises for their employees. Because we are a lump-sum extraordinary appropriation, we do not get any salary money. That is why we are in the desperate shape we are in.

ASSEMBLYWOMAN GARVIN: In other words, what you're saying is that even though we have a Mental Health Division in the Department of Human Services, it really is not directly related to the Mental Health Center here.

MR. LAMSON: We are accountable to them, but it is different than other contracts they have. The two Mental Health Centers that the University operates are model demonstration centers for the State of New Jersey. They were set up and established by the State Legislature and were given a special charge. Therefore, they are treated somewhat differently.

ASSEMBLYWOMAN GARVIN: Thank you, Mr. Lamson; that is good information. We are talking about reorganization, but not necessarily a reduction of services. Am I correct in that statement?

MR. LAMSON: Yes, ma'am. That is the conflict. I think the Center now has approximately a \$4.2 million operating budget. It is my belief that with that kind of an expenditure, we should be able to provide more services, and higher quality services, than we are currently providing, or have been providing for the past couple of years.

ASSEMBLYWOMAN GARVIN: Let me ask you another question. I think about four years ago, there was a recommendation for that second story. I guess it was from the person who preceded you; I don't remember his name.

MR. LAMSON: That was Dr. Parker.

ASSEMBLYWOMAN GARVIN: Yes. I remember distinctly that the need for the second story was expressed, but it was rejected by the University. If I remember correctly -- I became involved in that also -- when I talked to Dr. Bergen the University did not support the second story. Since you are going to recommend that, may I ask where the moneys for that kind of expansion could come from, or would come from?

MR. LAMSON: First of all, to the best of my recollection, and I was not here on the scene four years ago, at that time the second story was proposed to house a psychiatric Inpatient Unit. That was a very different kind of mission than the one I am discussing. I believe at that time it was thought more desirable for patient care that the Inpatient Unit stay right in the hospital. I would not disagree with that decision. Okay? However, for day treatment and outpatient services, we need more space. I am looking to you for some assistance and guidance on where the money might come from.

To the best of my knowledge, we have no capital improvement money. We would have to go to the State for capital improvement, or perhaps a bond issue; I'm really not sure. I will be seeking guidance from people such as yourself on where we might come up with that money.

ASSEMBLYWOMAN GARVIN: Okay. Then am I to assume that the \$519,000 you have as a resolution with the Joint Appropriations Committee does not include that projection?

MR. LAMSON: No, ma'am. That total resolution is approximately \$1,450,000. That includes both of the Mental Health Centers. The \$519,000 is just the salary program for this Mental Health Center for the past two years. We have not received any increase in our appropriation since 1982. You know how costs have gone up. Just the salaries alone for those two years have amounted to more than the \$519,000. It is my hope that we can generate the additional money we need out of increased efficiency and better billing for our services.

I didn't bring the total cost of the salary program with me, but \$519,000 is approximately 80% of the actual cost. Now, down in Piscataway I was able to request only about 60% of the actual cost, because I could get more money from the patients. But, that is not a realistic expectation here, and I do not have that expectation. We are going to need more State support if we are going to be able to provide services at just the same level. That is not expansion; you have to remember that. We get no salary program money, so in 1983 when everyone got a raise, and in 1984 when everyone got a raise, my appropriation was held at the same level by the Governor -- \$2.2

million for two years in a row. He is recommending the same again this year. For other agencies in State government, that would mean no expansion. They would still get the money for the raises from the salary pool. I think most State agencies get between 60% and 70% of the salary money. They are expected to make up the rest by freezing lines or by attrition. We get zero. That means that every one of those dollars has to be made up or people have to be laid off.

ASSEMBLYWOMAN GARVIN: In the presentation held here before the Joint Appropriations Committee dealing with the increase in funds for the University, and I attended that session, no one mentioned the need for increasing that portion of the budget. I guess what I am going to ask you, and if you do not want to answer I will respect that-- The process requires the head of a unit -- when appealing for funds from the Joint Appropriations Committee based on a need such as you have expressed -- to request that increase from the head of the organization. From what you have shared with us this morning, I see a need for that line item. The need for support of an increase really comes under the control of the head of this hospital. I do not see where that would be a problem with the Joint Appropriations Committee. The problem is, if it hasn't been brought to their attention, nothing can happen with it.

MR. LAMSON: I will have to correct you, politely.

ASSEMBLYWOMAN GARVIN: Sure.

MR. LAMSON: I was very, very pleased that Assemblywoman Kalik raised a question at the Committee hearing here about the status of the two Community Mental Health Centers. Dr. Hollander mentioned that he was extremely concerned about the fiscal situation of the two Community Mental Health Centers. He indicated his support for having money restored to our budgets. In Dr. Bergen's testimony before the Joint Appropriations Committee, he devoted several minutes to the issue of the fate of the two Community Mental Health Centers. In addition to my testimony, which consumed five minutes before the Joint Appropriations Committee, Commissioner George Albanese devoted several minutes of his testimony to the fate of the two Community Mental Health Centers. So, I believe that to the best of my ability and to the best

of my knowledge, we have exercised the formal channels. More time and attention were not given to this subject by Dr. Hollander, because I must remind you that we appear in the Department of Human Services' budget as an item. Therefore, I was very appreciative that Dr. Hollander took the extra step, and was informed enough to be able to respond.

ASSEMBLYWOMAN GARVIN: Okay, thank you. I think your answer shows -- and I'm glad the record will show -- that we really need to begin to deal with how your Mental Health Center is funded. When you have two departments -- the Department of Higher Education and the Department of Human Services -- and you have the deficit you have had, I have a problem with, where does the buck stop? Does it stop here or does it stop there? This hearing is good because we will get information relative to change. So, I am glad you have put that point on the record. Undoubtedly, we do not have anyone we can go to and say, "The buck stops with you," other than the legislators. You know, that is always the case. I see two departments being concerned, but from your testimony we still do not have the kind of support for survival that you need.

MR. LAMSON: We have, without a doubt, one of the most complicated funding systems in State government. In the wisdom of the Legislature back in the early 1970's, they established this mechanism by State statute. I must admit to you that we had no problem with it up until two years ago. With the onset of the new Administration, we ran into difficulties, particularly with the Budget Bureau, which did not grant us our request for the salary program money. The Department of Human Services and the Commissioner there supported our request, as submitted by the University Board of Trustees, but the Budget Bureau, and then the Governor, did not recommend that money.

I would also add that when the college gained University status, there was approximately \$240,000 in rent which had been paid through the Central Rent Account of the State government. When we gained University status, we became responsible for our own rent. The Budget Bureau indicated to us that they would transfer that money from the Central Rent Account into our base budget; however, they have not

done that as yet. This was two years ago. This doesn't affect Newark, but it does affect the Piscataway Center.

ASSEMBLYWOMAN GARVIN: Okay, thank you. I would like to just ask a final question before we hear other testimony. What would you recommend legislatively for the future for a more effective funding mechanism for our Mental Health Centers, and I am referring to both Centers? I see that what was good ten years ago perhaps needs to be changed. From your experience, which I have great respect for, would you mind answering that question?

MR. LAMSON: That is a very difficult question. I would say I have an idea, but I would like to explore it further with our attorneys, and perhaps with you, and then get back to you in some detail later on. I would like, immediately, and I don't know whether this takes an act of the Legislature, or whether this is something within the Budget Bureau's prerogative -- that's why I'm hedging a little bit-- Right off the bat, I would like to get the Mental Health Center's salary program incorporated into the regular system that all other State agencies utilize. It is my understanding that because we are a lump-sum extraordinary appropriation, we are outside of the system. I don't know if we can just be included by an act from someone because I am not sure who the proper authority is.

ASSEMBLYWOMAN GARVIN: I will commit to you that at a later date, if you will do the research, I will meet with you to go over possible changes for the future.

MR. LAMSON: I would appreciate that very, very much. I am not sure, by the way, that we should appear solely as a program of the Department of Higher Education. I believe that our mandated mission to provide community-based mental health services is a mandated mission of the Department of Human Services. Therefore, I do not believe at this point that it is necessary for us to be transferred, say, from Human Services into the Department of Higher Education. That, of course, cannot be ruled out at this time, but I do not know that that is necessarily the answer. It may be that better coordination with the Commissioners of the two Departments in getting us built into the regular salary program and giving us a direct voice to the Appropriations Committee would be an answer.



I thank you very much for your offer, and I assure you I will take you up on it.

ASSEMBLYWOMAN GARVIN: I will follow through.

MR. LAMSON: Absolutely.

ASSEMBLYWOMAN GARVIN: I did have another thought, and it has to do with NIMH, the National Institute of Mental Health.

MR. LAMSON: Yes, ma'am.

ASSEMBLYWOMAN GARVIN: Has there been any relationship with the NIMH for funding?

MR. LAMSON: That is where the original eight years of support and then the subsequent two years of distress money came from. You may or may not be aware that there have been significant changes in the National Institute of Mental Health. Back in the 1970's, there was a regional office, Region 2 of the National Institute of Mental Health in New York City, which occupied an entire floor of a major Federal building. The staff of that office is now down to one and/or possibly none. I believe from my last contact that no one is left to oversee the programs in the region, which consists of New York, New Jersey, Puerto Rico, and the Virgin Islands. There is practically no Federal money for mental health centers coming in via that route. The Federal money now comes to the states through the block grants, which are then appropriated by the state governments. We do not receive that block grant money; we receive the State appropriation. In addition, we do not receive the per capita funds which are returned to the counties for mental health services. As you know, this year S-81 was passed, which increases the per capita distribution over a three-year period from one dollar to two dollars. So, that money goes to Essex County to support other mental health activities.

That is not necessarily bad, because then we are not in competition for that money with other county programs. Don't misunderstand me; I just want you to know that we do not receive that. We get our appropriation, period.

ASSEMBLYWOMAN GARVIN: Okay, Mr. Lamson. I really thank you for your testimony. I think you have shared an awful lot of information, and I am glad it is going to be on the record. Whatever

we do in the future to assist in the reorganization, we will have the kind of information we need. I would like to ask you to remain, unless you have other commitments.

MR. LAMSON: I will be able to remain just until noon because I have to be down in Trenton.

ASSEMBLYWOMAN GARVIN: Okay. Well, you may be excused. I thank you for your testimony.

MR. LAMSON: I would like to thank you for the opportunity to testify and for your support. I look forward to working not only with you, but with other members of the community in the coming years.

ASSEMBLYWOMAN GARVIN: I apologize for my members. Assemblyman Doria will be in South Jersey tomorrow for a hearing. However, we have a record of today's hearing, and we will see that the other Committee members receive a copy of the transcript. Thank you.

MARK U. STEPHENS: (Mr. Stephens speaking from audience; not near microphone.) Madam Chairman?

ASSEMBLYWOMAN GARVIN: Yes, sir?

MR. STEPHENS: While Mr. Lamson is still here-- I am not authorized to testify before this Committee. I am not in a managerial executive capacity in the Office of Management and Budget; however, I could, sort of off the record--

ASSEMBLYWOMAN GARVIN: Mr. Stephens, everything that is being said today is on the record. What I would like, Mr. Stephens, would be for us to have an off-the-record meeting at a future date.

MR. STEPHENS: Well, I could say this for the record.

ASSEMBLYWOMAN GARVIN: Okay. I just wanted you to know that whatever you say will be on the record.

MR. STEPHENS: The Newark Community Mental Health Center is not excluded from funding under the Mental Health Block Grant. This is a decision that is made by the Division of Mental Health. We do not participate in the allocation of the approximately \$14 million which is in the appropriation. That is in the Federal area of the Division of Mental Health. You see, the Mental Health Block Grant money is being continued and is being distributed to centers, some of which have gone through their eligibility periods. The only requirement of the Federal

grant is that the money must be used for community mental health services. The Division of Mental Health has a free hand in allocating that money.

ASSEMBLYWOMAN GARVIN: But, they have not; am I correct?

MR. STEPHENS: It is unclear to me to what extent they have considered the Newark Community Mental Health Center. I would like to say, I listened to Mr. Lamson's testimony with both understanding and sympathy. There are some other matters which really should be addressed; for instance, the contracts which would bring him into this form of funding. I think it is worth pursuing further with some managerial person in the Budget Bureau at the Division of Mental Health to see if we can't verify the situation and clearly establish what funds may still be available, but not necessarily the additional \$519,000 request they have made. That would be another issue.

ASSEMBLYWOMAN GARVIN: I agree with you, Mr. Stephens. You are from the Office of Management and Budget, and that is good information. This is why public hearings are so good. I wish my community knew the value of them. Public hearings do not have to be negative. But, there is a problem with funding mechanisms for service. That is why I have offered to have a future meeting. I will include your boss, or you, in the meeting. Okay? Thank you for your comments.

MR. STEPHENS: Well, I repeat that I am not in a managerial executive capacity, but some things had to be said.

ASSEMBLYWOMAN GARVIN: I appreciate your comments, because it is obvious from what we have heard this morning that either there isn't the right kind of commitment, or there is confusion in the commitment.

MR. STEPHENS: I would characterize it as confusion.

ASSEMBLYWOMAN GARVIN: Okay, thank you, and thank you, Mr. Lamson. Kathy, who is our next witness?

MS. FAZZARI: Ms. Edna Thomas, Chairperson of the Central Ward Coalition of Youth Agencies, Inc.

EDNA R. THOMAS: Good morning, Assemblywoman Garvin; how are you?

ASSEMBLYWOMAN GARVIN: Good morning, Ms. Thomas.

MS. THOMAS: First of all, let me say thank you for inviting me here this morning. My name is Edna Thomas. I reside at 260 Wainwright Street, Newark, New Jersey. I am President of the Central Ward Coalition of Youth Agencies Inc. I would like to read into the record what those agencies and groups are, so everyone will understand whom I am representing, and it will not be vague: Blum Street Neighborhood Corporation; Young Gifted and Black Youth Patrol; Camden Middle School; Central Ward Boys' and Girls' Club; Chad School, Councilman Branch's Office; Councilman Tucker's Office; Eighteenth Avenue School; Elizabeth Avenue Community Center; Essex Counsel Boy Scouts of America; Essex County Probation Department; Friendly Fuld Neighborhood Centers (which number two); International Youth Organization; Metropolitan Ecumenical 'Ministries; New Ark School; Newark Family Services Bureau; Division of Family and Community Services of the Newark Housing Authority; Newark Tenants Council; North Jersey Community Union, Police Athletic League; Recreation Department of the City of Newark; Salvation Army; Soul House Drug Abuse; St. Ann's Bilingual Learning Center; Tri-city People's Corporation; College of Medicine and Dentistry Community Mental Health Center; College of Medicine and Dentistry Adolescent Center; United Community Corporation; United Way of Essex and West Hudson; West Kinney Middle School; and, YMWCA of Newark and Vicinity.

On March 16, 1984, I wrote a letter to Dr. Stanley Bergen as an outgrowth of one of our monthly meetings of the Coalition. I will quote that letter as follows: "Dear Dr. Bergen: I am writing to inform you that the Central Ward Coalition of Youth Agencies, at its regularly-scheduled meeting on March 16, 1984, voted to instruct me, in my capacity as Chairperson, to communicate to you some of our concerns relative to the proposed reorganization of the University's Community Mental Health Center, which would abolish the entire Consultation and Education Unit.

"Concerns, as expressed by representatives of member agencies, include the possible curtailment or elimination of vitally-needed services, the inevitable cutback of critical outreach efforts by the Mental Health Center, and the loss of staff who have contributed so much to so many social service agencies over the years.

"The Central Ward Coalition of Youth Service Agencies as an amalgam of 32 agencies serving youth, is funded by the United Way of Essex and West Hudson. It bears a particular responsibility to protect the health and welfare of Central Ward families. As you know, the Central Ward is the most deprived area of the poorest city in the nation and, therefore, we can ill afford to see the curtailment of any supportive services, especially in the area of health.

"Many of us are aware that part of the original agreement permitting construction of the University/Hospital complex on so many acres of Central Ward land, as signed off on by representatives of community organizations, called for the promotion by the University/Hospital of preventive health care services through appropriate outreach efforts. These efforts were to extend the services into local neighborhoods and to provide an appropriate mechanism for information dissemination, training, and technical assistance throughout Newark, but especially in the Central Ward. The Consultation and Education Unit is just such a mechanism.

"Many of our member agencies have had direct experience with this Unit and report that the services rendered were of invaluable assistance. Moreover, most of us are personally familiar with the tireless community work of Ms. Juliet Grant and the selfless devotion to duty of Ms. Jerry Staadecker, both staff members of the C&E Unit. We cannot understand how staff members of the C&E Unit with such long and distinguished records of service could be discarded so abruptly and so precipitously.

"We are asking for some public explanation to the very community at large which the University is bound to serve, as to how this proposed reorganization scheme is apparently being allowed to be perpetrated, and why it was ever considered in the first place.

"Moreover, we are specifically requesting that your Board of Trustees and other appropriate bodies withhold approval of this drastic step until public hearings can be convened by the Board or, if necessary, others to examine the fairness, the wisdom, and the efficacy of the proposal. We ask that these public hearings be scheduled as soon as possible in fairness to all concerned. We ask that

representatives of community organizations, agencies, and institutions be invited to testify, so they may put on record their own evaluations of the proposal based on their own experience with the affected unit.

"We believe that only when all the facts are thus presented and analyzed can an informed judgment be rendered by the Trustees. Please communicate the contents of this letter to your Trustees at your earliest convenience so they may take appropriate action as soon as possible. Your attention to this matter is greatly appreciated. Yours truly, Edna R. Thomas, Chairperson."

Carbon copies of this letter were sent to the following individuals: Governor Thomas H. Kean, Senator Carmen Orechio, Assemblyman Alan Karcher, Senator Wynona Lipman, Assemblyman Willie Brown, Assemblyman Eugene Thompson, Mayor Kenneth A. Gibson, Council President Ralph T. Grant, Members of the Municipal Council, Dr. J. Richard Goldstein, Dr. Edward Hollander, County Executive Peter Shapiro, Freeholder President Jerome Greco, Freeholder Pearl Beatty, and Member Agencies of the Central Ward Coalition of Youth Agencies.

A letter written to me on May 24, 1984 on the stationery of the University was received yesterday, May 29. It says: "Dear Edna: Approximately one month ago, the Star-Ledger noted that a letter apparently written by you was sent to me. This letter has never been received in this office, and I understand that many of the individuals who were said to be copied on the letter have also failed to receive it. I recently obtained what is apparently a copy of the letter and, therefore, I am writing to you to note that I believe the University has fulfilled your request.

"The Board's personnel and its Personnel Policy Committee have reviewed the actions taken in the Community Mental Health Center of the New Jersey Medical School in connection with the reorganization of its services. In addition, the Executive Director of Mental Health Services has met with various elected representatives and has briefed them on the actions taken within the Center. Services will continue to be provided under the direction of Dr. Ralph Horton, who will act as Coordinator of the Consultation and Education Unit service provisions through the Center's programs.



"I hope this information is responsive to your concerns in connection with the reorganization that has taken place. Thank you for your interest."

ASSEMBLYWOMAN GARVIN: Who signed the letter?

MS. THOMAS: The letter was signed, "Sincerely, Stan." The typed signature reads, "Stanley S. Bergen, Jr., M.D., President, University of Medicine and Dentistry."

I would like to react to several items in Dr. Bergen's response. Number one, he says he has surveyed the individuals who were sent carbon copies, and has found that some people did not receive the letter. He did not say who didn't receive it; he simply said that persons copied did not receive it. To the best of my knowledge, the Speaker, Alan Karcher, has received his copy. I know Assemblyman Willie Brown has received his copy; I know Assemblyman Eugene Thompson has received his copy; I know Mayor Gibson has received his copy; and, I know that Council President Ralph T. Grant has received his copy. I talked to every member of the Municipal Council, and they received their copies. I have not spoken to Dr. J. Richard Goldstein, Dr. Edward Hollander, County Executive Peter Shapiro, or Freeholder President Jerome Greco, but I have spoken to Freeholder Pearl Beatty and she has received her copy. So, I cannot say who has or who has not received a copy of this letter, except for the persons I specifically talked to.

It is quite evident that the letter is well-known. I was never told that the President of University Hospital did not receive this letter. His letter was my first communication from him. I think May 24 was three days after your memorandum calling for this hearing, and that was the day I received the communication from the President based on my original request.

Secondly, I find this interesting because-- I don't know whether he is Dr. or Mr. Stephen Goldberg of the Personnel Department of the University of Medicine and Dentistry, but he was sitting in the Coalition meeting when the very item I raised in the letter came out and the vote was taken to send such a communication to the University.

So, I'm saying it seems that the sins of omission are much greater than the sins of admission. May 24 was the first I heard that Dr. Bergen had not received my communication.

Let me say for those of you-- It is my habit to speak so people can understand from whence I came. It seems, evidently, that folks who are now employed by this University do not have an understanding of the original medical school agreement which came about after the riots of 1967. Somehow in my community posture, I have to take exception to being compared to Piscataway in any kind of reference. Newark happens to be unique. It has a medical school agreement which relates to community services in Newark; Piscataway does not have this type of an agreement.

I will also have to take exception to who pays for what. This is going on the record, and I will say that in that medical school agreement there were 40 acres given out of this Ward. As you know, when my neighbors' homes and other black institutions were torn down to make way for this hospital complex, it was to the consternation of the Central Ward and the City as a whole, because originally the University wanted to build a country club in Newark. They wanted to take 100 acres out of this Ward for this complex. Now, if we want to get down to the real bottom line of who is paying for what, according to Dr. George Sternlieb of Rutgers University, contrary to what is read in the papers or what has been documented by the University, the Central Ward of Newark pays the highest -- and it is the poorest area of the City -- per capita taxes in the City. This is contrary to what people think. So, we are paying our way because we gave this institution 40 acres of our most valuable land for whatever they wanted to build. All we are asking for is our fair share.

I do not know which elected officials President Bergen is responding to, but certainly I would think that a person who represents 32 agencies within this City should have been responded to by someone. So, again, the sins of omission are just as glaring as those of admission. I do know from the Councilmen of the Central Ward that they were sent invitations to come up here -- if my memory serves me correctly -- on April 17, I believe, for a tour. They were given an

agenda, and I believe that agenda was about an hour long. It consisted of coffee and cake for the first 15 minutes. Then there was a reference to a "new Cancer Unit." I did not see a reference on that agenda relating to the mental health services for this complex. So, all I can say is, I don't know whom they refer to when they say "elected representatives." I don't know if they are talking about political identities or organizational identities. This becomes very vague; it is not specific enough.

I'll tell you, listening to Mr. Lamson made me kind of wonder whether the Mental Health Center is a part of the hospital. I just drew from his remarks -- and if I am wrong I stand corrected -- that they are doing their own billing, they are doing their own grant writing, and they are doing their own thing. That kind of bothered me as it relates to dollars, because I thought they had one Billing Unit here. Do you know what I am talking about? I just couldn't conceive of everyone doing their own separate billing. I really couldn't conceive that people were hired. Now, if I read the job specs in the paper -- I do not have any job specs before me, and I haven't asked for any, you know, as far as my position as Chairperson is concerned, so I can't get it from that -- but, certainly, in all the advertisements I have read in the paper for jobs here at the University, very few of them, including the ones I have looked at, ever list that you are supposed to have grant-writing capabilities. Since I wrote that letter, I have taken the health section of the Star-Ledger very seriously. Every Sunday I read their little announcements concerning qualifications. I never saw grant writing as a qualification in the Star-Ledger for positions here at the University -- or very few of them. That came as a complete surprise to me.

The agreement calls for community input, and in the communication sent to me, I did not find there was adequate community input in what took place here. I was told the Personnel Department and the Personnel Committee-- I do not consider that community input.

Next on my agenda are the laid off individuals. I am not standing here trying to get anyone's job back; that is not my purpose. My purpose is services. But, I would still like to know, if an

individual working for 10 years gets laid off and a person coming to the same unit and working two years remains, then there must be some evaluation tool by which you lay off people.

ASSEMBLYWOMAN GARVIN: Edna, I am going to stop you there because one of my legislative responsibilities is the fact that we cannot deal with personnel matters. We are here to deal with the services of a unit to the community. I would appreciate it if you would respect that.

MS. THOMAS: Okay. I have no problem with that.

ASSEMBLYWOMAN GARVIN: All right.

MS. THOMAS: We were told -- and this comes indirectly, but also through the letter -- that Dr. Horton would do the coordinating and maintaining of the services. I have called Dr. Horton three times in the last 30 days, and he has not been in or was not available for the telephone. We would like to work out how the agencies are going to coordinate and network. All of us work with families in the Central Ward under very stressful conditions, and mental health services are very necessary. We had agreements to work with the Consultation and Education Unit on who would do what, who we could call for this kind of service, and who we could not call. To date, we have not received information as to what kind of referral setup would take place and who would handle those referrals. We think that is most important because community agencies must continue to serve people and services must be given.

I have no knowledge of their funding per se. The only knowledge of funding I have is that most agencies are told, especially in our programs where we have mental health referrals, that Newark is divided up into catchment areas. People who live in certain areas must go to the mental health unit in that area. To the best of my knowledge, I think the Mount Carmel Guild is one of those agencies. Beth Israel Hospital is another agency, and the University Hospital is another one. So, the City of Newark is really divided up into "X" number of catchment areas for this service. If there is going to be a curtailment of the service, and it is not going to live up to certain kinds of Federal funding criteria, then I certainly think we must be a

part of a kind of conference, because the citizens of Newark cannot go to other areas to get that service since it is limited based on where you live. If they are going to eliminate a service, then we must know where a person can go to get the same service. We must also have waivers. Either this institution or the Regional Office, or whomever, must seek waivers to allow people to get mental health service who live out of the area. That is a real concern because that is the way you get certain kinds of mental health services here in the City of Newark.

My last concern is, I am here to remind individuals that it is not always healthy or expedient to define who you want to be community agencies, or who you talk to, especially since Newark is a vast area. I am also here to remind you that the community agreement with the medical school, as it relates to having acreage here, is a very binding agreement in our minds. We do not want it taken too lightly because too many things have happened relating to the initial building of this University. We take agreements very seriously on everyone's part. For those who have not had knowledge of that agreement or who recently came into position, I would certainly ask them to seek out knowledge of that agreement.

I think the community as a whole should be consulted on what happens to them, and not have decisions made somewhere in a lofty tower, with the tablets being passed down to us as if only some people speak to God. My perception of life is that when only you talk to God, if you go deaf, everyone gets into trouble. That is what has been happening in Newark for too long. We are all going to speak to the "god" together. Then we can come to resolutions and solutions together. We do not want decisions passed down like tablets, where people are supposed to act just because you said so. That does not work anymore.

Thank you very much, and I am open to questions.

ASSEMBLYWOMAN GARVIN: Thank you, Edna. I do have a few questions, and I guess my first question has to do-- As you know, I picketed with everyone else for that agreement.

MS. THOMAS: Yes.

ASSEMBLYWOMAN GARVIN: I want to ask, does the Citizens' Advisory Board still function in a capacity with the Board of Trustees and Dr. Bergen concerning changes? Part of our agreement had to do with the permanent establishment of a Citizens' Advisory Board, and I know it is still in place. My question is, is it functioning?

MS. THOMAS: I have no knowledge of that. The only information I would have about the Citizens' Advisory Board would be what I hear through the grapevine or through the newspapers. From what I hear, I would say it is extremely limited. I know that Miss Connie Woodruff is supposed to be the Chairperson of that Advisory Board, but we have no way of knowing how often they meet, what their agendas are, or anything of that nature. I cannot say what their input is to the overall University structure.

ASSEMBLYWOMAN GARVIN: Thank you. I wanted the record to show that because the original agreement included the permanent establishment of that Citizens' Advisory Board and, as you know, I served on that Board for six years. Even when this problem was brought to my attention I was a little disturbed, because when I served on the Board, this problem would have come to the Advisory Board rather than become a legislative role. That is what I wanted the record to show.

My other comment has to do with your question, "Is it a part of the hospital?" I think the testimony we heard this morning has brought a lot of problems to our attention. For that, I think the hearing is worth its salt. The information which was shared with us was not known. There is a problem with funding. So, your comment about it being a part of the hospital is valid, because you can see from the testimony that we have two major agencies in charge and we do not know who is in charge. I would like to invite you, or members of your organization, to whatever informal meeting I have with Mr. Lamson, so we can begin to work toward the future to ensure that our services are not reduced. I will see that the people responsible are included, and I will definitely include you and members of your organization in the informal meeting.

I am fully knowledgeable of the Research and Development Unit because as a professor I send students here to do internships who have



the skills to write. I would like to ask, has the Center, from your point of view, or have the agencies you are affiliated with, had any contact with the Research and Development Unit?

MS. THOMAS: No, not to my knowledge.

ASSEMBLYWOMAN GARVIN: Okay. I would like the record to show that we do have a Research and Development Unit. The original purpose of this Unit was so there would be a centralized mechanism for grantsmanship. Your answer is that you have had no contact with this Unit?

MS. THOMAS: Yes.

ASSEMBLYWOMAN GARVIN: I see this Unit as bridging a gap between units where there are skills to write grant proposals to get moneys, and where there has been no contact.

MS. THOMAS: One of the mechanisms now in grant writing is that when you send programs to the Federal government, they know what is in every area. They will not fund a youth agency for mental health services at the same time they are already funding a mechanism for that service in your catchment area. That would be double funding. Why would the government want to give, say, \$30,000 for mental health -- do you know what I am talking about -- or \$25,000 here, \$25,000 there, in little pockets that maybe only certain agencies could use for their clients? They will write you a letter and tell you that certain persons are supposed to do certain things, and that your area has been included in their proposal. I have enough knowledge of grantsmanship to know that when you write for grants, you have to write them for the people who are poor and sick. I mean, you just can't write them out of the sky.

So, to me, if they are writing grants for this area, I mean for Newark, the most needy area they would have to write a grant for would be the Central Ward, because we are the poorest community. These are the people who need the help the most. You see, we are tired of folks writing for grants for us. When the time comes for the service to be delivered, we do not get the delivery.

ASSEMBLYWOMAN GARVIN: I think what you're saying is you have to do a needs' assessment in a grant proposal, and the Newark community would fit into a needs' assessment.

MS. THOMAS: Correct.

ASSEMBLYWOMAN GARVIN: Since you are talking about the catchment areas, my next question is, do we still adhere to those catchment areas? I think I helped to develop them about 20 years ago.

MS. THOMAS: Yes. Beth Israel Hospital is something that I am familiar with. They still adhere to their catchment area as part of the East Ward; also, the Correctional Homes Housing Project, parts of Irvington, and the South Ward of Newark, yes.

ASSEMBLYWOMAN GARVIN: So, there would be a conflict in moneys being received from the central mental health unit if an agency in a catchment area wanted to get moneys?

MS. THOMAS: Yes.

ASSEMBLYWOMAN GARVIN: So, we really -- boy.

MS. THOMAS: We are in a "Catch-22" situation here, do you see?

ASSEMBLYWOMAN GARVIN: What we really need -- I see Mr. Stephens back there but I want this on the record-- Maybe we need a Federal evaluation of our old catchment areas. What are they, about 20 years old?

MS. THOMAS: Something like that.

ASSEMBLYWOMAN GARVIN: It is about 20 years. I am going to date myself in a minute.

MS. THOMAS: I think, if I am not mistaken, there are about five catchment areas.

ASSEMBLYWOMAN GARVIN: We have had houses torn down; we have had a lot of shifting of the population. We have had changes in housing patterns.

MS. THOMAS: A lot of in-migration too.

ASSEMBLYWOMAN GARVIN: Yes, and a lot of new migration. I can see that we must begin to look at those old catchment areas to identify the population and the needs as they relate to a centralized mental health unit.

MS. THOMAS: That is correct.

ASSEMBLYWOMAN GARVIN: You understand I am making sure the record shows all of this. Dr. Horton coordinates the service.

MS. THOMAS: Yes.

ASSEMBLYWOMAN GARVIN: I would like to share my information with you. Dr. Horton is responsible for identifying within the hospital those persons available for the services.

MS. THOMAS: For the services, yes.

ASSEMBLYWOMAN GARVIN: Is he a part of the mental health clinic?

MS. THOMAS: Now, I don't know. I do not have anything in writing stating what he is supposed to do or what his services are. My understanding is that he is supposed to be--

ASSEMBLYWOMAN GARVIN: (interrupting) He is supposed to be Consultation and Education.

MS. THOMAS: Yes. Since they do not have that unit anymore--

ASSEMBLYWOMAN GARVIN: (interrupting) Okay. Let me share this with you. I think what we are saying is -- and all this can be checked out -- we have a person in charge of Consultation and Education who is going to use the expertise--

MS. THOMAS: (interrupting) Of the present staff.

ASSEMBLYWOMAN GARVIN: Yes, of the present staff. However, if they do not communicate this to the local agencies, it is just like not having it. I see that as a problem. Am I right or wrong?

MS. THOMAS: Correct.

ASSEMBLYWOMAN GARVIN: All right. So, we need to deal with the Consultation and Education component.

MS. THOMAS: Well, that is why in my original letter I asked about the plan of reorganization, which means what services will still be available and what services are going to be eliminated.

ASSEMBLYWOMAN GARVIN: A good point. My next question has to do with the referral service. Those agencies you represent, those agencies out there in our communities, how do they communicate that they need a service from where they are to the Mental Health Center here? I mean, could you--

MS. THOMAS: (interrupting) Well before, we basically knew who the individuals were because that kind of information was out to the community. You called the Consultation and Education Unit. If you did not have a specific person you wanted to speak to, they would give you someone to speak to. You could set up the service.

Let me tell you briefly why the Coalition is in existence. We saw with the United Way over a year ago that networking and the sharing of resources was mandatory, especially with the cutback of Federal funds. So, we brought the Coalition of different agencies together as a survival mechanism for services. This means that we constantly share services with each other and other agencies. At our monthly meetings, the membership is brought up to date on any deviation in services in Newark. The agencies are brought up to date on any elimination of services, and we discuss how to renetwork those same services so the families we serve can obtain them. It is just like now, we are not only dealing with this, we are dealing with the homeless, with abused children, where those services are in the Central Ward, and who the people are who are providing those services. We help them to get started to effectuate a better network.

Part of our problem is we have the network to service because that is a part of our mandate. We are only trying, through this letter, to find out exactly what is happening, in order to bring us up to date so we can make our agencies aware of what is happening and they can renetwork within their own setups, plus in the overall. It was for a positive reason that we sent that letter. I mean, just like we do with everyone else; he is not by himself.

ASSEMBLYWOMAN GARVIN: Let me make sure I have covered all of my questions. I see I didn't touch on communication. I see a problem with communication; I see a serious problem. This is not the only one, but I think we need to send a message to Dr. Bergen, if you will, whether it is through the Citizens' Advisory Board, or whether it is through the coordination of the agencies. I think we need to develop a communication system where the residents and the agencies in this Ward are informed on not only the services, but on any other changes. If we do not deal with this at this point, we are going to be in for a greater problem. You know, we are really going to have a problem.

MS. THOMAS: The reason I raised the question is because in this community, and I am just being honest -- you see, a lot of folks do not want to tell the truth-- The folks in Newark have a strange perception of this University that goes back long before this building

was here, back to the old City Hospital. I would have to grant you that a lot of the perception has been removed based on some of the positive things that the University has done. But, let me say that it doesn't take long to reestablish those perceptions when you do not communicate with people. You see all the fencing that goes up. There are strange rumors that persist relating to this identity. We in the Central Ward wonder, are Newark residents really employed here? You know? We go through the projects and we say, "Do you know anyone who works at the University of Medicine and Dentistry?" It is hard for some people to come up with an answer when you say, "Do you know anyone who works at the University of Medicine and Dentistry?" Then there is, "Where are the jobs for Newark residents at the University of Medicine and Dentistry?" We do not see any, but we are paying the freight on this.

Again, we are only asking for a fair share. They have had so many reorganizations of this place that there comes a time when the community says, "Well, do they really know what they're doing?" Every year in the paper, for the last five years, they have reorganized up here. So, it comes to the point of, "Why all the reorganization? Do they really know what they are doing there? Is our tax money well invested?" Those questions begin to come up based on perceptions of what you may or may not read in the newspaper. Then, look at the directors of the hospital who have been fired here. You know, Sue Brown is gone. Every time they have a reorganization, the only people we hear about leaving -- we do not know because they do not print names -- are black folks. We do not hear of anyone else leaving. This is based only on rumor, because we have no factual knowledge of who leaves. Do you know what I am talking about? That also presents a certain kind of perception relating to service.

There are a whole number of things that take play in my presentation here. It is a little far-reaching as far as perception is concerned. Since we do have a responsibility to the people we serve, we sometimes would like to serve as a buffer to misinformation, but when we sit down -- and we are bona fide agencies, we were not given birth to overnight; these are bona fide groups here -- and have to

quiry what takes place, and there is no information, no knowledge, then what can we do for the people we serve? They are puzzled because we are puzzled. I would just like to get rid of some of the secrecy. This is supposed to be public information, and we would just like to be a part of the positive things that happen in the Central Ward, not the negative things. We would like the University to let us be positive with them relating to services in the Ward. That is all we ask about, that is all we care about, and that is why I am here. Thank you.

ASSEMBLYWOMAN GARVIN: Thank you very much, Edna. I really appreciate your testimony. I think, between your testimony and Mr. Lamson's testimony, that we still have a lot of work to do. But, I think this is a beginning to getting the job done as we communicate. I will definitely follow through with the informal meeting. Thank you for your testimony.

Do I have anyone else who wishes to testify? (no response)

(RECESS)

#### AFTER RECESS

ASSEMBLYWOMAN GARVIN: May we have the hearing come to order? I have graciously had the patience to wait until one o'clock to see if anyone else showed up. I thank those of you who have attended today, and I will close this hearing with just a couple of comments.

One of my comments has to do with an informal task force, and I will identify the membership for a future informal meeting concerning services to the community relating to their mental health needs. I will also investigate the functions of the Mental Health Advisory Board, where it exists, and from whom does it exist.

I'm sorry my colleague who requested this hearing did not get here, but I think this has been a good hearing. I think we got a lot of information. It shows that there is a lot of work to be done for the benefit of the residents of Newark.

I would like to thank you all for coming.

(HEARING CONCLUDED)