
Committee Meeting

of

ASSEMBLY REGULATORY OVERSIGHT COMMITTEE

"Testimony concerning the barriers that formerly incarcerated individuals face when trying to reenter New Jersey communities; and testimony on the governance of local health officials"

LOCATION: Committee Room 14
State House Annex
Trenton, New Jersey

DATE: June 1, 2006
11:00 a.m.

MEMBERS OF COMMITTEE PRESENT:

Assemblyman William D. Payne, Chair
Assemblyman Alfred E. Steele, Vice Chair
Assemblywoman Oadline D. Truitt
Assemblyman Samuel D. Thompson



ALSO PRESENT:

Raysa J. Martinez
Office of Legislative Service
Committee Aide

Nicole A. Brown
Assembly Majority
Committee Aide

Kristen Antonello
Assembly Republican
Committee Aide

Meeting Recorded and Transcribed by
The Office of Legislative Services, Public Information Office,
Hearing Unit, State House Annex, PO 068, Trenton, New Jersey

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ASSEMBLYMAN WILLIAM D. PAYNE (Chair): The meeting of the Assembly Regulatory Oversight Committee will come to order.

We will have a roll call, please.

MS. MARTINEZ (Committee Aide): Assemblyman Thompson.

ASSEMBLYMAN THOMPSON: Present.

MS. MARTINEZ: Assemblyman Carroll. (no response)
Assemblywoman Truitt.

ASSEMBLYWOMAN TRUITT: Present.

MS. MARTINEZ: Vice Chairman Steele.

ASSEMBLYMAN STEELE: Present.

MS. MARTINEZ: Chairman Payne.

ASSEMBLYMAN PAYNE: Here.

Today, we are going to hear testimony on the whole question of the barriers to reentry for inmates into our society. And the second part of our hearing will deal with local health officers, and those kinds of health problems that impact on those of us in our communities throughout the state, particularly those in urban areas.

Because we have a number of folks that need to go to other hearings and other meetings, I'm going to ask that those of you who are here for the hearing on the barriers to reentry allow me to call several people who have to leave. I do believe that the Public Defender, and also Judge D'Amico, from the Parole Board -- Chairman of the Parole Board -- do have to leave.

And so I would ask Yvonne -- I believe Yvonne Segars -- to please come forward to the table and prepare to give your testimony.

Let me just say this. We, in our free society, have a responsibility for providing for our citizens. I believe that the government has a responsibility for providing for citizens through its services, and particularly for those people who cannot provide for themselves. I believe that we have an obligation and responsibility to do that.

As a matter of fact, I might read this quote to you. "The moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the aged; and those in the shadows of life, the sick, the needy, and the handicapped." Those words were said by Hubert Humphrey in 1977.

I think that we need to-- We are a society which must never lose sight of the fact that there are those within our midst who look to us, look to government, to provide for their benefits and wherewithal. And I do believe that sometimes our society has gone off in a different direction, a direction that does not seem to be a direction that is beneficial to all of us.

We are talking here, today, about reentry of inmates into society. We're talking about the difficulties that many people who have served their -- paid their dues, debt to society -- the difficulty they have in reentering into society; whether or not they're being prepared to reenter. And, unfortunately, too many times people in our society, in our community, determine that, "If this person is not coming back to my immediate community, therefore it's no problem of mine. It's not my concern," and, therefore, we do not -- have not been able to focus the kind of attention on the resolving of this problem as we should.

Another thing that I think our nation needs to be aware of, And, in fact, we need to have some concerns about it -- and, in fact, maybe even shame about it -- that more than 2 million Americans are behind bars -- the most, in absolute numbers and share of population of any nation on Earth. I think that's something that we really need to think about. And it's something that we need to think about -- how do we address that problem? It's a problem that impacts disproportionately, as we know.

In the State of New Jersey, we know that 83 percent of the people that are behind bars -- State prisons in the State of New Jersey -- are minorities. Sixty-six-some-odd percent of those are African-Americans; and the balance of that number are Hispanics. This, even in spite of the fact that 13 percent of the population in New Jersey is African-American.

Something is drastically wrong here. So we need to review not only-- We need to review sentencing. We need to review why it is that this disproportionate figure exists in our penal system. Overall, we have more than any other industrialized nation in the world in prisons. Something is wrong there. And then, as I say, the disproportionate numbers of minorities that are in prisons--

It is my understanding-- And certainly those of you who are professionals in this area will be able to tell whether or not there are people who are serving more stringent sentences for the same crime in certain neighborhoods than others are. I think there's a difference in meting out sentences, very often, for the very, very same crime. I know, in the area of drugs-- I think it's powdered cocaine and rock cocaine, or whatever -- that there are differences in sentencing. And I do also know that within our inner cities, youngsters very often are not afforded the station house

adjustment, which would allow them, many times -- who are picked up by police -- to be given alternatives to incarceration; that, too often, the disproportionate number of people that are going to prison for similar crimes happen to be minorities. And we have to address that.

And then, of course, we have to address reentry. I'm more concerned, frankly, with not just reentry -- but I'm more concerned with at the very beginning of the process of the criminal justice system. I think we need to find a way to reduce the number of minorities that are in prison for the same crimes. I think we need to look at that very, very seriously. And then we need to educate the entire population -- knowing that what we're talking about here is something that impacts on the entire community -- that, "It's not in my backyard --" of course it is. It impacts on all of us.

One of the reasons for this hearing today is to find out, number one, what is going on in our prisons. What's being done to prepare these inmates for reentry? What is, in fact-- I do know that in the previous administration -- a year or two ago -- that there were a number of programs that were going on within our prisons to prepare inmates for reentry. I don't know whether it's still going on or not, but I do know that the person who was initiating those programs, and implementing them, is no longer with us. But I do hope that these programs have been institutionalized. Maybe someone here can give us that information.

I'm going to ask whether or not my colleagues have anything they would like to say at the beginning of this hearing. If so, let's hear from Assemblyman Steele.

ASSEMBLYMAN STEELE: Thank you, Mr. Chairman.

I'm just going to, at this point, just welcome everyone here. I'm glad to see people, and listen to testimony. Then I'll (indiscernible) at that point.

ASSEMBLYMAN PAYNE: Assemblywoman Truitt.

ASSEMBLYWOMAN TRUITT: I'd just like to piggyback on what you and Assemblyman Steele just spoke of. I, too, have some main concerns that you're having. And my concern is the younger people. I noticed that the population is becoming younger and younger. And I do know that, as an educator, it's impacting on the educational system -- the regular educational system. And, truly, this needs to be looked at. What are we going to do with those children?

ASSEMBLYMAN PAYNE: We're very happy to have Assemblywoman Truitt with us. She is a freshman member of the Assembly. As a matter of fact, she had her first piece of legislation passed a couple weeks ago, at which time she wasn't familiar with the process and, initially, was a little bit concerned about why her legislation wasn't going through. Of course, that was initiation. (laughter) But she survived. She came through fine. And the fact that she does come from the area of education is extremely helpful to us. She is sitting in as substitute today for Assemblyman Peter Barnes.

Assemblyman Thompson.

ASSEMBLYMAN THOMPSON: I have no opening comments.

ASSEMBLYMAN PAYNE: Thank you very much.

Now we will hear from Ms. Yvonne Smith Segars, the Office of the Public Defender.

YVONNE SMITH SEGARS: Good morning.

My name is Yvonne Smith Segars. I'm Public Defender for the State of New Jersey.

And I would like to thank you, Chairman Payne, for inviting me to give comment on this really very important topic.

As you know, the Office of the Public Defender is all too familiar with the barriers that prevent an inmate's successful reintegration into society. We understand that many, if not most, prisoners face unemployment, substance abuse problems, low literacy levels, inconsistent or spotty work histories, mental health and medical problems, as well as a myriad of issues.

When released from prison, individuals receive few resources to help them secure jobs, access drug treatment, reestablish family ties, community ties, and gain employment. We also know that most inmates do not participate in educational, vocational, or prerelease programming in large enough numbers due to the decline in the availability of these programs in the custodial institutions. The rehabilitation programs effectively reduce -- if they're able to access them -- reduce recidivism and drug relapse, and improve their successful reintegration after release.

We are happy to work with this Committee to support the programs that strengthen efforts to assist individuals who return to our communities. The Office of the Public Defender, as you know -- we do not represent individuals who are on parole. We only represent people who are facing charges. So when they're released from prison, our office really does not have anything to do with those individuals who are reentering. But we will represent them if they reoffend. We represent probably close to 85 to

90 percent of all of those who are faced with criminal charges in the State of New Jersey. Due to the often insurmountable barriers of reintegration, we know that these people -- these offenders -- are likely to reoffend. And then, of course, they will be back into my office as clients.

The Office of the-- The New Jersey Department of Corrections did a three-year follow-up on all released inmates -- and I took this from one of my older reports, so I'm not sure how fresh the statistics are -- on inmates released from the New Jersey State prison system. This study of the New Jersey ex-offenders showed that the rearrest rate for adult offenders previously incarcerated in New Jersey is 53 percent; the reconviction rate, 41 percent; and then the reincarceration rate, 35 percent. Of those ex-offenders rearrested, approximately 52 percent were -- ex-offenders rearrested -- half of the 52 percent were rearrested within nine months of release. What does that tell you? People who are released from prison are not successfully being reintegrated into society. And they are finding themselves back in the criminal justice system for the many reasons I have listed already.

Of all the rearrested ex-offenders, less than two-thirds, or 62 percent, were rearrested within the first year of release. And more than three-quarters, or 77 percent, were rearrested after the first 18 months following their release. Of all released individuals, 26 percent of the ex-offenders will return to State prison within three years.

With the right programs in place, we know that we can do more to prevent recidivism. Such efforts will not only assist ex-offenders to redirect their lives in a positive direction, but will also benefit society in having more taxpaying, productive citizens -- fathers and mothers at home,

being active members and productive members of society. We will have less crime. And we will, of course, reduce State costs of incarceration. And I'd rather see that money, used to incarcerate people, be used to put programs in our communities -- not only to help people reenter, but to help, as you mentioned earlier in the other hearing, Assemblyman Payne, to keep young people from ever becoming a part of the criminal justice system in the first place. If you want to reduce who goes into prisons, we have to keep them out of prison.

ASSEMBLYMAN PAYNE: Ms. Segars, you said if we have the right programs in place-- What are the right programs?

MS. SMITH SEGARS: Well, I think that you know-- I think that that-- I can't answer that with specificity here. But I can tell you that when I-- First of all, *right programs* means, depending on the community that you're serving, the programs will differ between -- depending on where they are, what communities you serve, and what the issues are in that particular community; what the supports are, and the resources, and the community-based supports that you have in the community; what the faith-based community already has in place. There are many community-based operations that are available to us. They have to be funded, they have to be fortified. But I think that we have to be creative and think outside the box, in terms of what kinds of things we can do. We need to shift our thinking from--

Assemblywoman, you mentioned schools and being -- education. Well, you know, schools close at 3:00. Maybe schools need to be open longer. Maybe kids need to have someplace to go. Maybe kids

don't need to be on the streets and be attracted into the criminal justice system, or into gangs.

I can tell you this: There are more kids brought -- or more young people drafted into gang membership in prison than on the street.

ASSEMBLYMAN PAYNE: Ms. Segars, again, the purpose for this hearing, of course, is-- We know-- We're hearing more -- being educated more and more on the problems that exist. I'm going to try to find out-- When I ask, what are the right programs, maybe--

MS. SMITH SEGARS: Let me just say--

ASSEMBLYMAN PAYNE: Let me just say this: Maybe if, at this time, I raise the question-- Maybe there can be a follow-up, whereby you can present to us those -- what we call the *right programs* to try to reduce this 35 percent reincarceration kind of thing.

MS. SMITH SEGARS: If I can give you an example-- The Office of the Public Defender, although -- because we do represent people who are on probation, so that's a similar type of person -- on parole and probation. But they're both in the community.

The Office of the Public Defender-- We have a comprehensive offender assistance program. It's called CAP, the Public Defender's Community Assistance Program. It helps indigent individuals who face criminal charges to address the difficult facts of daily living in search of housing, and jobs, and treatment, health care, or something as simple as obtaining a Social Security card or a driver's license. It's very difficult to just get a Social Security card. And you can't even get a job without a Social Security card.

Our program uses what we call *Life Skills Advocates*, LSAs. We employ them. I got a \$250,000 grant from AmeriCorps, and we were able to fund this program. Through our program, Life Skills Advocates who help people link into these services -- as well as substance abuse assistance, employment, education, mental health counseling, and life skills. Our Life Skills Advocates identify the gaps in daily -- in service delivery, and work to reduce barriers in obtaining services by coordinating services and facilitating meaningful interventions for these individuals.

ASSEMBLYMAN PAYNE: How many-- Excuse me. How many are in this program? For instance, we mentioned the program where they get their Social Security, etc. How many are in these programs now? If you don't have it now, just let us know. How many are being serviced now? I mean, the programs are fine, but I'd like to know whether or not there is a--

MS. SMITH SEGARS: I'm just going ask-- The Director of my Life Skills Program is here.

W A N D A H. M O O R E: Assemblyman, were you interested in the number of Life Skills Advocates that were working with us?

MS. SMITH SEGARS: I'd like to introduce to you Wanda Moore. She is the Director of the Drug Court program, and also the Director of our CAP program, and oversees the Life Skills Advocates who service our clients.

ASSEMBLYMAN PAYNE: Is that mike on? (referring to PA microphone) Red light on, please.

MS. MOORE: It's on now.

ASSEMBLYMAN PAYNE: Okay.

MS. MOORE: I'm just curious. I just wanted you to clarify the question. Were you interested in the number of folks that we've helped so far, or the number of Life Skills Advocates we have working in our program?

ASSEMBLYMAN PAYNE: Well, both. I'd like to know how many-- If there's a program that's there to help the clients, let's say, I'd like to know how many of them are there, number one; and how effective is the program. And then, of course, the advocates, as well. And, number three, is it adequately funded?

MS. MOORE: Well, we can always use additional funding. How the AmeriCorps program works is, we have what we call a *living stipend* for our LSAs. There are 20. And the way we set up our grant was to actually have the Life Skills Advocates assigned to each county, working with each Office of the Public Defender in working with the clients as they try to negotiate pleas, as they try to get on probation -- to make sure that we were able to give them the assistance that they needed.

Over the last year -- and we are, right now, in our 18th month of the program -- we serviced over 400 individuals. We made referrals for mental health services, treatment, jobs, employment, and other things. And, particularly for us, I think mental health services was probably one of the most difficult and most challenging areas that we had to work with our clients. And we have prepared a summary of just some of the examples of how our Life Skills Advocates work with our clients, for those who are looking for treatment, mental health services, looking for counseling. We have many individuals who we found were schizophrenic. We did some initial assessments first to find that out. And then, just based on the

individual needs of the client, actually walked that client through the process, navigating the system. If it was education, if they needed to get a GED-- All of those instances -- we certainly were looking forward to working with them.

I do understand though, from the Commission here in New Jersey on volunteerism, the program will not be funded as fully-- We understand that there may be a 50 percent cut in the program. So we probably will lose our funding.

MS. SMITH SEGARS: I found, when I became the Public Defender, that we had this big void. And we needed to assist people who were in the probation status in order to keep people out of prison. And this was a big-- We don't have social workers in our office. So we applied for the grant. We received the \$250,000. And we have been funded for the past two years. And we've been told we're not being funded again.

But this is an example. This is a model. We created it. But you asked what kinds of programs-- I'm sure that there are a number of other programs out there. This is just what the Public Defender has tried to do to assist our clients to keep them out of -- from recidivating, and to being reintegrated successfully.

ASSEMBLYMAN PAYNE: You said there were 400 that were serviced. How many advocates?

MS. MOORE: Within the last--

MS. SMITH SEGARS: Over the last--

MS. MOORE: Within the last year.

ASSEMBLYMAN PAYNE: Over the last 18 months.

How many advocates are there?

MS. MOORE: Twenty. We have one in each county.

ASSEMBLYMAN PAYNE: And this is the AmeriCorps program -- it's federally funded?

MS. MOORE: It's a federally funded program.

MS. SMITH SEGARS: My office also pays insurance and -- health insurance for these people. And they also-- The employees also get a \$10,000 stipend for the year. That's their income, roughly \$10,000.

ASSEMBLYMAN PAYNE: The program-- You feel the program works, it's successful, etc.?

MS. SMITH SEGARS: Oh, yes.

ASSEMBLYMAN PAYNE: However, it's being -- funding is being taken out from it.

MS. SMITH SEGARS: Yes.

ASSEMBLYMAN PAYNE: And, therefore, what happens? What will be in its place? Where will the funding come from? What's in its place? If the program is working, will it not be -- die because there's no further funding for it? Is that the case?

MS. MOORE: Well, what we plan to do is, we are going to work closely with the colleges and universities, and to use the program as an internship program. Because we work with interns throughout the state, we're going to use interns in that capacity to work with the clients. So we are looking to partner with social worker organizations and other programs in the colleges to make sure that we can keep the program going. We will not let the program die. We just can't afford to-- Our clients can't afford to lose the assistance. And we have information just telling you all of the detailed work that our Life Skills Advocates -- like making sure you show up

at treatment, following up; making sure that you get the Social Security card, the driver's license, and really making things happen.

ASSEMBLYMAN PAYNE: I don't want us to fly backwards. You see, the purpose for this is that we are hearing, every single day, more and more about how terrible it's getting in our communities. And we're finding that there are some small programs that are working, in fact. And if we reach this plateau, I don't want us to slide back. And if you're telling me that you had a program that apparently was working for the last couple of years--

MS. SMITH SEGARS: It is working.

ASSEMBLYMAN PAYNE: --but for the last couple years -- but that there's not going to be any further funding for it, the question is, what's going to happen?

Now, I'm glad that you said now you're looking to partner with universities, etc. So that may be the way to reach over that and continue that program, you see. And I think that's, number one, what the era that we're living in -- where short funding, etc., etc. -- to use the imagination and do something like you're doing now, to move forward so that these youngsters -- whomever comes in that area can be serviced, is something that we need to do.

And if there's something that we, as legislators, can help to do-- We don't have money, obviously. However, I can tell you this: You can rest assured that some of us on the Budget Committee are going to make sure that we do everything we possibly can to make sure that we do not allow these youngsters to fall back into that abyss that they've been in.

But I'm glad to hear you say that this program will -- you're going to try to move forward with internships. And I'd like to, if you don't mind, get a progress report on just what's happening with that, how you're making out with it, etc., after it's become implemented. I'd really appreciate if you could send us a--

MS. SMITH SEGARS: Assemblyman Payne, if I could just add, there are certain things that are barriers to those individuals, that don't require resources that (indiscernible). I'm talking about barriers. Just yesterday, one of our clients, who is successfully living in a treatment program -- I'm talking about a drug treatment program -- doing very well, has a job, is working. We've been told that she is going to be removed and is being turned down from the treatment program because she cannot open a bank account. And why can't she open a bank account? Because she has liens, credit cards and things that got in her way before. So she has liens, judgements, credit card problems. And these liens in her background on her credit report are showing up. And the bank will not allow her to open a banking credit card account. Now, because she can't open the account, the rule of the program is that she has to leave.

So the question is, do we do something about the program forcing somebody out of treatment because they can't open a bank account? It's a silly rule. Or is it, do we do something with banking so that there are situations where banking and institutions are able to allow people to open up bank accounts for those kinds of purposes?

That's just an example that wouldn't take resources, but it does take redirection, new thinking, and a progressive thought process, in terms of how we deal with some of these impediments in everyday life.

ASSEMBLYMAN PAYNE: Thank you very much. We have other people coming on.

MS. SMITH SEGARS: Thank you.

ASSEMBLYMAN PAYNE: But I just want to say, the thing that should underline all of this-- The attitude I've heard, very often, is, "Well, that's the way it's always been," or, "That's the way we've always done things in government," you see. And what I really would like to get out of this hearing is for all of us in this room to recognize that we have a problem or a situation that must be addressed constantly. And I don't care-- We should not care how it's always been done. The fact is that we have people that are being victimized, that are falling through the cracks, etc. We have to do everything we can to address that, using our imagination, innovation, etc., because we simply cannot continue to have these people -- these young people and others -- to be back in prison.

We know that prison is nothing but an industry for people, etc., etc. And I really won't go into that right now.

But we need to come out of this hearing with imaginative, innovative kinds of ideas, the partnerships that we need. We cannot let these youngsters and others fall back into the system.

Thank you very much for your--

MS. SMITH SEGARS: Thank you.

MS. MOORE: Thank you.

ASSEMBLYMAN PAYNE: Before you leave--

Assemblyman Thompson.

ASSEMBLYMAN THOMPSON: Mr. Chairman, there is one of the items that she mentioned that they handle there, that had been listed

as a barrier to people when they get out-- And that is that they don't have proper identification: Social Security cards, or State IDs, etc.

MS. SMITH SEGARS: Yes.

ASSEMBLYMAN THOMPSON: I would think this would be a matter that could be easily resolved by requiring the penal institution, while the individual is incarcerated -- assist them in applying for and obtaining Social Security cards, or photo IDs, or so on, etc., before the individual is ever released, so that they will have it the day they walk out.

ASSEMBLYMAN PAYNE: Yes. I believe that we were headed in that direction. Those kinds of enlightened practices, under the previous administration-- And I think that we do have someone here from the State Parole Board. But we do have someone from the Department of Corrections that is here. And perhaps he can address -- they can address that.

Before you leave, we have other questions.

Thank you.

MS. SMITH SEGARS: Oh, excuse me.

ASSEMBLYMAN PAYNE: Could you-- Could either one of you respond to what Mr. Thompson -- or we can wait for Corrections to come.

Just raise your hand -- who is here from Corrections? Okay. Fine. Maybe they can answer that.

But I think Assemblyman Steele had a question.

ASSEMBLYMAN STEELE: Thank you very much, Mr. Chairman.

You said the program was 18 months, and it was a grant. Was it federally funded, State funded?

MS. SMITH SEGARS: Federally funded through AmeriCorps.

ASSEMBLYMAN STEELE: Federally funded, and it was a two-year program.

MS. SMITH SEGARS: The first year was funded fully, and then the second year we got the funding again. And we've been told that the next cycle is probably not likely to be funded.

ASSEMBLYMAN STEELE: And there was no matching dollars from the State?

MS. SMITH SEGARS: Well, what my agency -- what we're required to match-- When AmeriCorps funds the program with the stipend-- And those individuals also get college credit. My obligation -- the State's obligation is to -- we pick up their health benefits, and that's all. I don't pay them any salary.

ASSEMBLYMAN STEELE: And these are persons who are already out of the system.

MS. SMITH SEGARS: The people that we hire?

ASSEMBLYMAN STEELE: No, the clients that you're helping.

MS. SMITH SEGARS: The clients that we help are people who are involved in the-- We represent them in the criminal justice system. So there is some case going on. They're likely to be receiving probation. And what we want to do is, instead of having them sentenced to a jail term, we'll put together plans for them so that judges are more likely to give them a probationary term, keeping them at home rather than sending them into

prison. So we keep them stable, get them in treatment programs, get them into housing so that they're able to stay there.

And some people who are clients in our drug court programs -- we also work with them to help them, again, remain at home, remain on their probation and not violating probation; by keeping them, again, in education programs, or getting them housing, getting them health care, whatever they-- We help people access services.

ASSEMBLYMAN STEELE: Okay. And is that while they're incarcerated, or while they--

MS. SMITH SEGARS: No, while they're on the probation status--

ASSEMBLYMAN STEELE: Okay.

MS. SMITH SEGARS: --to keep them from becoming incarcerated.

ASSEMBLYMAN STEELE: So this Life Skills program will help them before incarceration.

MS. SMITH SEGARS: That's right. We hope to divert them. It's an alternative to keep them from going into prison. But these certain-- The same model can be just as effectively used after prison.

ASSEMBLYMAN STEELE: My next question is, first offenders -- what percentage, would you say, often plea -- take a plea, as opposed to going to trial?

MS. SMITH SEGARS: Oh, that's a hard question. I wouldn't dare answer that. I can't tell you what percentage.

ASSEMBLYMAN STEELE: Okay. And that's probably a good answer.

And I raised the question because I often hear that pleas are what come from public defenders -- is that they approach their clients with, "You should take a plea." And I would like to hear your response, based on your representation, and those who serve under you.

MS. SMITH SEGARS: That is not on my -- our approach -- as the public defenders who serve the citizens of the State of New Jersey. Our first obligation is to give them a full, and efficient, and professional representation to whatever charges they are facing. If they are not guilty of a charge, there would be no reason for them to plead.

We, of course-- As I said earlier, we represent probably 80 percent -- 85 percent of all indigent individuals who are facing criminal charges. It is a very difficult situation, because there are many, many pleas to criminal cases. However, many of the charges are dismissed, they are not billed, they are sent to municipal court. Those cases that are left at the trial level, and of which a substantial portion of them are plead to or there are guilty pleas taken -- thousands of cases before that have been disposed of in some other way. Either we've represented those clients and those cases have been dismissed, they've been downgraded, they've been disposed of, the cases have been dropped. What's left of those cases that finally make it into that trial stream-- The cases are indicted. Certainly, there are a greater percentage of those cases that are indicted. And a greater percentage of those cases where clients actually plead guilty.

And it's a very difficult situation, particularly when people are facing many more stiff charges -- I mean, laws -- mandatory minimums. It's very difficult, in the face of that, to take a risk and go to trial. People are very difficult. Pleading guilty is a choice that a client has to decide on his

or her own. We are there to provide them with the support, the services, the investigation that they need. And we give them that kind of dedicated representation. But it's a very difficult situation, certainly. But we also represent many people outside, in the drug court, where they're diverted. The first offender programs -- where people are diverted also.

ASSEMBLYMAN STEELE: Based from the point of applications, at what point does the public defender get to see the client?

MS. SMITH SEGARS: Well, my attorneys are instructed to see their clients within five days of arrest, if possible. That's sometimes not possible to do. But we hope that our-- But certainly within five days or 10 days they've seen their client. But many clients, from the time of arrest, if they're not bailed out, they go to a bail hearing within, usually, 48 hours.

ASSEMBLYMAN PAYNE: Assemblyman, let me just ask--

We would like to-- We can have the Public Defender back at some other time.

ASSEMBLYMAN STEELE: Okay.

ASSEMBLYMAN PAYNE: We want to make sure that reentry is primarily what we're focusing on.

MS. SMITH SEGARS: Assemblyman Steele, I'll be happy to come sit with you and visit your office. And we can have a conversation. And I can share with you as much information as you'd like, and try to give you the information you're looking to -- answers to.

ASSEMBLYMAN STEELE: Sure. Certainly. And I appreciate that. I just want to--

Thank you very much.

It was just a question I needed to highlight, because I hear some-- There's a perception and there's a reality, and that goes with every profession.

MS. SMITH SEGARS: The reality is, we have one of the best public defender systems in the country.

Thank you.

ASSEMBLYMAN PAYNE: That's coming from the--

ASSEMBLYMAN STEELE: And I'm glad to be here. (laughter)

ASSEMBLYMAN PAYNE: That's coming from the director.

Let's get some objective review.

ASSEMBLYMAN STEELE: And I just wanted to--

Mr. Chairman, if I may.

I just wanted to highlight the reentry -- the Life Skill program.

MS. MOORE: Yes.

ASSEMBLYMAN STEELE: And just for food for thought, you might want to -- as far as not so much a transition -- look at your social service. Tie your social service in with the county facilities. And what you'll find out is that there can be a relationship that could take place there where a lot of those needs can be met.

MS. MOORE: Thank you.

MS. SMITH SEGARS: Thank you, sir.

Thank you, Chairman.

ASSEMBLYMAN PAYNE: Thank you, both.

We have Judge D'Amico, Chairman of the New Jersey State Parole Board.

J U D G E J O H N D ' A M I C O: Thank you very much, Mr. Chairman. And thank you for this opportunity to discuss this extremely important issue.

Prisoners, you know, are told to reform, but they are actually given very few tools to do so. And they get entangled, as you mentioned, in the prison system. And many actually belong to it for life and spend large stretches of time outside, but never really able to fully reintegrate into society.

I would refer the Committee to an authoritative report on reentry barriers, which was issued in December of '03 by the New Jersey Reentry Roundtable. It's called "Coming Home for Good: Meeting the Challenge of Prisoner Reentry in New Jersey." Their major finding was, I think, important to be put on the record. "Former prisoners are rightly held responsible for their actions and their role in becoming productive citizens, but they are impeded by too many unnecessary and unproductive legal and regulatory barriers. Too many of our laws do not give those who have finished their prison terms a fair opportunity to succeed and do not advance legitimate security interests. Public policy affecting released prisoners should encourage and not prevent productive, pro-social behavior. At present, a broad range of statutes limit the employment opportunities for former prisoners, exclude them from public benefits, limit access to educational loans and grants, restrict voting rights and jury service, and severely curtail driving privileges."

And as you know, Mr. Chairman, the Legal Action Center, in 2004, issued a report entitled, "After Prison: Roadblocks to Reentry, A Report on State Legal Barriers Facing People with Criminal Records." And

New Jersey ranked 44th out of the 50 states on that report. And I've attached that as Exhibit B and C.

ASSEMBLYMAN PAYNE: Forty-fourth -- you mean that to mean ranking high or low.

JUDGE D'AMICO: Low.

ASSEMBLYMAN PAYNE: Near the very bottom.

JUDGE D'AMICO: In the country. And that's on the subjects of employment, public assistance, food stamps, access to criminal records by employers, voting, public housing, adoptive and foster parenting, and driver's licenses.

Now, a number of these issues have not only been highlighted by the Institute for Social Justice-- And I see Ken Zimmerman here, who can speak in greater detail to those issues. But, also, there was a report of the Re-Entry Policy Council, charting the safe and successful return of prisoners to the community, issued in 2005. This was a nationwide study, bipartisan, over a hundred participants and experts.

These two reports -- the New Jersey Reentry Roundtable and the Re-Entry Policy Council -- suggest that consideration be given to the removal of statutory and regulatory barriers to reentry in the following areas.

First, occupational and licensing bars. And there's more detail on some of those bars, attached, as Exhibit C -- or Appendix C -- to my testimony.

Second, modification of, or relief from, collateral sanctions, based on good behavior. And there is model legislation, which I have attached as Attachment D, on that.

Driver's license suspension: As you know, the motor vehicle division has had a recent study, and has published some recommendations -- reports on that issue. And those would be worthy of examination by this Committee.

Fourth, fair employment opportunity for qualified individuals who have criminal records. Employers can consider arrests that didn't even lead to conviction and deny employment on that basis. And that issue needs careful scrutiny. As does the issue, generally, of the use of criminal information for hiring purposes, both on hard copy and on the Internet.

Another important issue is accrual of child support arrears during incarceration, and the garnishment maximum for low-wage workers, which is currently 65 percent of wages. And what happens there is, individuals, while incarcerated, are accruing these child support arrears, even based on welfare liens. And then, when they come out, up to 65 percent of their wages are taken for that purpose. And so we have State policies conspiring, as it were, against successful reentry from an employment and wage standpoint.

Voting rights, which you have spoken eloquently about before-- The attachment of the report card indicates that New Jersey is among those states that prohibits voting until completion of parole. There are states that, however, permit voting upon release from incarceration, whether or not on parole. I think New Jersey should follow that model and would recommend that you look at that possibility.

The felony drug ban for public assistance eligibility is a major issue, which is described in these reports, as is the sufficiency of existing

benefits and eligibility criteria, a vast area of inquiry that, with the help of Human Services, needs to be explored.

Whether New Jersey should seek a Federal waiver under Section 1115 of the Social Security Act to expand Medicaid eligibility to nondisabled adults-- Again, the relevant departments should probably be asked to provide input on that.

Whether the prison population should be incorporated fully into New Jersey's workforce development strategy is another area of inquiry.

Access to private and public housing-- As you know, housing authorities can bar convicts from living with families. And families can be evicted if they house persons with criminal records that commit new offenses.

Linkage of information-- This last one is very important, as well. And I think it is a subject that the entire State needs to evaluate. And that is linkage of information systems to facilitate sharing and analysis of Criminal Justice, Health, Labor, and Social Services data, in terms of the State Office of Technology.

In addition, before release, there are some extremely important recommendations that these reports make. They say that reentry preparation should begin at entry into the prison system. The risks and needs of inmates should be assessed. We do that for parolees, but there ought to be, perhaps, consideration for a parallel program at the Department of Corrections, and so on.

ASSEMBLYMAN PAYNE: Mr. Chairman, these-- Some of the recommendations you're making-- You just mentioned the area of-- Some

of these things should start at entry into prison -- that reentry preparation should--

Did we not have-- Under the previous administration, did we not have some of these programs that had been implemented -- initiated in the Corrections Department, that were being followed?

JUDGE D'AMICO: Yes, that's correct. There was a-- Actually, there was a Reentry Roundtable, that the Governor's Office chaired, which brought together all the relevant departments. And former Commissioner Devon Brown and I participated in that effort, and came up with some areas of cooperation.

I understand, for example, that the Corrections Department is now going to regularly obtain Social Security cards -- to respond to an earlier question that Assemblyman Thompson asked. And there's more that can be done. But I would defer, obviously, to the Department of Corrections on those issues.

But other things, like involving families, planning for discharge in terms of housing, employment, and education, and health care -- which should be done cooperatively, and is being done cooperatively, between the DOC and the Parole Board.

I think all of these subjects are, obviously, complex. They're extensive. I've attempted, in the appendixes, to give you some ideas. I know that the Institute for Social Justice and other participants also have some suggestions. But we, I think, need to have a collective discussion and a cooperative effort involving the Criminal Disposition Commission, of which you have been a leader, and also interrelationships between these departments of State government.

And that would be my recommendation.

ASSEMBLYMAN PAYNE: Thank you very much for your testimony. And I've heard a number of these recommendations in the past, etc. And I guess we need to move to the next step. And that is to actually begin to pursue some of these recommendations, legislatively or otherwise, as you've mentioned. I have some legislation in, I believe, that deals with returning the voting rights to people.

JUDGE D'AMICO: Yes.

ASSEMBLYMAN PAYNE: But, across the board, some of--
Mr. Thompson, you mentioned before -- some of these things seem to me that they should be elementary, that they should be able to be implemented or, certainly, adopted.

ASSEMBLYMAN THOMPSON: As you said, at entry, rather than after when you're getting out.

ASSEMBLYMAN PAYNE: Thank you.

Do we have any -- members have any questions for the Chairman?

ASSEMBLYMAN STEELE: No. Obviously, I really don't have too many questions.

I was just concerned. He spoke on the child support piece. And I know that's been a question of concern, I guess.

Did you have any recommendations? How do we transition the charge of someone who has the inability to pay, then assess them after they get out? Has there been any solution to the process of thought as to how do we do that? I mean, we know there's a responsibility, yet there's an inability to pay the accrument while they're there. And then the

assessment after they get out -- and then try to get them back into the ability to pay for -- to take care of their own livelihood, as well as their responsibility. Has there been any dialogue on the process of how do we-- How are other states doing it? Are they still doing the same that New Jersey is?

JUDGE D'AMICO: This is a very complicated subject, because Federal law and Federal funding is contingent on the extent to which the State of New Jersey and the other states actually collect on child support arrears.

The other complication in this area is that this is an issue that is largely controlled by the courts. And it's up to individual family court judges -- of which I was once one -- to establish support obligations, and so on. Now, presumably, if the Administrative Office of the Courts and the Supreme Court were interested in a dialogue on this issue, some kind of payment arrangements could be discussed. But it's a very sensitive issue that involves Federal funding. So that will be a -- require a lot of analysis.

ASSEMBLYMAN STEELE: And yet it's one that needs to be -- that we have to take some course of action on. Because, if not, what we have is debt that remains unpaid, a child that never benefits from it, and a person who will never get out of debt.

JUDGE D'AMICO: One thing that the Legislature could look at would be the cap on the amount of wages that can be garnished, with a view to people reentering from prison.

ASSEMBLYMAN STEELE: Thank you, Mr. Chairman.

ASSEMBLYMAN PAYNE: Mr. Thompson.

ASSEMBLYMAN THOMPSON: Thank you.

In fact, that's the question I wanted to ask you. You said, currently, for low-wage earners -- they could garnish as much as 65 percent. Is that strictly New Jersey? How does this compare with the maximum in other states, or so on? That seems awfully high, 65 percent of wages.

JUDGE D'AMICO: I don't have, on the top of my head, the statistics. But I know there are other states that do not establish as high a threshold.

ASSEMBLYMAN THOMPSON: So you think that's strictly a New Jersey threshold?

JUDGE D'AMICO: That could be something that New Jersey could adjust, I would suspect.

ASSEMBLYMAN PAYNE: Thank you very much.

Chairman, the Vera report, that's coming out today, or tomorrow, or very soon -- the Vera report, I think-- What is it -- it's an evaluation of the criminal justice system. Perhaps Professor Wolff can speak to that when she comes here.

But you're familiar with the Vera report, are you not?

JUDGE D'AMICO: I have not seen it, so I can't comment about it at this point.

ASSEMBLYMAN PAYNE: It's my understanding it's coming out very, very soon, and that it comes down very hard on the U.S. corrections system anyway. And New Jersey does it very, very well. But perhaps we can have someone speak on that.

Thank you very--

ASSEMBLYMAN STEELE: Just one more question, Mr. Chairman.

ASSEMBLYMAN PAYNE: Yes.

ASSEMBLYMAN STEELE: Mr. Chairman, are all vacancies filled on the Board?

JUDGE D'AMICO: We currently have one vacancy that has remained unfilled.

ASSEMBLYMAN STEELE: Okay. Thank you very much.

ASSEMBLYMAN PAYNE: That's a discussion, too, for another matter. I have some concerns about the Parole Board and its workings, etc., etc. There have been people who have been on the other end of that who are -- who have relatives who have been involved -- been on parole, and who have said, at previous hearings that I think you were at, that many of their relatives or people waiting for parole are being delayed, and having hearings -- that their meetings are not held on a regular basis. I think each commission has 15 hearings at a sitting, and that there have been times when their hearings have been postponed at the last minute, etc.

And I don't know whether or not-- That's from people who have been on the other end of it -- those who are waiting for that kind of thing. I think at an earlier meeting you addressed that. Why don't you--

JUDGE D'AMICO: I can certainly assure this Committee that not only is there no backlog, that, in fact, we are actually ahead of the curve. We're conducting hearings as much as three to six months in advance, which may, according to some, be actually too far ahead. So I don't think there is any problem with anyone getting past their eligibility date for a parole hearing, unless there are unusual circumstances that require postponement having nothing to do with the Parole Board's readiness to conduct those hearings.

ASSEMBLYMAN PAYNE: Never the twain shall meet. One day we're going to have a sit-down with all sides to find out why -- where are these myths coming from that there are people that are being delayed in getting their hearings up, and whether or not the hearing officers are meeting on a regular basis, etc. Because there are people who will come before us and testify that their folks are slipping between the cracks, and that there is a delay, and things of that nature. So that's something that has to happen.

And if, in fact, that is one of the barriers, then we certainly really have to have an in-depth look at that end of the system, if that's the case. I truly hope it's not. But I know that, perhaps in the past, there were some legitimate complaints about that.

JUDGE D'AMICO: Back in 1999 and 2000, the Parole Board had fallen behind -- way behind -- I think 6,000 cases. There was a class action, *Hawker versus Consvooy*, a consent order under the supervision of the district court. That entire backlog was cleaned up by, I think, 2002, which was actually before I got to the Parole Board. I can assure you that we are current at this time.

ASSEMBLYMAN STEELE: I'm sorry, Mr. Chairman. Go right ahead.

ASSEMBLYMAN PAYNE: Do we-- Perhaps someone following can give us an idea of the number of people that are going to be released from prison over the next several years. As I understand it, there's a tremendous number of folks that will be released from prison in the next several years -- there are 8,000 or more.

JUDGE D'AMICO: Over the next five years, it's estimated that 70,000 people will be released from the State prison system. Some of them will max out, and others will be paroled.

ASSEMBLYMAN PAYNE: And some of them will go right back to where they came from, especially if we do not have the kinds of programs in place--

Budget cuts, sometimes, impact very, very deeply on the kinds of positive things that are going on. There are those who will say, "Well, if, in fact, we can provide a GED training--" And I know, at one point, under a previous commissioner, there was about 80 percent of the people involved in educational programs -- those who were in our prisons.

And I do know there were a lot of positive things that were going on. And, in fact, across the country they have noted the kinds of improvements that we were making within our system. And what happens is, people seem to isolate the prisons. "It's not in my backyard. It doesn't impact on me, therefore why should we spend money on education? Why should we do these things?" We should, because these people are going to be out there, and if we don't provide jobs for them, we don't provide training for them, believe me, it's going to impact on everybody. And I always say that if we can spend \$35,000, \$40,000, \$50,000 a year to keep a person incarcerated, and then complain about spending \$16,000 to educate them in an Abbott district -- something is wrong with a society that does that.

And I'm preaching to the choir, I know, because you're a member of the Criminal Disposition Commission. But I think, generally, we need to talk about this business of, "Well, it's not in my--" The fact is,

that when you look at our corrections system -- my god, it's a plantation system. You have prisons located in parts of the State of New Jersey where there are absolutely no minorities living in the areas except the ones in prison.

So something is wrong with this society, something is wrong with the system that allows that to happen -- that you have people who make their living off keeping prisoners locked up there. It's like a plantation of old. And I think that was one of the things that our previous commissioner said. And it got him in trouble. So we say, then, adopt a policy of hiding your head in the sand. Don't talk about it -- it will go away. The fact is that it does exist. And, in fact, if we do not recognize that there are gangs out there, that kids are learning to be gangsters in prisons, and if we don't address this -- I mean, all of us-- People don't want to hear -- "Oh, my god, there goes Payne again." You're right, there goes Payne again, because these guys are going to come out.

And the other ironic part about it is that people in prison in Cumberland County, or wherever they may be, are counted on the census, so that when you have a-- It becomes part of that congressional district. People who are locked up in the city of Newark, or Camden, or so-and-so-- They're removed and put into an area. And those people are then counted as part of the system and census. And Federal funds, and things like that, are based upon the population there. So Federal funds, etc., programs are funded based upon the people that are being imprisoned in that area. And the money is lost from the Newarks, and the Camdens, and--

This is something draconian about that, that's absolutely-- It makes no sense. And nobody wants to talk about it. But you want to know

something? As long as I'm in this Legislature, I'm going to talk about it until we do something about it, draw attention to it. I don't make friends with a lot of people, but that's okay. That's perfectly okay. We're going to do the right thing.

JUDGE D'AMICO: Let me just add to that. I absolutely agree. And as you know, the Sentencing Study Commission, of which I am a member, has proposed a reform of the school zone drug laws, which are not working and are producing this perverse effect of discrimination that you're describing. And those proposals are, I believe, already presented to the Legislature and, hopefully, will receive some attention.

ASSEMBLYMAN PAYNE: Thank you.

I don't mean to preach to-- Well, yes I do.

ASSEMBLYMAN STEELE: I think you certainly do, Mr. Chairman. I mean, I was going to ask you to tell us how you really feel. (laughter)

ASSEMBLYMAN PAYNE: Thank you.

ASSEMBLYMAN STEELE: But I think the Assemblywoman had a question.

ASSEMBLYMAN PAYNE: Yes, by all means.

Assemblywoman Truitt.

ASSEMBLYWOMAN TRUITT: Chairman, my question is, what is the -- or is there a percentage of the prison population in the workforce now -- in the regular workforce? Is there a contract or something that we have prisoners working--

JUDGE D'AMICO: I will defer that to the Department of Corrections, madam.

ASSEMBLYMAN PAYNE: We have representatives from the Department of Corrections.

ASSEMBLYWOMAN TRUITT: Okay.

ASSEMBLYMAN STEELE: I just have one question, and it will certainly be my last.

ASSEMBLYMAN PAYNE: Yes.

ASSEMBLYMAN STEELE: I know occasionally, or sporadically, you will get a request where there is a prisoner who is terminally ill. And the family appeals that that person be released for what -- because they're going to die. What is the process or the criteria that renders the Board to make that kind of decision, to keep that person or to let that person go?

JUDGE D'AMICO: The statutory provisions, as I understand them at this time, would require that that person be terminal and be expected -- or projected -- to pass away within a certain number of months of the time of discharge. And that's another area that could be looked at and liberalized, certainly.

We are-- I should add though, generally, in terms of discharge from parole, we are independently looking at cases where people have done extremely well on parole and maybe are on semi-annual or annual status, have stayed out of trouble, gotten good jobs, and otherwise have become responsible members of the community. And we are systematically reviewing those cases and doing parole discharges at this time.

ASSEMBLYMAN STEELE: Thank you, Mr. Chairman.

ASSEMBLYMAN PAYNE: Thank you.

Commissioner (*sic*), I'm going to have our staff -- legislative directors here -- review this so we can come up with some very specific kinds of recommendations of the Legislature -- that we can move this forward, because we are very familiar with these recommendations. And I want to make sure that we do something with them, rather than just hearing--

Thank you very much.

Assistant Commissioner -- Assistant Acting Commissioner Patty Friend, and Leah Kaiser, Director of the Office of Transitional Services -- the New Jersey Department of Corrections, please.

Good morning -- or good afternoon, now.

ACTING ASST. COMM. PATTY FRIEND: Good afternoon.

My name is Patty Friend. I'm the Acting Assistant Commissioner for the Division of Programs, Department of Corrections. I'm sitting in for Acting Commissioner George Hayman, who was unable to be here today. My official title is Director of Educational Services.

I have with me, today, Director of the Office of Transitional Services, Leah Kaiser, who will present our testimony. At the conclusion, we will be happy to answer any questions.

LEAH KAISER: Good morning.

ASSEMBLYMAN PAYNE: Good morning.

MS. KAISER: As Ms. Friend said, my name is Leah Kaiser. I'm the Director of the Office of Transitional Services for the New Jersey Department of Corrections.

I think the profile for the returning offender has been pretty well established. We're very familiar with the fact that this inmate population, in general, is uneducated. They average around a fifth or sixth grade reading level. They lack marketable vocational skills. They suffer from drug addiction or other substance abuse disorders. Many are homeless upon release, and many lack family support upon release. They also suffer from mental illness. Often, they report having one or more children and, as mentioned earlier, they have outstanding child support and paternity issues. And there is a portion of our population that also suffers from communicable diseases, such as hepatitis C and HIV and AIDS.

Let me begin by saying that the Department has become very proactive in the areas of case management and discharge planning, so that those offenders that are most likely to fail will be provided with the tools necessary to become productive members of our communities, rather than putting these same communities at risk.

The Division of Programs and Community Services is the core unit within the Department to coordinate the offender reentry process. In 2004, the Department of Corrections established the Office of Transitional Services. The mission of the Office of Transitional Services is to establish and enhance public safety by reducing the risk that offenders will reoffend and return to prison, by ensuring the delivery of comprehensive services on a continuum from the time that they enter prison through their reintegration back into society.

The goal of the Office of Transitional Services is to match offenders to institutional programs and community-based services according to their identified risk to recidivate and their needs for rehabilitation.

A major focus of the Department's reentry strategy is the coordination of programs and services in four key, interrelated areas: employment and economic stability; mental, physical, and spiritual health; housing; and family stability. The Office of Transitional Services provides interagency cross training and works to break down the barriers that affect offenders' abilities to successfully reintegrate back into society.

The reentry model that has been adopted by the New Jersey Department of Corrections incorporates findings from research in reentry best practices, recommendations made by the New Jersey Reentry Roundtable, the New Jersey National Governors Association's Prisoner Reentry Policy Academy, and leading national reentry authorities such as the Council of State Governments' Reentry Policy Council. It is built on the premise that transition must be based on proven reforms and best practice approaches.

Now, when you talk about reentry, it's generally accepted that successful reentry consists of several distinct yet overlapping phases. These phases involve assessment and classification, institutional treatment and rehabilitative programs, transitional planning, release decision making, community supervision, and aftercare.

So as far as assessment goes, the Department of Corrections uses a variety of empirically based and validated measurements to determine the risk and the need of the offender. The security risk and custody level of offenders are determined using what's called an *objective classification scoring system*. An objective classification scoring system employs a standardized evaluation and custody assignment of an offender based on

objectively defined criteria. These criteria are weighted, scored, and organized into a valid and reliable instrument.

At intake, all offenders undergo a medical and psychological examination. New Jersey is only one of a handful of states that employs a state-of-the-art electronic medical records system for all elements of health care documentation, from intake through discharge. The inmate is guided through a comprehensive intake process that involves a four-hour mental health assessment, a complete nursing history within 24 hours, a physician and dental examination within seven days, and an automatic referral to a psychiatrist or psychologist for any mental health issues. Female offenders receive routine pap smears and pregnancy testing at intake. All offenders are tested for tuberculosis, and undergo a risk assessment for HIV and hepatitis C. Offenders who may require special housing because of medical conditions are identified during the intake process and are routed to the appropriate facility.

Offenders are also administered an assessment to determine the level and severity of their drug and alcohol addiction. The assessment tool currently used in the Department has been shown, by research, to be an effective and valid approach to addiction identification within the offender population.

The Department has integrated a risk/needs assessment into the intake process that includes an overall risk score, that suggests the probability of recidivism and gives a series of program recommendations based on that score. This instrument is also identified by research -- reentry authorities as the best practice approach to offender reentry.

The Department conducts academic and vocational assessments using the Test of Adult Basic Education, or TABE test, and the Career Scope Interest Inventory. The TABE test measures the achievement of basic skills commonly found in adult basic education curricula. And the Career Scope Interest Inventory measures all 12 U.S. Department of Labor interest areas, as well as verbal, numerical, spatial, form perception, and clerical aptitude.

Other academic testing includes the Comprehensive Adult Student Assessment System, which measures adult basic skills for those inmates with limited English proficiencies. We also test with the New Jersey High School Proficiency Assessment, which measures competencies in a variety of high school subject areas.

A continuum of services and treatment interventions are offered to offenders during their term of incarceration. All programs are predicated on the evidence that rehabilitation works, and it is at the center of the Department's mission. The programs are intended to impact public safety and reduce recidivism rates in the long term. The services include academic and vocational programming, medical and mental health treatment, substance abuse disorder treatment, cognitive skills development, parenting skills training, financial literacy, work release, victim reparation, restorative justice, chaplaincy services, and mentoring.

For those who present the most serious substance dependency concerns, the Department has operated a continuum of care model for nearly 25 years. The Department of Corrections has 1,414 therapeutic community substance use disorder treatment programs in prison beds. The Department also provides services to the addicted offenders who are

ineligible for the therapeutic community program, through a program called the Living Imbalance Program. The Living Imbalance Program is a research-based educational model that incorporates 12 core curricula addressing addiction and other life areas that contribute to the addiction condition.

The Office of Transitional Services has standardized the core therapeutic social service programs offered in every institution. The core programs include programs that are recognized by national correctional authorities such as the American Corrections Association and the National Institute of Corrections.

Offenders will soon be referred for specific programs based on the outcomes of their identified risks and needs. This strategy assures the Department's resources are data driven and target those areas known to impact the likelihood of reoffense and recidivism. Additionally, each of the 14 correctional facilities offer adult basic education, pre-GED and GED, English as a second language, and post-secondary education. Vocational skills are offered in 26 various trade areas ranging from computer-assisted design, to building trades, to culinary arts.

In 2002, the Department introduced the Stock Market Game, which is a 10-week educational program based on a real-life simulation of the stock markets. The Stock Market Game teaches offenders about the markets, the American economic structure, and the global economy. Participants learn how the stock market works, the stock market terminology, and how to incorporate into the game what they see and hear in the news and in the newspaper.

When offenders near the point of leaving prison, there are specific steps taken to assist the offender in making a successful transition into the community. While all correctional facilities offer basic discharge planning and prerelease interviews, prerelease services vary by correctional facility because of the population size and the type of offender at each correctional facility.

Prerelease discharge planning ranges from administering questionnaires that gather information, gather relevant post-release information, and conducting one-on-one prerelease interviews; to intensive case management, and to include a transitional living experience.

Offenders are--

ASSEMBLYMAN PAYNE: Excuse me. You say that these programs are offered. Are they mandatory? Do we provide-- You say it varies from place to place. How is it determined? You said, number one, the size of the institution and also the need. How is it that because a person may be in a smaller facility, that these kinds of release programs are not afforded to all of them?

MS. KAISER: There's two different programs that I mentioned -- or at least two different groups of programs that I mentioned. One is academic and vocational. And as we all know, for educational purposes, under the age of 21 those programs are mandatory.

Is that correct?

ASSEMBLYMAN PAYNE: Is your red light on, please?

MS. KAISER: Oh, I'm sorry.

Did you want to answer that? It's about the education.

ACTING ASSISTANT COMMISSIONER FRIEND: The educational programs are mandatory for those offenders that are 21 and under.

ASSEMBLYMAN PAYNE: Okay.

ACTING ASSISTANT COMMISSIONER FRIEND: Education is mandatory -- that they complete school and get a high school diploma through their sending district.

ASSEMBLYMAN STEELE: You said 21 and what?

ACTING ASSISTANT COMMISSIONER FRIEND: Twenty-one and under -- under the age of 21. Twenty-one and under. And 21 if they are classified with the educational handicap.

ASSEMBLYMAN PAYNE: And 81 percent of them pass their GED, I understand, or something like that.

ACTING ASSISTANT COMMISSIONER FRIEND: We have a high number that have passed the GED.

ASSEMBLYMAN PAYNE: Higher than out in the public, I understand.

ACTING ASSISTANT COMMISSIONER FRIEND: Those are the adult offenders who are over 21 -- that we offer the GED program. However, it--

ASSEMBLYMAN PAYNE: I just wanted to see if we could summarize your testimony, and then we'll ask one or two questions.

MS. KAISER: Sure. Okay.

There are a number of programs that I would like to mention, because they've been brought up in questions earlier. There was an issue that was discussed about offenders obtaining their identification while

they're in the prison setting, prior to their release, correct? And I have an answer for you on that.

The offenders are assisted in obtaining their identification, including birth certificates, driver's licenses, and Social Security numbers. Last year, the Department of Corrections entered into an agreement, a memorandum of understanding, with the Social Security Administration -- and the Department of Corrections -- to ensure that all offenders that have Social Security cards are able to get and obtain duplicate Social Security cards prior to release.

Our Social Services also make community referrals, assist with housing placement, and instruct offenders on how to contact the New Jersey--

ASSEMBLYMAN THOMPSON: If I may interrupt.

MS. KAISER: Sure.

ASSEMBLYMAN THOMPSON: You said to ensure they can get duplicates. What about those who do not have Social Security cards?

MS. KAISER: That was an issue. It took us almost two years to get that agreement in place. That was not at the expense, or whatever, of the inmates. What had happened was, the Social Security Administration, after 9/11, had become very, very strict around their proof of identification, because of identity fraud. And when you look closely at the agreement, it's only afforded to duplicate -- for duplicate Social Security number cards, because of one main reason.

Our inmates, in general-- While they're in our institutions, they don't have ID. They have been very transient in their lives. They might have lost it. Obviously, they're not coming into the institutions with

those identification cards. And they have a very difficult time obtaining birth certificates and those kinds of things because of the point system that goes into obtaining identification.

So, in this agreement-- The beauty of the agreement -- which was what took so long to put in motion -- was that Social Security would agree to allow the Department of Corrections, in essence, to vouch for them, to say that this individual is who they say they are, according to our records. So we are able to bypass a lot of the other more stringent requirements that you or I would need to go through if we had to try to get a duplicate Social Security card. And off the table was new Social Security number cards. That was not even considered by the Social Security Administration.

ASSEMBLYMAN THOMPSON: But that, as you say, takes longer, because they don't have birth certificates, etc. So it seems to me like that's even a greater need there. The process should be started to try to get their birth certificate, etc.

MS. KAISER: Most of our--

ASSEMBLYMAN THOMPSON: Because if the process doesn't start until they get out of prison, the length of time it's going to take to get a Social Security card means how long they're going to be unemployed. So, if you're in a prison serving-- Well, okay. The application for a birth certificate and so on submitted-- And, hopefully, some of this stuff can be accomplished before they get out.

MS. KAISER: What really becomes critical for obtaining employment is a Social Security card. And the majority of our offenders, at one time in their lives, had a Social Security card. Very often, they've had

more than one Social Security card. So we can usually trace it back to an original document.

The birth certificates are less of a priority, as far as getting and obtaining employment. We do, however, provide applications to the inmate population who do want to put forward an application to get those documents, as well.

ASSEMBLYMAN THOMPSON: I was thinking that might be a requirement to get the Social Security card.

MS. KAISER: It used to be. With this agreement, it is no longer necessary.

ASSEMBLYMAN THOMPSON: Well, the new applicants, I'm talking about.

MS. KAISER: I can't speak to that.

ASSEMBLYMAN PAYNE: Thank you.

MS. KAISER: Sure.

There are other programs, if you'd like to hear more about them.

ASSEMBLYMAN PAYNE: We do have other folks. If you could--

ASSEMBLYMAN STEELE: I just wanted to ask a question, Mr. Chairman. Maybe we can do that in lieu of the--

ASSEMBLYMAN PAYNE: Sure, Assemblyman Steele.

ASSEMBLYMAN STEELE: Are you going to provide that testimony for us?

MS. KAISER: Sure.

ASSEMBLYMAN STEELE: Okay. We have that already?

ACTING ASSISTANT COMMISSIONER FRIEND: We'll provide it.

MS. KAISER: I can give that to you. Sure.

ASSEMBLYMAN STEELE: Okay.

MS. KAISER: And everything that is discussed in here will be outlined in that. There are several highlighted programs, that are specifically pertaining to the reentry program, that are described in this.

ASSEMBLYMAN STEELE: Mr. Chairman, my question was, what percentage of the prison population is 21 and under?

ACTING ASSISTANT COMMISSIONER FRIEND: A very small percentage. We have approximately 27,000 inmates incarcerated. And the 21 and under-- Our last count, on October 14 of 2005, was 650. We're now down to roughly about 500 -- probably about 580 now.

ASSEMBLYMAN STEELE: My next question, Mr. Chairman, is--

I know you spoke of the mental illness.

MS. KAISER: Yes.

ASSEMBLYMAN STEELE: And I know that that's a situation where you continue to look at it. The question is, is incarceration really the answer to their need, and how do we meet that population? Has there been any thought on how we need to deal with that person?

MS. KAISER: I'm glad you brought that up. There's another memorandum of agreement that's about to be signed off. And this is a tri-agency agreement. It's between the Department of Corrections, the New Jersey State Parole Board, and the Social Security Administration. And what that will do--

One of the big problems with mental illness, and offenders that are leaving our institutions-- After having been in a system where those needs are met -- we provide for their mental health needs -- is that when they leave, their entitlements don't kick in right away, or they've been terminated because they've been incarcerated. This agreement will allow offenders that have mental health and -- mental illness and physical disabilities to move through the application process prior to release, so that the waiting time has been significantly reduced between the time that they walk out of our prison versus the time that they start receiving those benefits.

The benefits are huge, because they're a stabilizing force for the offender population. They're able, obviously, to use that to get medical care and whatnot. But they're also able to use it for stabilizing housing, etc.

ASSEMBLYMAN STEELE: Mr. Chairman, final question, if I may.

ASSEMBLYMAN PAYNE: Thank you.

ASSEMBLYMAN STEELE: You've been so kind.

ASSEMBLYMAN PAYNE: Yes, your colleague is waiting patiently to--

ASSEMBLYMAN STEELE: Oh, well then I will yield, of course. There's a gentleman in the house.

ASSEMBLYMAN PAYNE: Thank you very much. I appreciate it.

Ms. Truitt.

ASSEMBLYWOMAN TRUITT: I would just like to know--

ASSEMBLYMAN PAYNE: Is the red light on? (referring to PA microphone)

ASSEMBLYWOMAN TRUITT: I would just like to know, what is the procedure or process of your exit counseling?

MS. KAISER: That's a hard question to answer, because first and foremost, it's going to depend on the individual needs of the offender. What we do is -- and I mentioned this -- that every inmate has a prerelease interview. There is a questionnaire that we fill out. And, again, depending on what the needs are, that kind of drives the individualized programs. We're starting to develop some really unique programs within the Department of Corrections.

I mentioned a transitional living experience. Down in one of our southern programs, my office created a prerelease transitional housing unit for 130 medium-custody offenders. During that time, we have what's called the multidisciplinary team review. Those offenders meet with teachers, social workers, chaplaincy, custody, whoever else might -- mental health, if that's a need of theirs. They meet with them and they discuss what is going to be their postrelease plan. And they begin that process 12 months prior to release.

The reason why that's important is because some of the things that were mentioned earlier about processing applications for identifications or medical benefits -- you can't do that at the last week. And without these types of programs, what happens is, the offender population is notoriously living in the moment. They won't do anything until the week that they're walking out of the door. So what we're trying to do is develop an artificial setting so that they're forced to start addressing these areas prior to their

release. Because we recognize that if they're not put in play, they're going to end up a very high risk to reoffend.

That's an example of a program. There are many others that I can go into, but I'm not sure if I have the time.

ASSEMBLYWOMAN TRUITT: Is the medical piece a part of that?

MS. KAISER: Absolutely. We have-- There is a medical discharge plan, a discharge summary. And if an offender signs off on a consent to release information, we can release it to you if you'd like. Typically, we release it from medical provider to other medical provider. But we also release it to the offender.

We're trying to move in the direction of having these electronic medical records provided for on disc. And we would hand the offender a disc prior to release. We're not there yet. We're working on it. In the meantime though, what we do give them is the written copy of their medical discharge summary. And then we also hook them up with a follow-up appointment in the community, particularly those who are mentally ill; as well as a two-week supply of medication, if they're taking medication.

ASSEMBLYWOMAN TRUITT: My last question: Now, is the family a part of that exit counseling?

MS. KAISER: That's another hard one. Yes, I personally would like to move in that direction. I oversee all the social service departments throughout the 14 facilities. And we do have-- Historically, what we've done is, we provide parenting skills training for the men and the women. What I would like to see happen is -- and we're probably going to have to partner with outside agencies in order to do this. But I would like

to see more intensified family reunification. Part of the barriers to that has been-- A lot of these guys -- males I'm referring to -- and women, I suppose -- have burnt a lot of bridges. And some of the family members have moved on. If they haven't had that family as part of their lives-- You know, these women or men that are living in the community -- they have to go on with their lives. And at times, the incarcerated family member becomes quite a burden to that family. So you're struggling with that dynamic.

Not to mention that for those families that genuinely want to be part of their loved one's release planning, it can become quite challenging because of the locations of where our institutions are. And so we need to come up with some pretty creative strategies to try to encourage, and support, and facilitate the transportation of these families to these far-reaching institutions.

I'd like to take it a step further. I'm not sure how this is going to go over, but I'd like to really have a couple of family reunification meetings prior to the loved one being returned to their family. There are a lot of opportunities in this area. It's just a matter of time, and trying to prioritize where we're targeting our resources, and those kinds of things. And as we all know, these offenders have a lot of needs that we have to address. And so we're whittling away at it.

ASSEMBLYWOMAN TRUITT: Thank you.

ASSEMBLYMAN PAYNE: Thank you.

How is the-- You know, we're in the budget cycle now. The impact of the budget situation -- how is that impacting on these very, very meaningful programs that you have?

MS. KAISER: I think both of us should probably answer this question.

But from my end, where I fall in this-- During a very conservative fiscal climate, what I've tried to do is use research to kind of target my resources effectively. I don't have the time, or the money, or the staff to throw away resources on programs that don't work. So what I need to make sure that I'm doing is-- I have to be very sophisticated and savvy. And there's been a lot of national research on what is working. I'm using those as the backbone of my strategy.

I can't say, though, that that's easy. There's not nearly enough in-house resources to be able to provide for the myriad of needs that these offenders have.

The other area that I have to explore, and I am exploring with the Department, is this business of collaborative partnerships. The Department of Corrections-- There is no way that we can do this alone. It takes a village to raise a child. That's exactly what we have to do. And so we're reaching out to Parole, to Legal Services of New Jersey, to the New Jersey Institute for Social Justice, to the faith-based community. Whoever is an interested party or a key stakeholder, which is basically all of us, I'm trying to tap those resources and to see how I can come up with an effective strategy. It might be a little different for some of the other programs.

ASSEMBLYMAN PAYNE: Ms. Friend, did you want--

ACTING ASSISTANT COMMISSIONER FRIEND: In education, we get some funding. But I have to reiterate Director Kaiser. We've been partnering with fellow agencies; and we partner with the Department of Labor, who was so gracious to give us a grant to implement a

workforce learning lab, computer lab, in two of our facilities. And we're in the process of a third facility. But it's my vision to keep begging the Department of Labor so that we can get that workforce learning lab in all 14 facilities.

But we get very small funding for our adults, which comprise most of our population. And the funds that we do get for our school-age population is minimal. So that money goes strictly to the school-age population. But as far as education and programs, in that respect, we can always use money. So we kind of reach out to any kind of grants that we can write so that we can -- to get all of the funding we can to expand our programming.

ASSEMBLYMAN PAYNE: You anticipate a flat funding for these areas in the Corrections Department this year, or less money, or what? Have you been informed by your director or Commissioner of whether or not your programs are going to be flat funded, or they're going to be increased, or they've asked for any more money, or what?

ACTING ASSISTANT COMMISSIONER FRIEND: We haven't discussed funding at all, as far as what we're going to receive in the coming year.

ASSEMBLYMAN PAYNE: Have you discussed what you need? I mean, does your Department sit down and say, "Well, this is what we're doing and, Commissioner, this is what we need"? I mean, has that discussion taken place at all?

ACTING ASSISTANT COMMISSIONER FRIEND: Yes. We have put forth our needs to maintain the programming that we have. The

powers that be, or the administration and finance, do-- They are very aware that we need a certain amount of funding to maintain what we have.

ASSEMBLYMAN PAYNE: I guess we need to evaluate whether or not these programs are essential, and whether they're important, and whether they impact on the population of the State of New Jersey. And if, in fact, they do, then I guess we need to have advocates to see to it that these are regarded as important as other ones, as buying more guns and things like that. It would seem to me that we spend a lot of money on hardware and things like.

But it's extremely important, I suppose, for the entire community to recognize that what we're spending in these areas is something that impacts in a very positive way on the total community. And I guess you need advocates to try to see to it that you get far more support for the programs that we're talking about. Because these people are going to be back on the streets. I mean, it doesn't make any sense. It's kind of asinine.

But, anyway, the Criminal Disposition Commission is one of the commissions that will be able to begin to work -- human resources, etc., etc. And we're going to hear from both of the representatives from the Criminal Disposition Commission in a moment, about some of the education programs; and how to partner, and things like that, with other departments.

So I want to thank you very much. We have-- We're running kind of short on time. And I appreciate you for being here with us today to tell us about this.

ACTING ASSISTANT COMMISSIONER FRIEND: If I can make one more comment. Earlier you had mentioned our former Commissioner and some of the initiatives that were started. And I just need you to know that those initiatives under the former Commissioner-- I worked too hard with that former Commissioner, and too closely with him, to let those initiatives go down the drain. So those initiatives have continued. They will continue. And my vision is to expand on anything that we have in the Department now.

ASSEMBLYMAN PAYNE: It's very helpful to hear from you. You need to put pressure on those of us in the Assembly or in the Senate -- the Legislature -- to see that you continue to get the funding for that. Because I think, very easily, with the stroke of a pen, they will eliminate those because, like I said, it's not -- intangible. It doesn't buy new helmets for riots and things like that. That's more glamorous. But I think--

The Vera report -- I mentioned that earlier on. Are you familiar with the Vera report at all?

ACTING ASSISTANT COMMISSIONER FRIEND: I'm familiar with it. But the report that you mentioned earlier -- I have not seen that.

ASSEMBLYMAN PAYNE: I've been informed that it's coming out momentarily, and that it's very negative on the total corrections field -- very negative about U.S. corrections. And I don't think George fairs very well there at all.

Thank you very much.

Ms. Truitt.

ASSEMBLYWOMAN TRUITT: One other question. Now, with the youngsters that are 21 and under-- I heard you say that there were a couple of facilities that had -- equipped with--

ACTING ASSISTANT COMMISSIONER FRIEND: Workforce learning labs?

ASSEMBLYWOMAN TRUITT: Yes, workforce learning labs.

ACTING ASSISTANT COMMISSIONER FRIEND: What we did-- The funding that we get for the 21 and under-- Those are targeted, because those inmates are housed at our youth facilities: Albert C. Wagner, Garden State, and Mountainview Correctional Facility. The labs are at Mid-State, which is an adult facility; Edna Mahan, which is our female facility; and Albert C. Wagner, which is a youth facility. So we picked three facilities, that didn't really have too much funding, to start those labs. So we did get one youth facility. But my vision -- the other two youth facilities -- those labs, if we do not get funding from the Department of Labor -- is to take some funding that we get for the -- that population, and to equip those labs at the other two youth facilities.

ASSEMBLYWOMAN TRUITT: Okay. Thank you. I just feel that it's critical.

ASSEMBLYMAN PAYNE: Thank you very much.

The Department of Labor -- maybe we can get them to release some more of their money, since it does affect the entire state, including people at the public--

Thank you very much for being here.

I'm going to ask Ken Zimmerman and Christopher Hill to come up together. Ken Zimmerman is here, and Christopher Hill.

And then, after that, we're going to ask Candace McCoy and Nancy Wolff to come up.

Ken Zimmerman is with the New Jersey Institute of Social Justice. And Christopher Hill is with Legal Services of New Jersey.

Identify yourselves, and let us hear from you.

Thank you.

K E N N E T H Z I M M E R M A N: Good afternoon.

I'm Ken Zimmerman. I'm the Executive Director of the New Jersey Institute for Social Justice. I'm very pleased to be here.

C H R I S T O P H E R H I L L, E S Q.: I'm Christopher Hill, Supervising Attorney of the Prisoner Reentry Project, of Legal Services of New Jersey.

Thank you for allowing us the opportunity to be here.

MR. ZIMMERMAN: Very good.

If it's okay to go in reverse alphabetical order, I'll go first. I appreciate that opportunity. With a last name beginning with Z, it doesn't happen very often. (laughter)

ASSEMBLYMAN PAYNE: What makes you think it's going to happen now? (laughter)

MR. ZIMMERMAN: One can always hope.

I want to first start off by just thanking you, Assemblyman Payne, and this Committee for your leadership, your passion, and your commitment to addressing this issue. It's of critical importance here in New Jersey. And, frankly, the idea that New Jersey currently sits 44th in terms of addressing barriers for those individuals who are being released is close to inexcusable.

In terms of where New Jersey stacks, we have the resources, I think we have the nature of the sophisticated government -- that we should and need to be doing far better than we are.

I know the time is short, so I have provided fairly extensive materials. And let me just briefly run through what I've given you. And then I will really focus my comments on just a very brief background about prisoner reentry in New Jersey, and, more specifically, the barriers and some steps that might be taken to alleviate them.

What you have attached to my testimony are four separate pieces. One is just a one-page fact sheet, which I've also passed around. It gives the high points, based upon fairly extensive work we did under the rubric of the New Jersey Reentry Roundtable. This was an effort that was led by Stanley Van Ness, former Attorney General John Farmer, the former Commissioner of Corrections, Parole Board, etc. It convened 75 individuals not just from the criminal justice community, but from the faith-based community and the community-development community, and the rest. And the premise behind the New Jersey Reentry Roundtable is that we can no longer let issues of prisoner reentry be exclusively criminal justice issues. All of us have a vested interest in ensuring -- from the matter of public safety, from an effective use of resources, from a matter of humanity -- to have these addressed.

The final report of the Reentry Roundtable, "Coming Home for Good," has been mentioned. That's here. It's 32 pages of single-spaced recommendations about what the State might do. I don't want to suggest, if you're having trouble sleeping, this is where you start. But it is a very

comprehensive document that includes insights from a great number of other people.

A second document that's not included, but it's on our Web site -- I'd be happy to make the document available -- is a report from the Urban Institute called "Prisoner Reentry in New Jersey" -- a portrait of it. This has detailed, factual information from AOC, DOC in response to many of the questions -- demographics about who's currently in the system, information about who's being released and who's not, some information about what are the changes in sentencing law that have led to the four-fold increase in the number of incarcerated individuals over the past two decades. I won't go through all of it, but I would particularly note the mapping that's included about where probationers are going, where parolees are going -- that reinforces Assemblyman Payne's obvious observation. The concentration for certain individuals means that some of our communities have such a deeply vested interest in changing policy and practice, and reinforce that point.

And then, finally, there is an eight-page legal analysis by my colleague Nancy Fishman, who could not be here today, expressly on the legal barriers to reentry: going through employment, public benefits, housing, and the like. I am not as expert on the finer points than she is, but I can certainly go over some of them. In the interest of time, because it's there in writing, I would refer you to that document.

Very briefly, the New Jersey Institute for Social Justice, for those of you who don't know us, was established six years ago by Alan Lowenstein. We were fortunate enough to be chaired by Nick Katzenbach, Ted Wells, Zulima Farber, Bob Curvin, Richard Roper -- were also founding

members of our board. And over the past four years, as we have committed our efforts to address prisoner reentry, we started with the Reentry Roundtable. And the research that we've done followed up not just about research, but about making something happen.

Right now, for example, we've launched an employment program for people coming out of prison. We developed, in conjunction with the Department of Corrections, the *Essex County Smart Book*, which DOC is now handing out to all of those returning in Essex County, with the kinds of resources that are available.

We similarly convened, with Rutgers University, a three-part series on reentering the family, exploring many of the very difficult issues and, again, included DOC, the State Parole Board, and others.

And we've also, frankly, been running, for a period of time, a program that's not reentry related but has bearing here, a program that takes Newark residents, in particular, and helps them enter the building construction trade unions. We feel very proud that 175 Newark residents, through this program, have become union members. I mention it, though, because while we don't necessarily publicize it -- even though, I guess, I'm doing that now -- many of the people who participate in the program are people who have criminal records. The construction trade unions are an area in which there isn't an absolute bar to employment. And as a result, through some of the networks we've had, this has been a program with some success.

With that as background, let me just turn to a couple of the high points, I believe, that are relevant about prisoner reentry in New

Jersey, and then turn a little bit more to the issues of barriers and some specific recommendations.

The figures -- and they are listed there on that one-page fact sheet -- frankly, I think, are somewhat stunning. The idea that 70,000 individuals are going to be released from State prison, back -- to be going home over the next five years; the idea that the State is currently spending over \$1.2 billion in incarceration and supervision -- and that's an amount that's increased twice as much as spending for higher education, for property tax relief, and the rest.

Just as significantly, 62 percent, based upon a 1994 cohort that's mentioned there, are rearrested within three years -- a somewhat staggering figure, but consistent with national trends -- and half of all of those in the first three months after release. And then, at the end of the day, something that all people here know very well, a third of everybody being released are returning to either Essex or Camden counties. Eighty percent of everybody being released are minority.

I would just note a couple of other background pieces about our criminal justice system that are relevant, not necessarily focused upon. The first is that at this point, as a result of our changes in criminal justice law, 40 percent of everybody being released are maxing out. In other words, these are individuals who are not going on to any form of supervision. It's an astonishingly high figure. And for those of us who really believe that there should be both carrots and sticks involved in everybody being released, suggests our current system is not working in that fashion.

Similarly, despite the belief many have that most folks are going to halfway houses, only about 20 percent of everybody currently released is going through that kind of intermediate placement.

I should also note that I'm talking about adults. It's critically important to remember that our juvenile system -- the Juvenile Justice Commission -- I know there is a representative here -- is an entirely distinct system. One of the important moves this State made eight or nine years ago was to remove the juveniles from the adult correctional system, in light of the idea that there needs to be a very different approach to dealing with kids. And the JJC was the creature that was created to oversee juveniles in the system. The issue of juvenile reentry is well worthy of an entirely distinct set of conversations. But most of my comments here are focused far more on the adult.

And then, lastly, I just want to reiterate the point that was at the heart of the Reentry Roundtable. And that is, for too long we have focused exclusively, in terms of issue of reentry, exclusively on DOC and the State Parole Board.

I think, Assemblyman, your point -- the Department of Labor, the Department of Human Services, the Department of Health-- Each of these, frankly, are already dealing with the issue, whether or not they want to acknowledge it. But the idea of being able to integrate the resources that are brought to the table, the approaches that are being taken-- All too often, we have one agency moving in one direction to, perhaps, crack down. That runs directly counter to what the efforts might be in another situation.

Very last bit of background that I also want to stress-- The one piece of good news, potentially, is, in the past five or six years, this issue of

prisoner reentry has started to capture national attention. Several people have mentioned, for example, the Re-Entry Policy Council. This is a remarkable effort undertaken by the Council of State Governments, which I presume everybody here is familiar with. They issued a 600-page report identifying best practices around the country, some of which were here in New Jersey. I felt proud that the New Jersey Reentry Roundtable was listed as one of them. But getting in, for example, to specific employment programs that have proven effective elsewhere; particular family reintegration strategies-- And I won't even attempt to try and encapsulate the 600 pages. But what I am pleased to report is the Council of State Governments will be willing to come here and testify to this Committee, or elsewhere, including bringing people in from around the country to support the kind of attention you're bringing. I think, obviously, nobody wants to be reinventing the wheel. There is that kind of energy among national organizations -- the NJEA and others -- that would be willing to support your efforts.

With that as, I hope, some frame--

Last point about national efforts. The other piece that I think is of great significance is that other states have started to harness not just the good efforts of a couple of people here or there, but really the very senior leadership, in attempting to change the way systems currently operate. For example, Governor Granholm, in Michigan, has, over the course of the past couple of years, begun to reengineer the way corrections, and parole, and other parts of their system operate, to make recidivism reduction the prime directive. In other words, saying that the idea that upwards of two-thirds of everybody being released becomes rearrested is

simply not something that we should accept. It means, though, refocusing the resources we have available to us in a different way. And they have noted, for example, the idea that reentry needs to start at entry. Some of the points that are made about-- If we do assessment up front, let's make sure programming, be it educational, substance abuse, or otherwise, is directed. The idea of transitional planning -- the sense that as people are being released -- the family issues-- That needs to be a part-- And then community engagement needs to be a third. There are models elsewhere, I think, about how comprehensively we can reform things.

With all of that, in my testimony I do mention -- because I think sometimes one needs to start with very great -- with specific steps -- three issues that seem to me worthy of potential contemplation by this Committee or others.

The first is something that is known as a *certificate of rehabilitation* -- a number of states have this -- and consistent with the idea that, for anybody being released, there should be both carrots and sticks. This suggests, for those individuals who are committed to move in the right direction-- We all are very much aware of the substantial barriers to employment that conviction carries.

What this certificate of rehabilitation provides is that -- for an individual who can make an individualized showing to either the courts or the Parole Board -- that those entities would relieve certain of the barriers, certain of the exclusions that would provide. We've included a memo -- I should have mentioned it. Attached to my testimony is also a memo on the certificate of rehabilitation, explaining what some of the other states do

and, frankly, including some proposed model legislation that the Legal Action Center came up with.

I mentioned that we were running a demonstration program for employment. Something like this could be of great value because, unfortunately, with the crackdown at Newark Airport, for example -- which has taken so many jobs, that might otherwise have been available to individuals with criminal records, offline -- it would make possible a greater array of jobs, again, for those who are moving in the right direction.

A second issue that-- Again, it's a short-term issue. It's not going to solve everything, but it would be critically important. It's the issue of driver's license suspension. We have been doing substantial work, and it's important to note there are some positive things happening. The Essex County courts, for example, have set up a license reinstatement program. The AOC has collaborated with us to create a program where a judge is sitting once a month and -- for social service agencies that bring somebody to their attention, where that restoration of a driver's license would assist them to get a job -- is willing to take the kinds of steps to consolidate outstanding fines and fees.

This Legislature took an important step forward, in terms of including a hardship exception in the CDRA, in the drug -- the mandatory drug suspension. I want to acknowledge these as important steps forward.

Similarly, some of the steps DOC has taken around Social Security cards and ID-- These are small steps forward -- small steps, first steps, with much more that needs to be done.

But the idea in the driver's license suspension context -- of a restricted use license. This is something that over 40 other states have.

They say that for individuals who may have a suspended license -- when it's necessary for employment or certain other designated needs, an individual might have it. And it's a way, again, of noting how critical, when two-thirds of our job growth are in suburban areas, for our urban population to be able to access those jobs.

Of the 14 individuals, for example, we have in our demonstration employment program -- which we just launched last month -- zero have driver's licenses. And the challenge in trying to get individuals jobs without driver's licenses is substantial.

The third piece I wanted to mention was education. And, again, I think the question was clearly, appropriately emphasized -- the significance of an education.

It is important to note -- and I think the positive news, again, in terms of dealing with prisoner reentry -- is that for the first time, there is a bipartisan -- emerging bipartisan awareness that we can't ignore this issue anymore. And in Congress -- frankly to the surprise of many -- the Second Chance Act is making its way through Congress, and it's expected to pass. That potentially offers the ability of additional funding so that-- Right now, the only folks who are automatically entitled to receive education are those under 21.

More additional funding-- Frankly, I think the investment of funding -- more funding for individuals who are incarcerated to get GEDs or even higher education is well worth the payoff, even though there is some upfront cost. So there's more information in my testimony.

Those are first steps. I think the idea of seriously examining what Michigan is doing, taking up the recommendations of the Council of

State Governments -- which are exhaustive but already beginning to be embedded -- suggests how much more can be done. We need to do it. Frankly, I don't think we can afford not to do it. And, certainly, on behalf of my organization -- stand ready, willing, and able to do whatever we can to assist you.

ASSEMBLYMAN PAYNE: Thank you very much. We appreciate your rather comprehensive testimony.

And perhaps we can hear from Legal Services. Then we can have questions after both of them.

Give your name again.

MR. HILL: Thank you.

Christopher Hill, Supervising Attorney of the Prison Reentry Project at Legal Services of New Jersey.

I can just imagine that you saw two justice organizations and thought to put us together immediately, which was a great idea because I'm going to echo some of the things that Mr. Zimmerman has said.

Just for background: As you may know, Legal Services of New Jersey is a legal and policy advocacy organization, and also the coordinating office of all legal services' regional programs throughout the state. We provide direct representation for low-income residents of New Jersey, often in issues of employment, housing, public benefits, family law, and consumer law.

And there is a lot of discussion, when we talk about reentry, about collateral sanctions. And while Legal Services of New Jersey is not -- does not practice criminal law, our representation for people reentering society is affected by criminal law. For example, 36 percent of people in

prison in New Jersey are incarcerated for drug crimes. That affects what we do in the civil legal realm when they get back.

And just to piggyback on something you said, Chairman, 90 percent of those who are incarcerated for drug crimes are minorities.

So once they're released, and they have the drug crime, they're precluded from several things once released. For example, somebody mentioned before -- crimes of moral turpitude. That prevents many citizens from getting jobs that they normally would be very qualified for, some jobs that don't require education. For example, wait staff in an establishment that sells -- that has a liquor license.

I was just speaking, while I was here, with Deborah Dowdell, President of the New Jersey Restaurant Association. And she mentioned there were training programs for people. However, there is a five-year restriction on people who have these crimes of moral turpitude -- which are not -- those aren't defined in any statute -- in their background.

The certificates of rehabilitation would be helpful in assuring that that five-year wait wouldn't be necessary. Like I said before, wait staff is easily a job that doesn't need education. It's just somebody moving forward, as Mr. Zimmerman stated.

Just a point of irony: There are parts of-- People incarcerated can work for the State corporation that produces items for sale. However, once released, they can't -- with certain drug crimes, they can't work for the State in certain jobs like the Turnpike Authority.

Another issue which affects what we do and what we see as a direct representation project is the issue of public benefits. New Jersey has opted to have a modified ban on public benefits for people with drug

convictions. However, that doesn't assist people with cash assistance when released, which is what they need. For somebody who was convicted of possession and use, or possession and sale, they're able to get some treatment paid for from a licensed treatment facility. However, once they're out of the licensed treatment facility, they don't have an opportunity to get cash assistance. And one of the things that New Jersey can do is opt out of the drug ban for public benefits.

And another thing that we see, as a legal services organization, is when people max out -- as Mr. Zimmerman stated, and so did Chairman D'Amico -- that when people max out, there is no parole supervision, and thus they are not eligible for parole programs. So they're not eligible for the Halfway Back program, or any other kind of drug rehabilitation program, or transitional housing.

One recommendation I would make is that while the Department of Community Affairs has set aside -- and should be applauded for setting aside -- 12 units in their consolidated plan for people reentering society, it's probably not going to be adequate for the people who are maxing out. And in Judge D'Amico's speech, "Why Parole," he mentions that 5,000 people are going to be maxing out. So that's no parole supervision, no chance for transitional housing. And if they can't return to their family, they're going to be homeless.

ASSEMBLYMAN PAYNE: How many beds are supplied? How many beds are being provided? Twelve?

MR. HILL: Well, there are 12 units--

ASSEMBLYMAN PAYNE: Twelve units.

MR. HILL: --12 units in their consolidated plan for the ex-offender reentry program.

ASSEMBLYMAN PAYNE: And how many would you estimate would be needed?

MR. HILL: A lot more than 12.

ASSEMBLYMAN PAYNE: Thirteen? (laughter)

MR. HILL: A lot more than 12.

ASSEMBLYMAN PAYNE: When you say *units*, what do you mean?

MR. HILL: Units-- I believe they mean by that, apartments or rooms. But, clearly, there needs to be more if 5,000 people are maxing out.

And also in Judge D'Amico's speech, 1,300 people are called *placement cases*, meaning they can't be placed anywhere. And these are people on parole, not the people who have maxed out. They are placement cases, and they can't return to their family, and they're likely to be homeless.

And another thing that certificates of rehabilitation can assist with is-- There's a clause in the Anti-Eviction Act that allows people who were arrested on a premises for a drug crime to be -- to show proof of rehabilitation and use that as a defense to eviction. However, if it's somebody who has stolen money on the premises to buy drugs, they still have a drug problem, but the conviction of theft -- or the charge of theft will not allow them to show rehabilitation. So maybe a certificate of rehabilitation in that circumstance will be able to keep them in the apartment. So a suggestion would be to maybe revise that section of the Anti-Eviction Act.

That's all I have.

If there are any questions, I'd take them, sir.

ASSEMBLYMAN STEELE: Mr. Chairman, if I may.

ASSEMBLYMAN PAYNE: Thank you.

Mr. Steele.

ASSEMBLYMAN STEELE: You said there's 5,000 people that are going to max out. Now, is that because of the stipulation, or are there other reasons for maxing out? Is it by will, by force, or by statute?

MR. HILL: Well, they max out because they have been statutorily released, meaning they've served their sentence in prison. And they're going to be released.

ASSEMBLYMAN STEELE: So are they doing that by choice, or is it because the law says they've been sentenced to max?

ASSEMBLYMAN PAYNE: Some choose to max out.

MR. ZIMMERMAN: It's a combination.

ASSEMBLYMAN STEELE: So it is a combination.

MR. ZIMMERMAN: I mean, given the changes in sentencing law-- And there is a portion of this that goes into more detail. But with the No Early Release Act, where there's a greater period of time, in many instances, people have to serve, there's a lesser period of time in which they're even eligible for parole.

ASSEMBLYMAN STEELE: Right.

MR. ZIMMERMAN: Given some of that, there are some individuals who simply choose not to go on to parole. There are others, though -- because of the School Zone law and in other situations -- where the mandatory minimum is assigned as a means of sentencing.

I would just note that there are other jurisdictions, like Delaware, that do it a different way. They include a period of community supervision as simply what's expected in every sentence, and do it in a variety of ways.

So, again, consistent with your comment, we don't need to continue doing things the way we are, simply because that's the way we've done it. I mean, there are other models. But it's a combination.

ASSEMBLYMAN STEELE: It's a combination.

Now, would it be right for me to conclude that those who choose to max out usually do not participate in the process of rehabilitation?

MR. HILL: I can't speak to that. I do know that they don't -- are not eligible for services, through the Parole Board, even if they were looking to rehabilitate. And if they were in for a drug crime, they'd also be barred from other services or public benefits.

ASSEMBLYMAN PAYNE: Well, while in prison, many of those receive health benefits, and food, etc., etc., etc. And so they choose to max out. Once they get out of prison, it's all over. I mean, that's it. You've served your time. So some do opt to stay in, to max out. As I said, they're getting their health benefits, etc. Once they're out for serving their sentence, they're gone. And until we're able to provide the kinds of services that we need to provide for folks-- They get out, and there's no food stamps, no housing, no anything. While they're in prison -- they are maxing out -- that's the best option. "I stay here, and I get all these other things." And it's asinine to -- once they're out, "So long, bye-bye." But if

you're on parole and those kinds of things, you get these programs and all these kinds of things.

ASSEMBLYMAN STEELE: Yes.

ASSEMBLYMAN PAYNE: And we're going to hear from the Criminal Disposition Commission folks in a little while, too, who I think probably have some ideas along these lines.

ASSEMBLYMAN STEELE: I would like to kind of get what percentage is actually maxing out because of the law, and those who just willfully max out because they don't want supervision in their life. Because it's the likelihood that they're going to end up being right back in incarceration. I mean, I think there are some dynamics here that we have to take into consideration. Because participation must have its rewards. But if a person chooses not to participate, then, obviously, we can't -- the reward is not equal. To be continued.

ASSEMBLYMAN PAYNE: Assemblyman Thompson.

ASSEMBLYMAN THOMPSON: The statistics in your fact sheet here are all at least somewhat outdated. That is, they all refer to 2002, while some are just grossly outdated, such as 41 percent of new admissions -- for parole violations -- 1998. And within three years of release, 62 percent of the prisoners -- a figure we've heard quoted several times -- was based on 1994.

Is it that these things are not compiled annually, or so on? Why are they so grossly outdated?

MR. ZIMMERMAN: Most of the data is 2002 data. The Reentry Roundtable was convened in 2003. And so in the undertaking that we undertook -- which is where this data came from -- that was the current

period. We have updated it, not at the same level of comprehensiveness. And there's not been significant changes in, frankly, any of the key components here.

In terms of the recidivism data, which I do think is the critical one, the 1994 cohort-- We ended up using something that the Bureau of Justice Statistics -- which is widely acknowledged as the preeminent research organization -- undertook. But as the Public Defender's statistic suggested -- and I think as DOC's own data suggests -- those figures have changed appreciably.

ASSEMBLYMAN THOMPSON: But there are more up-to-date figures available?

MR. ZIMMERMAN: There are more up-to-date figures. I'm not sure that we've--

Let me just say one thing that has been mentioned, but I just want to reiterate-- We know we live in an era of limited resources. I think we need to be more effective in how we're using our resources in communities, making sure what we do works. And we're very committed to making sure we're data driven. There needs to be, frankly, an upgrade in how we're collecting data and how we're using it. But most of this data is still currently available. It's simply what we had available.

ASSEMBLYMAN THOMPSON: Again, I would think that this data is stuff that DOC should be able to compile on an annual basis. And, therefore, you shouldn't have to be able to -- have to use data from 1994, 1998, and even 2002.

Thank you.

ASSEMBLYMAN PAYNE: That's a good point, I would think. Is there any reason why we're using 10-year-old data, except that you say that it hasn't changed much?

MR. ZIMMERMAN: No. Frankly, it is one of our commitments to upgrade it. Our hope, frankly though, is that one of the things that each of the agencies should be doing, as opposed to having outside entities do it, is really -- as part of their commitment to making sure they're doing what works, is to undertake that kind of data task themselves. It may not seem quite as explainable. It's a very comprehensive undertaking to perform this.

ASSEMBLYMAN THOMPSON: To be able to say it hasn't changed much means you have to have the data available. I mean, if you don't have the data available, you can't say it hasn't changed much. If you can say that, the data is there. You should be using the up-to-date data.

ASSEMBLYMAN PAYNE: You can understand it might question the credibility or the reliability of the data. We're talking in 2006. And if we're looking at something from 10 years ago, then you might-- All your great testimony then has a -- is affected by someone saying, "My God, is this guy with us? I mean, it's 10 years old." That's something I think you might want to address.

And I understand the limitations of resources and things of that nature that sometimes, of course, just happen.

But thank you very much for your being very, very comprehensive.

MR. HILL: Thank you.

ASSEMBLYMAN PAYNE: I'm going to now ask Candace McCoy and Nancy Wolff-- Candace McCoy is a public member of the Criminal Disposition Commission.

I want to say that we also had a very, very comprehensive area of concern for health that we're going to talk about after this.

And I was just saying to staff here that we were very ambitious in attempting to take on some of these very, very comprehensive, extremely important areas.

ASSEMBLYMAN STEELE: Mr. Chairman, I would agree with that. And I'll stop right there. (laughter)

ASSEMBLYMAN PAYNE: We have Ms. Candace McCoy, a public member of the Criminal Disposition Commission; and Nancy Wolff, research at Rutgers University.

Please give your correct titles.

C A N D A C E M c C O Y, Ph.D.: That's fine.

I'd like to follow the lead of the previous witness--

Is this on? (referring to PA microphone)

ASSEMBLYMAN STEELE: Red is on.

DR. McCOY: I'd like to follow the lead of the previous witnesses and go in reverse alphabetical order. So Nancy Wolff will lead.

ASSEMBLYMAN PAYNE: Is that agreeable with you, Nancy Wolff? I mean, does she always push you around like this? (laughter)

N A N C Y W O L F F, Ph.D.: I don't mind going first.

Like Ken, my name is Wolff, and I usually go last. So it is always nice to be put ahead.

I notice that my comments begin with good morning, but it is now good afternoon to the Chair and the Committee members.

My name is Nancy Wolff. I am a Professor at Rutgers, in the Bloustein School of Planning and Public Policy. I'm also the Director of the Center for Mental Health Services and Criminal Justice Research at that University, as well.

I'm delighted to be here to be able to talk about this critically important issue. My concern is that you have heard so much, and to try to figure out what I can tell you that might help synthesize what you've heard. Even though I will go to my testimony in a minute -- and I do have copies to distribute.

I hear what everybody has been saying to you today. The issue is overwhelming. I'd like us to all remember who we're talking about. And these are people inside prison who have been there, on average, for at least two years. Some of them have been there for decades. They're going to be coming out into the community. Ninety-seven percent of them will eventually come back to the community.

I want you to think about what they have experienced while they were away from the community. Every single detail of their lives has been arranged for them: where they live, what they eat, when they eat, how they get access to services. They have not had to make any decisions -- the decisions that we make every day. That skill atrophies while they're in prison.

Also, I want you to think about the fact that they have not had to structure their own time. And that is also a key, key practical living skill -- of how to structure your time productively or socially.

I also want you to remember that they, oftentimes, are not interacting in ways that are socially appropriate with each other and with the officers. That skill, too, has atrophied. So those practical, everyday skills that are essential for living and making decisions have not been exercised for years. And we open up the door and say, "Okay. Now you're going to make all of these decisions, and process all this information, and you are going to act responsibly and pro-socially from the minute that prison door opens."

I also want you to think about those individuals in terms of their job skills. I've heard a lot about their education. Great. We're getting -- focusing on diplomas and GEDs. But we live in New Jersey. A GED -- not going to do you much to get a job that pays a living wage in New Jersey.

We need to think about-- And if I was going to ask any question of anybody sitting in this chair is, "What are you working with, in terms of an asset base here?" What do people have that they can offer the labor market? We already know that they're going to come with very fragile, rusty, practical living skills. But I want to know what job skills do they have to offer that are going to allow them to go in and compete with people who have not been in prison.

Many of you may not know that to get a job at Home Depot, you have to submit an application online. I just finished a study in New Jersey prisons where we collected data using computers and a mouse. Most of the individuals -- 8,000 people completed our survey. And most of those individuals had not used a computer or a mouse. You cannot function in today's society without being computer literate. You can't even apply for a

job at many major business establishments in this state without being able to do that.

I also want you to think about these individuals -- for several years, maybe decades -- and I want you to think about the job skills they walked into the prison with. And I want you to think about what those job skills look like when they come out of the prison. They have not been improved, generally speaking. They have depreciated, because human capital is an asset that depreciates when it's not used and it's not used consistently.

It's also likely that if they've been incarcerated for a long time, their job skills that they did have, to the extent that they are still there, are outmoded. They are no longer something that you can find employment -- kind of like the buggy whip.

So I want you to think about those 70,000 people coming out of prisons in the next five years. Think about their job skill sets; think about their practical daily living skills; and think about where they're going to fit in to the labor market in New Jersey, and whether where they fit in is going to allow them to make a living wage, a wage that will compete with illegal activities that pays much better, but has higher risks associated with it.

I also want you to think about where those individuals are going to be living. Because, as Ken Zimmerman said, a disproportionate share of the individuals who are leaving prison are going to go to New Jersey's most disadvantaged communities; communities that have had a high proportion of their male populations and their female populations removed from that community and have seen, as a consequence, a

deterioration of that community. We see that they are going back to communities that have above average unemployment rates and significantly above average poverty rates.

So we are putting those individuals that I just described to you in communities that are the most vulnerable, have the fewest opportunities available for pro-social living. And we're telling those individuals to go out and thrive.

In my view, it is not surprising that two-thirds of the people released from prison are back there in three years. What is surprising to me is one-third of those individuals do not return in three years. The odds against them when the door opens is astonishing.

I want you, again, to do a mental test -- experiment -- and think about if we, in an instant, were to take away all these regulatory and statutory provisions that disenfranchise people leaving prison, we just eliminated them in an instant. Do you think that would appreciably change their opportunities to make a living wage that will allow them to live responsibly and pro-socially in the communities that we send them to?

Those are the kinds of issues that this Regulatory commission, that the CDC needs to address. We have vulnerable people who are coming out, who go in vulnerable, in terms of their job skill sets, in terms of their health, in terms of their social connections. And these are the individuals we should never lose sight of -- that we are trying to develop a strategy -- not a plan, a strategy -- to give them a reasonably good chance of making it, and making good on the outside.

Now, in saying all of that, I do have some suggestions. I'm going to go to my notes for my suggestions, just to make sure. First, I

would like us to begin a dialogue with State universities and community colleges to make online courses available to people in prison. It is cheap. We know how to do it. We should involve our public universities in the plan to stop crime. Our universities -- at least I know Rutgers, some of our community colleges -- are already doing it. Let's give them some positive public attention, and let's say that's an obligation, that's part of the public subsidy.

Second, we need to arrange to have surplus computers from our State universities transferred to prisons to begin a computer literacy program. Three to five years, my computer is surplus; I get a new one. That computer is perfectly good, but it's -- for me and for others, it's upgraded. That's a State university that can transfer an asset that is critical to the State prisons. It doesn't take any money. It just takes the incentive to do it.

Third, I think we should introduce trade, technical, and technology programs inside the male and female prisons, and expect everyone released from prison to enroll in these programs for at least two years prior to their release. They need job skill sets that will allow them to make a living wage. Let's figure out how to change the language in the laws that will allow employment activities going on inside the prison.

Fourth: It is just not an individual problem. We need to think about the community, because there are certain communities that are most impacted by this issue. I think we need to help communities prepare for reentry. We need to work with businesses and faith-based organizations, in communities receiving a disproportionate share of people leaving prison, to develop a work progress administration program. Yes, I'm talking about the

WPA, folks -- to revitalize the state's most disadvantaged communities. We need to use tax subsidies and cost reallocation strategies to get people back to work and building their communities, both while and after they're in prison. Sentencing targets should be set to reallocate a portion of the prison sentences to halfway houses. These halfway houses should be structured around skill building, work, and contributing to society. We need initiatives that allow people serving time to give back to their communities. Most people I talk about in prison don't just want to receive, they want to give back. Where are we in our planning, of thinking about empowering them to take this experience and make good with it? It's not just giving, it's a reciprocal, mutual activity.

In closing, I just want to-- As an economist, I always think it's good ending with cost. And I want to let you know that it costs too much to incarcerate people. We pay to house, feed, and keep people away from society. We pay for their children who need welfare, Medicaid, and public housing. We pay for communities that sink further into decay. We pay with higher crime rates in these disadvantaged communities. And we pay again when the person returns to prison, in many ways, followed by their children. It's an intergenerational issue. We pay again when we implement reentry planning, because the prison experience itself causes a significant loss in social, human, and personal capital.

We need to see prison not as a sinkhole, but as an opportunity to prepare people to be better able -- to be able to do better when they leave prison. We need to motivate people, while incarcerated, to invest in themselves through learning and applying their abilities in ways that will allow them to live up to our expectations of them when they leave prison;

that they live, work, and function in ways that positively contribute to their families, community, and society.

Thank you.

ASSEMBLYMAN PAYNE: Thank you very much for that very intense and comprehensive testimony.

Now we'll hear from Candace Wolff (*sic*).

DR. McCOY: Any questions?

ASSEMBLYMAN PAYNE: I'm sorry, we'll hear from Candace McCoy.

DR. McCOY: That's okay.

Are there questions for Dr. Wolff?

ASSEMBLYMAN PAYNE: Well, why don't you-- We'll hear from you, and we'll question both of you.

DR. McCOY: Okay.

I do appreciate the opportunity, Mr. Chairman. And I would say something very important. It's baseball season. I know everybody here is thinking about the Trenton Thunder. The reason I'm saying that is, you asked me to bat cleanup. And, ordinarily, that might be difficult, but every previous witness has hit a home run. So I have a very small role here. I will be very quick.

I'd like to reiterate some of the points that have been made already, and then maybe take a few questions for Dr. Wolff and myself.

I'm Candace McCoy. I'm a professor of Criminal Justice at John Jay College of Criminal Justice in New York, previously with Rutgers University for 13 years. And more to the point, I am the Chair of the Criminal Disposition Commission here in New Jersey. I'd like to say my

comments are my own, because the Commission has not officially considered issues of reentry. However, we have had a few discussions on many things relating to them. So as I said, this is my own -- just bringing these ideas together.

I would say that the -- everybody knows how important this issue is. I would like to reiterate a point that Dr. Wolff made. And that is that we are in a budget crisis. So rather than go through the importance of the points that have already been made, I'd just like to point out two or three things that people might consider in light of the current budget crisis.

Dr. Wolff is absolutely right when she says prison costs too much. It's a sinkhole. And reentry costs a lot. However, if we can keep people from recidivating, if we can ameliorate the worst outcomes of this prison experience, we will save the State money. Now, how--

Some things I have thought about that -- I would like, again, to underscore what previous people have said -- will not cost much. So I'm just going to talk about the things that won't cost much.

First-- I'd like to point out this is just what research and the scholarly community are thinking about. I talked to Jeremy Travis at John Jay College, who is a President and a reentry scholar himself. He urged me to urge you to consider timing the point of reentry. We have heard excellent overview of programs from the Department of Corrections. The programs are excellent, but the real issue is when are they first applied. This isn't a question of money, this is a question of emphasis and focus.

Half of the recidivism occurs within the first three months. The programs have to be in place, they have to be applied immediately as the person comes out of prison, they have to help the person get into the

community, and up and running in the community, immediately. And there have been many good suggestions on ways to do that. This is not a question of more resources over time. This is a question of emphasizing a particular point in time.

Secondly, Misters Zimmerman and Hill mentioned restorative and community approaches. This is a helpful mobilization of volunteers from the communities. We are talking faith-based communities. We're even talking senior citizens' centers. Yes, many of these offenders are over 50 or 60. I think that there are many community resources that can be mobilized, of people who are willing to help if given an appropriately structured way to do it.

And restorative justice programs throughout the world are leading the way in this. In European nations, democratic nations, and especially Australia and New Zealand, we have reports, we have evaluations. We can do it here.

Third: Here is something that hasn't been specifically mentioned, but I would like to point it out. It's being discussed among the scholarly community now, the legal community. It would dovetail very nicely with comments about the certificate of rehabilitation. We should review our expungement laws in New Jersey. The idea that a person who is applying for jobs has to say, "Yes, I have been convicted of a crime," automatically puts that person at a disadvantage. All job applications ask for this.

As the laws stand now, even disorderly persons -- we're not even talking reentry from prison, we're talking misdemeanants -- have to report this. The only way that you can "rehabilitate" yourself is to go to a

court, ask the court to expunge. You must hire an attorney to do this. People cannot do this on their own. And they need the knowledge and the money to get the attorney. And there is an expungement fee that must be paid.

Now, other states have automatic expungement of misdemeanors after five years, six years if there is no other criminal record. Other states also will expunge felony records after quite a period of time if there is no recidivism shown. This could be something, especially on the felony side, that could be incorporated with the certificate of rehabilitation processes. And we should seriously consider how New Jersey deals with expungement.

So, with that, I told you I would be quick. It's so easy to bat cleanup.

ASSEMBLYMAN PAYNE: Let me just say, for the two of you, that -- you being the Chair of the Criminal Disposition Commission -- and we will get rolling very soon -- that many of the things that you heard here today, and that I heard-- As I said, I'm a member of that Commission, and D'Amico is, as well. Many of the things we heard we'd need to consider in depth at our Commission meetings and make recommendations -- specific recommendations, number one, not only for legislation, but also for some of the programs that are currently in place, to make sure that they get additional funding, etc., to be of value. But I think the Criminal Disposition Commission can take in this entire gambit of initiatives that we, I think, should adopt. And I think that your testimony -- and Dr. Wolff's -- was extremely informative and very, very valuable on where we go from here.

The fact is, we don't-- We've heard it. We want to make sure that we do take some kind of action somewhere that we can implement the changes that need to be done, not just to have another hearing, etc. Those are my comments about it.

My colleagues may have a question or two for you ladies.

ASSEMBLYMAN STEELE: No, no, Mr. Chairman. I just wanted to thank them for their presentation.

Certainly, I have a bill in that deals with the whole expungement law after seven years. I know it's 10 years in the State of New Jersey. And I can sit here and tell you that it's easier to say it than support it. But I think unless we begin to be -- open ourselves up to the process of what it's going to take for people to be made whole, we're not going to make a difference in people's lives. And I have the young people who come to me, who were in trouble early, went on, completed their college degree, and now they're working. They want to get into certain professions, and that law -- that alone would not allow them to participate in the process. And I'm not even talking about people who were incarcerated. I'm talking about people who made a mistake, paid their dues, and now they're living productive lives. So if the mindset does not change, society will not remain the same, it will be worse. So you're right on point.

ASSEMBLYMAN PAYNE: Thank you very much, Assemblyman Steele.

We still have a number of folks that want to testify on the reentry.

ASSEMBLYMAN STEELE: Mr. Chairman, you did ask for this. (laughter) I was only kidding.

ASSEMBLYMAN PAYNE: I think that these situations exist in our community, and we have to deal with them. They're all very, very important.

What I'm going to do-- I was going to say we'll take a two minute break. But I would like to have-- I know there are some people from the Department of Health and Senior Services here, people who want to testify on the health issues that we talked about. And I think I'm going to interrupt the--

Let me ask, first of all, is David Gruber here still? (affirmative response) Don't come forward yet.

Mr. Roman. (affirmative response)

Peter Tabbot. (no response)

Bob Gogats, New Jersey Association of Counties. (affirmative response)

Rochelle Williams. (affirmative response)

Deborah Dowdell. (no response)

What I'm going to do is, if we -- the Committee wants to take a half-minute break, we can do that. But I'm going to ask the health people to come -- at least hear from them now and get back to the other ones. Because they have been here a long time, and have been waiting, etc.

I don't need to take a break right now. I think that I will -- like to--

All right, we'll take a half-minute break. Is that good?

ASSEMBLYMAN STEELE: Which part of the half, Mr. Chairman? (laughter)

ASSEMBLYMAN PAYNE: Please, if we can, just be back here by quarter to. It's now -- that's seven minutes from now.

(RECESS)

AFTER RECESS:

ASSEMBLYMAN PAYNE: Thank you all for coming back. I'm going to ask if we would allow Ms. Rochelle Williams-Evans to please come and testify next. She has a medical emergency that she has to address shortly thereafter. So if you don't mind, I would like to have Ms. Rochelle Evans.

And then you'll be next.

Thank you.

We're reconvening now. We're going to talk-- This part of the hearing, we will digress for a moment to hear about the concerns of the governance of local health officers.

You do know that -- and I'm sure we all do know -- that within our -- many of our communities, we have conditions that exist which seem to be germane only to certain areas of our state -- urban areas in particular -- that there are a number of illnesses, ailments, etc., that seem to impact on those residents of inner cities. There's a high incidence, I believe, of diabetes in inner cities; there's a high incidence of lead poisoning, of course, within our cities. That there are high incidences of those kinds of conditions that seem to be germane to residents of inner cities.

Among those, we have talked a lot about lead poisoning. And we're also concerned, as I said, about diabetes and concerned about asthma, which is another one that-- My observations tell me that many times, people who reside in those areas are impacted by diesel fuels and things like that. There's also environmental factors that exist within our urban areas -- places where there were manufacturing sites, etc., that are now being used for housing, now being used for schools, etc. A lot of these problems do exist, and we need to find a way to address them.

It is my contention that people who are responsible for public health -- the area of public health within our municipalities -- do -- should have a role to play in identifying and trying to resolve these problems. And I need to -- we need to find out, number one, what the criteria is for people who are health officers, or inspectors, etc.; to find out whether or not there is something that we need to do to either -- change the protocol that the health officers follow. But since they do impact -- and the area of which they're responsible impacts a great deal, and often disproportionately, the poor and those people in the inner cities, I wanted-- We wanted to have a hearing today to find out, number one, what are the roles of the health officers, and the health departments, etc., so that we can begin to try to perhaps be more effective in utilizing those people who are in this area of responsibility. And so we are having this hearing for that purpose -- to look deeper into that whole area that we're talking about.

And I would like to welcome Ms. Rochelle Williams-Evans to testify for us.

Identify yourself, please.

R O C H E L L E D. W I L L I A M S - E V A N S: I am Rochelle Williams-Evans, Director of Health and Human Services for the city of East Orange, New Jersey.

And I have a career in nursing and hospital administration since 1971; history of being vice president for patient care services at two very large hospitals in Brooklyn, New York, prior to coming back to East Orange and being appointed to this post.

And coming from the private sector -- or the hospital sector into public health, I was quite surprised and shocked to see the status of my local department of health, and then to see the status of some of the surrounding communities, as far as public health.

There seems to be a disparity in the way that the departments are -- how can I put it -- how they're run, as far as governance. I started investigating where the powers are in running departments of health. And then I found out that there is a Public Health Oversight Committee that, essentially, works with the Commissioner. And then looking at the composition of that Committee, I came to find that it is made up mostly of health officers and environmentalists. It excludes physicians and nurses. There are none on the Committee, and it is not required.

And then looking at the health officers in the State of New Jersey, the majority of the health officers have come from the field of health educator or environmentalist. And they are the people who run the local departments of health. And as the Director, I was happy and willing to work with the individual who was there at the time. However, I found a number of huge discrepancies and problems that impact public health that were not being addressed. And in trying to work with that individual to fix

a lot of those things, we did not seem to have the same level of interest in correcting those problems.

Some of the problems were local supermarkets where, if you will look at most inner cities, the local supermarkets did not sell products that people are really happy with, such as the meat, such as the vegetables. They're not as fresh as in some of the upper-scale surrounding communities. A lot of the people from East Orange go to Kearny and Hackensack to shop. They go to West Orange to shop. They have-- I have received numerous complaints about the local large food establishments. I personally have attended those establishments with my inspectors and insisted that the quality of service and products be upgraded. I'm not well liked by those people, but that isn't my problem, and that's not why I'm there.

In the city of East Orange, we are challenged with a major upheaval, with contractors ripping up and tearing up the city to put up beautiful new housing. Well, I took an interest in the lead poisoning issue in East Orange, because as you already know, Assemblyman Payne, lead poisoning causes retardation and neurological damage to our children. And the minority children of East Orange can ill-afford to have lead poisoning on top of all of the other health issues that they are challenged with, such as sickle cell anemia, such as malnutrition. And so I took that on as one of my major challenges. Because under the direction of the previous health officer, we were about to lose our lead grant. And I took that as one of my primary challenges, and worked directly with the Department of Health and Senior Services -- Ms. Dellas and Ms. D'Alessandro, two ladies that I am in constant dialogue with. And I was able to pull that program back up into a respectable level of operation.

The health officer -- I guess he just got upset with me and finally resigned. And I have been running that department of health, and pulling things together, and improving the status overall. I would like to-- The lead program is now full-fledged, full steam ahead. We've gotten more people signed up for the Rice bill -- to have their homes renovated and upgraded, abated from lead -- since last October than the history of the Department in the last 10 years.

ASSEMBLYMAN PAYNE: Ms. Evans, can I interrupt you for a moment, please?

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: You're talking specifically, it sounds, about the conditions that exist in the city of East Orange.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: I'd like to know, just overall, generically, you're the Director of Health and Human Services, correct?

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: And you supervise inspectors. How does it break down? You're the Director of the Department, and your Department employs, what, inspectors?

MS. WILLIAMS-EVANS: The law in New Jersey does not allow me, as the Director, to be the person that the inspectors and environmentalists -- or the public health nurses, although I am a registered nurse since 1971 -- I am not allowed to have direct oversight over them, according to the laws in New Jersey.

ASSEMBLYMAN PAYNE: Who does? Who has the direct oversight?

MS. WILLIAMS-EVANS: The health officer.

ASSEMBLYMAN PAYNE: All right. Tell me the difference, then, of a health officer as opposed to a -- East Orange -- the health officer, as opposed to your position. You're the Director of Health and Human Services, correct?

MS. WILLIAMS-EVANS: Yes.

I am an appointed official by the mayor. And I have oversight, according to the mayor and the city council, over the entire Department. And the health officer reports to me. But now that I don't have a health officer -- this person resigned -- I had to get special permission from the mayor, and the mayor had to write special designation to the Department of Health and Senior Services, delegating me, officially, as the administrator for the Department of Health. However, my concern is that the oversight -- the Public Health Oversight Committee could very easily void my status if I don't sit for the health officer exam and officially get certification.

ASSEMBLYMAN PAYNE: For clarification, not just for your situation, but just for the governance--

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: The Department-- You oversee the Department of Health and Human Services, correct?

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: That's the Department of Health, in whatever.

Now, within that Department, or not, there are health officers?

MS. WILLIAMS-EVANS: No, there are inspectors and environmentalists.

ASSEMBLYMAN PAYNE: Okay. Fine. That's it in your Department. Where are the health officers? Where do they sit? Who governs them?

MS. WILLIAMS-EVANS: In the State of New Jersey, health officers are assigned to municipal departments of health. One per department of health. And there are some municipalities that share one health officer. Several municipalities will share one health officer.

ASSEMBLYMAN PAYNE: So the health officers are assigned to the department of health.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: And you're not the health officer. You're the Director. But who appoints the health officer? The mayor?

MS. WILLIAMS-EVANS: The State.

ASSEMBLYMAN PAYNE: The State.

MS. WILLIAMS-EVANS: No, the State is the authority that assigns the licensure and certification.

ASSEMBLYMAN PAYNE: Okay.

ASSEMBLYMAN THOMPSON: The State certifies them, but the town hires them, right?

MS. WILLIAMS-EVANS: The municipality hires them, yes.

ASSEMBLYMAN PAYNE: Right. Okay. And they work for whom? They don't work for the director. They report to whom?

MS. WILLIAMS-EVANS: In East Orange, they report to the Director.

ASSEMBLYMAN PAYNE: Of?

MS. WILLIAMS-EVANS: Of Health and Human Services.

ASSEMBLYMAN PAYNE: Okay.

ASSEMBLYMAN STEELE: Which is her title.

ASSEMBLYMAN PAYNE: Which is your title, correct?

You don't have a health officer now.

MS. WILLIAMS-EVANS: No, I do not.

ASSEMBLYMAN PAYNE: So you, by special arrangement, are serving as the health officer.

MS. WILLIAMS-EVANS: I'm serving as the administrator. I'm not allowed to be called a health officer.

ASSEMBLYMAN PAYNE: So you don't have a health officer.

MS. WILLIAMS-EVANS: No.

ASSEMBLYMAN PAYNE: You're the director of the department, which sounds to me like the Health Department. And, therefore, it would seem to me that the health officer would work under you.

ASSEMBLYMAN STEELE: Mr. Chairman, I think that is what she stated. The health officer reports to her.

MS. WILLIAMS-EVANS: One of the-- It took me a while to dig out an understanding for myself of how it really works. And in a lot of municipalities in New Jersey, the health officer reports to the board of health and not to the director. There is a problem there. There is a split in the reporting structure.

And in East Orange, that did become a problem. However, I did discover that the laws say if the -- if a municipality is a corporation, which East Orange is, they have the option to work without a board or with a board. The board, now, is my city council. And I actually find them a lot

tougher than the previous board. But I find that more satisfying, because they're very thorough.

ASSEMBLYMAN PAYNE: The personalities change, etc. What I'm trying to do is find out the governance structure. By law, who is responsible for it? Now, that's what I'm looking for. The health officer-- What's the responsibilities of the health officer again? Would you repeat them?

MS. WILLIAMS-EVANS: The health officer is the health executive, according to the language of the State, for the department -- local departments of health.

ASSEMBLYMAN PAYNE: Okay. And what do they do? What's their job? What's their function?

MS. WILLIAMS-EVANS: They have oversight over all nursing, and environmental issues, and city health issues.

ASSEMBLYMAN PAYNE: That's the health officer.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN THOMPSON: And each municipality is required to have a health officer by State law.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: All right. Fine.

Now, they oversee nursing, you say, environmental matters, etc., etc., etc.

MS. WILLIAMS-EVANS: Yes, vital statistics.

ASSEMBLYMAN PAYNE: Okay.

What about, then, the inspectors and things like that? Who do they work for?

MS. WILLIAMS-EVANS: The inspectors and environmentalists report to the health officer.

ASSEMBLYMAN PAYNE: Okay. And the inspectors are responsible for what?

MS. WILLIAMS-EVANS: They evaluate restaurants, food establishments; complaints; water, soil, air quality -- things like that -- environmental.

ASSEMBLYMAN PAYNE: Those are health inspectors, are they?

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: Okay.

Now, the structure where you are-- You're the Director of Health and Human Services.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: Which is separate and apart from-- Well, the health officer--

ASSEMBLYMAN STEELE: Would report to her.

ASSEMBLYMAN PAYNE: --reports to you.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN STEELE: But she does not have one.

ASSEMBLYMAN PAYNE: Then you said something about board of health.

MS. WILLIAMS-EVANS: We don't have an official board anymore, because we found out it's not required. We are a corporation.

ASSEMBLYMAN PAYNE: Right.

MS. WILLIAMS-EVANS: I'm sorry, I keep getting comments over my shoulder.

ASSEMBLYMAN STEELE: Yes. Mr. Chairman, I think there is some commentary in the back. And I'm not sure whether he's familiar with the procedure. So you might need to give clarification.

ASSEMBLYMAN PAYNE: Yes. Please let's respect the person who is testifying. Everybody will get an opportunity to testify.

ASSEMBLYMAN STEELE: Did he sign up, Mr. Chairman?

ASSEMBLYMAN PAYNE: Yes.

If you will continue.

Now, you are the director of this department.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: The health inspectors work in the department.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: And they're assigned to various kinds of areas. You mentioned the areas that they -- housing inspections, supermarkets, etc.

MS. WILLIAMS-EVANS: Yes. A lot of various inspections. We work in collaboration with other departments in the city -- municipal departments.

ASSEMBLYMAN PAYNE: My concern is with the -- as I mentioned before -- some of the conditions that exist, and illnesses, and diseases, etc., that seem to impact, disproportionately, upon residents of many urban areas.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: We're talking about lead poisoning, asthma.

MS. WILLIAMS-EVANS: Infant mortality.

ASSEMBLYMAN PAYNE: Oh, my God, infant mortality and some other ones.

And I want to know, who is responsible, overall, for at least keeping records of these kinds of things and, in fact, detecting whether or not -- the vital statistics, I guess? The conditions that exist--

And then, after that, if there are instances of high infant mortality, I guess that means that your department, or the health inspector, or somebody is in contact with the hospital -- the health providers or hospitals in those areas, right?

MS. WILLIAMS-EVANS: They should be, yes.

ASSEMBLYMAN PAYNE: They should be.

Are they given that responsibility by their job description?

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: And if we have these conditions that are so -- there's a great disparity in them in various communities -- then someone, it seems to me, collects this data. And I guess it may be the Health and Human Services department.

MS. WILLIAMS-EVANS: Yes, the State does collect the data.

ASSEMBLYMAN PAYNE: Okay. The State does. And they do something with it.

For instance, we know, as we say, that there is a high infant mortality rate within African-American communities and minority communities -- high -- almost like third-world. We know that there is high

lead poisoning among many -- 18,000 youngsters in the State of New Jersey are currently suffering from some type of lead poisoning.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: We know how serious lead poisoning is.

Now, you said you almost lost the lead--

MS. WILLIAMS-EVANS: Grant.

ASSEMBLYMAN PAYNE: --grant. What does a lead grant provide? What does it do?

MS. WILLIAMS-EVANS: Right now, the city of East Orange gets-- This year, we got \$178,000 for our lead grant. The previous year we got, I think it was, \$128,000. So they've increased our grant.

ASSEMBLYMAN PAYNE: To be used for what?

MS. WILLIAMS-EVANS: To be used to buy the equipment and materials to draw blood on our children, the reporting data. It also pays for our IT system, for computer access. We communicate with the State on a daily basis, getting the reports. They report back to us, by zip code, the status of the children who are lead poisoned in our community.

My public health nurses and my inspector go out to the homes where those children are poisoned, they educate the parents. We even talk with the pediatricians to make sure they follow up like they're supposed to. The law requires pediatricians to check blood lead levels. Not all pediatricians follow through like they should.

ASSEMBLYMAN PAYNE: And do your inspectors have the authority to either-- I don't know whether they cite these pediatricians.

MS. WILLIAMS-EVANS: Yes, we have the authority to take them to court and issue summonses. And we have.

ASSEMBLYMAN PAYNE: Some of your inspectors have, in fact, brought some pediatricians into court?

MS. WILLIAMS-EVANS: We haven't had to take pediatricians to court, but we have had to do that with some parents, and even some of the nursery schools in the area who have not complied with the law.

ASSEMBLYMAN PAYNE: The incidence of lead -- you say you go out and inspect. Who is responsible for getting the grants to inspect the houses, not the children?

MS. WILLIAMS-EVANS: Inspect the houses? My environmental inspector for lead. I have two inspectors. When I joined the Department, we only had one. And that was another change that I instituted -- that they get cross-trained. So now we have two inspectors who are certified for lead inspection.

ASSEMBLYMAN PAYNE: Who is responsible for removal of the lead from the -- if, in fact, it's found in the--

MS. WILLIAMS-EVANS: That is a collaborative effort between us and the Department of Community Affairs, and the Rice bill. We work with the family members. It is up to the family to work with us. And we can bring them to court if they do not work with us, because the child is now in danger. And we work with DYFS -- not in a negative way -- to help these families to resolve those issues.

ASSEMBLYMAN PAYNE: Do we automatically inspect the multifamily homes? Or is that something-- How does that work?

MS. WILLIAMS-EVANS: How does it work? Number one, based on the blood draws at the pediatrician's office, or the local health clinic, those reports, by law -- as they go to the lab-- When all State labs discover elevated lead levels in children, those are automatically reported down here, to Trenton, to the State Department. Then they, according to zip codes, refer those numbers, and those addresses, and children's names and ages to the local departments of health. And then we act upon it.

ASSEMBLYMAN PAYNE: The current procedure then-- The child is used as the measuring -- or the barometer as to whether or not they're residing in a lead-infested place or environment. A child becomes poisoned. We test them, and their blood says the lead is elevated. Then we know that the--

In other words, a child-- If the lead poisoning itself caused a person to radiate, the child would be walking down the street and radiating, showing that they've been poisoned, right?

MS. WILLIAMS-EVANS: Yes, the child is the trigger.

However, this year, the program has improved, it has changed. Because now we are being proactive. As of actually May 1 this year, we got an additional \$10,000 to do outreach screening. And so we are not waiting to receive children who are already poisoned. We are actively going out into the community. We've actually done in-service programs with the landlord associations in East Orange. As you know, we have a very large number of high-rise apartment buildings that were constructed prior to 1978, when the lead paint laws came into affect. So we've become much more proactive, based on the most recent changes from the State Department of Health.

ASSEMBLYMAN PAYNE: It's estimated that 18,000 youngsters in the State of New Jersey are lead poisoned, or whatever. Of that number, only one-third of them have been inspected, it's estimated.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: And of that one-third, only half of them are receiving any kind of treatment.

MS. WILLIAMS-EVANS: Yes. And the treatment-- You can't wait until they're severely poisoned, because children have even died from the medication and the treatment that is required for lead poisoning.

ASSEMBLYMAN PAYNE: We need to be proactive not only in East Orange, but throughout the State. We need to be proactive in inspecting these homes.

I have a piece of legislation now that would include, also, one- and two-family homes. Because what's happening now is, one- and two-family homes are excluded. So a child living in those places gets lead poisoning, goes to school. He's poisoned. And they're excluded. It makes no sense.

A very large percentage of our youngsters live in one- and two-family homes -- one- and two-owner occupied, or one- and two-family homes. They are not required by law to be inspected. They're excluded from it. It makes no sense at all. So a child goes to school, living in a community where there's only -- goes to school, becomes lead poisoned. They start to become lethargic, behavior -- all the symptoms of detecting what poisoning is. Then we say, "Oh, my God. The child is poisoned."

So now the legislation I have says that we will inspect, proactively, one- and two-family homes, as well.

MS. WILLIAMS-EVANS: Right, before the damage is done.

ASSEMBLYMAN PAYNE: You have to wait until children become poisoned, because they live in a one- and two-family home? That makes no sense whatsoever.

So we're doing that.

Anyway, thank you. I don't want to interrupt you with your testimony.

I was trying to get a clear understanding of what are the requirements for health-- Are there uniform requirements across the State of New Jersey that every health officer must have certain kinds of basic -- minimum credentials? What is it?

MS. WILLIAMS-EVANS: It is my understanding that health officers are required to have a master's degree in public health or related field, and at least two years of experience in public health, and they're required to have a letter of recommendation from their immediate supervisors in order to take the test.

ASSEMBLYMAN PAYNE: And is that the case generally carried out? Is that the way it is now? Do we know whether that's usually the case, what people do? Is it health officers or health inspectors?

MS. WILLIAMS-EVANS: Health officer.

ASSEMBLYMAN PAYNE: Health officers do -- all have master's degrees, or--

MS. WILLIAMS-EVANS: I really don't-- I would guess so, yes.

ASSEMBLYMAN PAYNE: And what about inspectors? Is there a certain kind of requirement -- minimum requirements for health inspectors?

MS. WILLIAMS-EVANS: Well, yes. Mostly a bachelor's degree in the environmental field, or as an inspector in the field of public health.

ASSEMBLYMAN PAYNE: And anecdotally, do you know of officers or inspectors who may be placed in some of these positions without these credentials? Do you happen to know of any situations?

MS. WILLIAMS-EVANS: I couldn't say I know of any. I've identified two individuals, who I will not name, who were health educators and have health officer licenses, who I was really quite disappointed in their level of competence.

ASSEMBLYMAN PAYNE: Okay.

I thank you. I just wanted to make sure that-- First of all, since we recognize that there are these kinds of conditions that do exist -- infant mortality, asthma, and all the other kinds of things, diabetes -- that we want to make sure that these conditions are being identified by the people that are responsible for doing that.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: And there may be individuals in various municipalities who are not doing their job, or not living up to what their responsibilities are. But as long as there are some -- there's protocols, and there's requirements, and there are all kinds of credentials that are necessary to be possessed-- As long as that -- they have those-- Then the other thing is to make sure that people are carrying out their

responsibilities. Because if, in fact, we have kids that are lead -- poisoned from lead, and nobody's bothering to do anything about it, then we have a serious problem.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: I don't know whether there's anything else you'd like to add before you have to leave.

MS. WILLIAMS-EVANS: I would just like to read off a few things. I do believe that health care -- public health-- It's time for a new day, or a new paradigm, or a whole new page to come into effect, as far as public health is concerned.

What I have noticed is that there is not a consistent effort to do quality assessment of the work that is happening in the communities, as far as public health, particularly -- going back, again, to the lead poisoning situation. If you recall, Assemblyman Payne, the lab work that was done on the mothers, when moms were given the test, was done out-of-state. And there was no follow-up. I do believe that if a physician or nurse administrator was on the Public Health Oversight Committee, along with Commissioner Jacobs -- because he's there all alone as a physician -- I think that there would have been better follow-through.

Again, I'm not putting health officers down. I think they do a very good job, and I think they're probably under a lot of pressure, just like anybody else. However, I do believe the Public Health Oversight Committee requires a little bit more diversification, because it's made up of, basically, health officers and environmentalists. And there are no clinical people on that board. And I've seen legislation where Commissioner Jacobs has been required to investigate, intervene, change, and write legislation for

clinical, medical entities, such as your Federally Qualified Health Centers -- which we have in East Orange.

And I think that it would behoove all of us to have a mixture of health professionals on that Oversight Committee. The children's issues are very serious in East Orange. We lost Orange Memorial Hospital, and now there are no emergency children services for at least a three-mile radius. I'm working with the FQHC in East Orange, right now, to develop some plans. And I'm hoping that I can get cooperation from Irvington so that perhaps Irvington General might serve as an emergency for children in our collaborative areas.

ASSEMBLYMAN PAYNE: Are you working with your administration in East Orange, the Mayor, and other people on the council on this?

MS. WILLIAMS-EVANS: Yes, I am, with Mayor Bowser directly.

ASSEMBLYMAN PAYNE: Good.

MS. WILLIAMS-EVANS: So as you said, one of the biggest health disparities is diabetes, and second is kidney failure. In East Orange -- we have more dialysis centers, I think, in Essex County than any other -- concentrated -- than any other part of the State of New Jersey. And I think that we need to have a major campaign for diabetes, and kidney failure, and educating people about the connection.

Again, I am not putting health officers down. But I have been a nurse educator in Morris County and at Jersey City Medical Center. I could educate everybody in this room in 10 minutes on how diabetes is connected to kidney failure, blindness, and limb amputation.

So I do think that we have a major change to institute in the State of New Jersey. We need to look at the outcomes of our work. And we need to have a stronger collaboration between the health entities.

East Orange General Hospital is strong, mean, and lean today because -- and I'm going to take some credit for that. Because when I first came to the Health Department in East Orange, with Mayor Bowser, Orange Memorial was shutting down. And I said, "We are not going to let our community hospital shut down." I see that as a role for the person who is in charge a public health department -- to look at those community hospitals, see where the strengths and weaknesses are, and work with the health administrators in those hospitals.

Mr. Kevin Slavin, the CEO at East Orange General, has no hesitation today, or any other day, to pick up the phone and call me if he has any issues. We actually have community plans, collaborative plans that are in effect as we speak. I have instituted what I call the *Municipal Quality Assurance Safety Committee*. My Committee is comprised of hospital administrators, paramedics, ER staff, the police department, the fire department, my OEM -- Office of Emergency Management -- supervisors, my environmentalists, myself, and various citizens. We meet quarterly, and we all look at the plans moving forward for the city.

ASSEMBLYMAN PAYNE: What's that called? What's the Committee called?

MS. WILLIAMS-EVANS: Municipal Quality Assurance Safety Committee. We look at construction, who's going to be impacted, and so on.

ASSEMBLYMAN PAYNE: It sounds like something that could be replicated in other municipalities as well.

MS. WILLIAMS-EVANS: I believe it should be. And I stole this from my hospital life. We always had QA in the hospitals. And you're forcing people to knock down the silos. You all must communicate.

ASSEMBLYMAN PAYNE: Sure. Are these recommendations written in your testimony?

MS. WILLIAMS-EVANS: Yes, I do.

ASSEMBLYMAN PAYNE: Is this what you gave us?

Great.

Continue.

ASSEMBLYMAN STEELE: Mr. Chairman.

ASSEMBLYMAN PAYNE: Yes.

MS. WILLIAMS-EVANS: And I want to keep it brief. I don't want to take everyone else's time away.

ASSEMBLYMAN STEELE: No, I thought you were--

ASSEMBLYMAN PAYNE: Assemblyman.

ASSEMBLYMAN STEELE: I didn't know whether she was--

ASSEMBLYMAN PAYNE: Are you finished?

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN PAYNE: Okay.

Assemblyman Steele.

ASSEMBLYMAN STEELE: I was recognizing my colleague, then I was going to ask for your--

ASSEMBLYMAN PAYNE: Assemblyman Thompson.

ASSEMBLYMAN THOMPSON: Thank you, Mr. Chairman.

In the written comments that you gave us, you have one section which reads, "Public health priority funding is withheld from communities such as East Orange if they do not employ a health officer, no matter how well the department is being managed without a health officer."

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN THOMPSON: "It appears that communities are penalized for not employing one of the few health officers in the state, no matter how poor their job performance is."

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN THOMPSON: You've stated that you did terminate your health officer because of his performance.

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN THOMPSON: My question is, since by law you are required to have a health officer, why have you not sought to hire another health officer?

MS. WILLIAMS-EVANS: We have sought to hire another health officer. We just have not had people coming forward. There, I believe, is a limited number of health officers in the State of New Jersey. The examination, I am told, is very difficult. And a lot -- most people do fail it.

ASSEMBLYMAN THOMPSON: So you are searching for a health--

MS. WILLIAMS-EVANS: There is a very scant number of people who have applied for the job, or are interested. I've been told by people who I've addressed and asked to come to East Orange that they don't want to come to the inner city. They're happy where they are. And I

did employ one young lady, who was very, very new. She had no experience, but she had a license. And it just didn't work out.

ASSEMBLYMAN THOMPSON: From this, I couldn't tell whether you were just saying, "I don't need a health officer. I'm not going to bother finding one."

MS. WILLIAMS-EVANS: No. We will lose funding if we don't have a health officer. We are mandated to have a health officer in order to get funding.

ASSEMBLYMAN THOMPSON: But you are searching for one, though?

MS. WILLIAMS-EVANS: Yes.

ASSEMBLYMAN THOMPSON: Thank you.

ASSEMBLYMAN PAYNE: And they're licensed by the State?

ASSEMBLYMAN THOMPSON: Right.

MS. WILLIAMS-EVANS: They have to be licensed by the State, yes.

ASSEMBLYMAN PAYNE: The State Department of?

MS. WILLIAMS-EVANS: Of Health and Senior Services.

ASSEMBLYMAN PAYNE: Thank you.

ASSEMBLYMAN STEELE: Mr. Chairman.

Does that require that they be a resident of the town or the city?

MS. WILLIAMS-EVANS: No, they're not required to be a resident.

ASSEMBLYMAN STEELE: They just have to be certified by the State.

MS. WILLIAMS-EVANS: Right.

ASSEMBLYMAN STEELE: So your problem is attracting people.

MS. WILLIAMS-EVANS: Right. And I feel I'm caught between a rock and a hard place here. I do have special permission to be the executive. And I feel it's very strange that I have to get special permission to be the executive over a local department of health, when I have been the executive over two hospitals in New York, where I had almost 500 patients at a time, 500 nurses, 16 pharmacists, and 32 dietary workers. But I'm not allowed to have authority over the Department of Health.

ASSEMBLYMAN STEELE: And you're not planning on sitting for the test, are you?

MS. WILLIAMS-EVANS: Well, I was thinking-- I'm seriously thinking about it.

ASSEMBLYMAN STEELE: I kind of sensed that. I think you should.

MS. WILLIAMS-EVANS: Yes, I will.

ASSEMBLYMAN STEELE: Thank you very much.

ASSEMBLYMAN PAYNE: All right.

Well, thank you very much for your testimony. You've identified some of the areas that we need to be looking into. And I thank you for your written testimony.

And if we could look at this -- maybe, as you said -- at some of the things that you're doing in East Orange. And I don't want to be too parochial about it. But if they're applicable to other municipalities, then that's something that we certainly need to look at.

MS. WILLIAMS-EVANS: Thank you.

ASSEMBLYMAN PAYNE: Thank you for coming.

Now, Mr. Gruber, the Senior Assistant Commissioner for the Department of Health and Senior Services.

I should apologize for keeping everybody here. But these issues are so very important. And everybody seems to be interested in testifying. Next time, we'll do them one at a time.

Give your name and identification, please.

SENIOR ASST. COMM. DAVID GRUBER: Good afternoon, Chairman Payne and members of the Committee. Thank you for the opportunity to speak with you today about New Jersey's public health licensure program.

My name is David Gruber, and I am a Senior Assistant Commissioner for Health Infrastructure Preparedness and Emergency Response at the Department of Health and Senior Services. The Office of Health Infrastructure, the office responsible for our State's local and regional health departments, falls under my purview.

I am representing our Commissioner, Dr. Jacobs, and am here to address any issues you may have regarding New Jersey's public health system infrastructure. To start, I've been asked to address the qualifications of local health officers and the process by which these local officials are selected and maintain their licensure.

However, with the Chairman's permission, sir, I want to first commend the efforts of Ms. Williams-Evans, and her intensity; however, respectfully request your permission to correct some of the statements she made, which may, inadvertently, have been in error.

The first has to do with the public health board that she mentioned, the oversight board. It is chaired by a physician, and the physician is not Dr. Jacobs. It is, in fact, an independent board. We do have medical professionals on that board. Dr. Bresnitz, our State Epidemiologist and a physician, is also on that board.

Additionally, we have diversity on that board. We have a member from the Attorney General's Office. We do have health officers and environmentalists, as Ms. Williams-Evans stated. But the board is, I believe, much more diverse than she may have indicated.

The second point I'd like to bring up is that local boards of health, to which she referred to, are statutorily required -- although some of them may be replaced by a mayor and the council. But it is, in fact, a requirement to have a board of health.

The third point I'd like to make had to do with the question regarding assessment in the community. Right now, the State, as a whole -- and I believe you are going to hear from some of the other health officers in the State -- is conducting an assessment process by which they're defining whether or not the services provided are appropriate and can, in fact, be improved.

I think with that, sir, I'd like to continue with my testimony. But I did feel it necessary to correct those.

ASSEMBLYMAN PAYNE: I was just wondering whether or not that was in your written testimony prior to your coming here. (laughter)

SENIOR ASSISTANT COMMISSIONER GRUBER: No, sir, it was not. I had not planned on doing that.

ASSEMBLYMAN STEELE: Excuse me.

How many health officers -- certified health officers do we have in the State of New Jersey?

SENIOR ASSISTANT COMMISSIONER GRUBER: Give me one second. I will go to one of the last pages, and I'll give you that.

ASSEMBLYMAN STEELE: Oh, no. Why don't I wait and you deliver? This way you can stay with the flow.

SENIOR ASSISTANT COMMISSIONER GRUBER: I do have that number for you, Assemblyman.

ASSEMBLYMAN STEELE: All right.

ASSEMBLYMAN PAYNE: You can summarize. You don't have to-- Don't feel obligated to read the entire thing.

SENIOR ASSISTANT COMMISSIONER GRUBER: I will go a little bit quicker. And if you would like to cut me off on something, I personally -- will not take it personally at all.

I do want to give you just a small paragraph, on background, of what the health system looks like in New Jersey. We have over 500 boards of health, as we mentioned. Each municipality is required to have a board of health. So we have over 500 boards of health. Some of those boards are very active, others never meet. We have 115 local health departments, with staff that range from as little as one to as many as over 70. We have 22 health departments -- we call them *links* agencies -- that address regional preparedness issues, but provide different levels of public health services. There is no doubt it is a very complicated system.

However, when you talk about quality, New Jersey is the only state with a formal public health licensure process for public health officials. Specifically, the licensing of the health officer and the licensing of a

registered environmental health specialist. We are the only state having a health officer examination and licensure requirement. I won't go into the history of that. I'll skip that.

Some definitions first: A health officer: The health officer is the chief executive of the local health agency. And the health officer evaluates the community's health issues and develops programs to address the community needs, and the prevention and control of health and/or environmental problems.

A registered health environmental specialist administers environmental and health programs for both public and private agencies; and organizations in food protection and safety, water protection, air quality, noise, industrial and land pollution, sewage disposal, hazardous and toxic substances, solid waste management, and institutional health.

Current practice and requirements are as follows. The Commissioner of Health and Senior Services licenses those candidates who submit evidence of the required education, training, and experience; who are accepted for testing by the Public Health Licensing and Examination Board, and subsequently pass an examination for the position. By statute, the State Public Health Council -- the Council that we've discussed earlier -- prescribes the qualifications for health officers. The examination is administered three times a year, traditionally during the last week of February, July, and November.

I'm going to go over the minimum requirements to be admitted as a health -- for the health officer examination. First, the individual must hold a doctorate or a master's degree from an accredited college or university which is recognized by the Commission on Higher Education.

And the degree must be in a health-related field, such as public health, environmental science, health administration, social work, nursing, health education; or hold a doctor of medicine, doctor of osteopathy, or a doctor in veterinary medicine from an accredited medical, osteopathic, or veterinary school. The coursework for the above referenced degrees shall include or be supplemented by at least three credit hours in each of the following areas: planning, administration, environmental science, social science, statistics, and epidemiology.

Again, not in my statement here, but what I think I'm trying to present -- and I hope you take away -- is that we are putting a high quality of officials in the field to supervise these very, very important efforts.

There's a second point, and that is that the health officer must satisfactorily complete two years of full-time employment in a position that provides administrative experience in at least three of the five recognized public health activities that include administrative services, environmental health, communicable disease, maternal and child health, and adult health services.

The health officer examination is comprised of two parts: Part I, which is an inventory of content knowledge using a fixed format -- fixed response format; and Part II, which is an assessment of conceptual, judgmental, and experimental skills using an open response format.

The minimum qualifications to be admitted to the registered environmental health specialists examination are as follows: hold a bachelor's degree from an accredited college or university that is recognized by the Commission on Higher Education, and a program accredited by the National Environmental Health Science and Protection Accreditation

Council; or hold a bachelor's degree from an accredited college or university which is recognized by the Commission on Higher Education, with a minimum of 32 credit hours in biological, physical, and environmental science, and mathematics; and either satisfactorily complete one year of post-graduate, full-time employment with the local health agency as defined pursuant to New Jersey practice standards -- health practice standards -- or satisfactorily complete a course in the environmental and public health, which is approved by the Department of Health and Senior Services and is conducted by an accredited college or university.

The registered environmental health specialist examination consists of a hundred questions that assess content knowledge and a fixed response format, which includes administration, communicable disease, food protection and safety, water and waste water, vector control, epidemiology, and pollution control.

Mr. Chairman, before I continue, I'd like to ask you and the members of the Committee if I'm addressing the items of interest.

ASSEMBLYMAN PAYNE: Areas of interest, yes.

You noted on page -- I guess the second page of your testimony, that the health officer is the chief executive officer of a local health agency, and evaluates the community's health issues; and develops programs to address the community's needs, and the prevention and control of health and/or environmental problems.

You heard me mention, early on, some of the concerns of the health issues that are involved in many of the communities, such as kidney failure, diabetes, lead poisoning, asthma, infant mortality, etc. Now, the health officer of a local agency evaluates these health issues, etc. Do these

health officers that we're talking -- and develops programs to address the community's needs, etc. You're saying that these health officers are the ones, in fact, who evaluate these conditions that I mentioned within these areas, and in fact make recommendations to address these needs? I mean, is this one of the responsibilities of the--

SENIOR ASSISTANT COMMISSIONER GRUBER: Yes, sir, it is.

ASSEMBLYMAN PAYNE: To whom does the health officer -- chief executive officer -- report when they find out these conditions are existing, etc.? To whom do they make these recommendations? Is it to Dr. Jacobs, or is it to the local health department, or what have you? What happens? In other words, we have these very high conditions that exist in these areas. What happens when the health department--

SENIOR ASSISTANT COMMISSIONER GRUBER: Mr. Chairman, what I'd like to do is just give you a generality. But as you speak with the health officers, I think you'd get a much more responsive answer from them. Because each health officer may deal a little bit differently. But, in general, the public health community works as a community. There are multiple agencies involved in these issues: you look at the healthcare delivery system, you look at the public health system -- you look at the public health system at the local level, at the Department level -- and you look at advocates; and you look at, of course, the Legislature to support the needs that we have for that.

So it's not necessarily a simple answer that says, "We do this, this, and this." It is an overarching effort by the entire public health community.

ASSEMBLYMAN PAYNE: I was just going by your testimony. The health officer does these things. And I was just wondering whether or not the health officer, in fact, does these. Does the health officer, for instance, generate legislation? Let's say if you have a high incidence, again, of lead, or infant mortality, etc., the health officer is the person in that community, I suppose, who has a handle on these conditions, etc., I would imagine.

SENIOR ASSISTANT COMMISSIONER GRUBER: The State, and I think everybody, relies on our health officers to assess those health conditions in their own community.

ASSEMBLYMAN PAYNE: So these health officers then, locally, do have a handle on these issues. And, therefore, if in fact it appears that these things are out of hand -- and it was mentioned earlier -- and I know that some of these dialysis centers are closing down in various places where there's a need. Would the health officer be the one to generate to somebody that there is an acute need for additional services? Who would generate that, for instance? Because we know that, in many areas, these centers are being closed down. In many areas they're closing down the dialysis centers. People have to go miles to get to them. I mean, who evaluates and says, "Oh, my God, we can't go there"?

SENIOR ASSISTANT COMMISSIONER GRUBER: Mr. Chairman, I would tell you that if I were-- I could give you my assessment. But I think I'm stepping outside of my knowledge base. So I would ask you to ask the health officers, or I can go back to the Department and give you some additional information on that.

ASSEMBLYMAN PAYNE: Okay.

Mr. Thompson.

ASSEMBLYMAN THOMPSON: On your last question there, first-- I think, probably, you started with a need for dialysis centers. That probably exceeds the local health officers responsibilities. But I do have two questions here.

In the written comments, again, given to us by the last witness, she states, "As noted at the March hearing on lead hazard control assistance, many municipal departments of health in New Jersey failed to participate in this effort, thereby ignoring the dangers associated with lead poisoning in New Jersey's children. To my knowledge, health officers in New Jersey have not been held accountable for their disinterest and lack of involvement."

I'm not sure how accurate this is. But the question here is, where is the oversight to see that health officers are fulfilling the assignments and the requirements that the Department has defined for them? And if some health officer, for example, was not actively pursuing the question of lead poisoning, who would be the agency or person responsible for addressing this?

SENIOR ASSISTANT COMMISSIONER GRUBER: The Department would be, sir. And it would be under my office.

ASSEMBLYMAN THOMPSON: In other words, they submit reports to you every year, annually -- what they have done, relative to lead poisoning and hazard abatement, etc. -- and based upon those reports, you would conclude they are or are not performing as they should in that area?

SENIOR ASSISTANT COMMISSIONER GRUBER: I would like to think we're a little bit -- leaning toward being a little bit more

proactive than that. I think we've got a very good working relationship with the health officers. While there is an annual report submitted, I think that our relationship with the health officers and the Department should extend beyond the annual report. And our assessment of the programs does occur on more than an annual basis.

ASSEMBLYMAN THOMPSON: My second question is, that while not directly stated in her testimony and her written comments, Ms. Williams-Evans seemed to be a bit annoyed or feel that perhaps she should be able to serve as the executive there, since she is the Director of the Department, whether she had a health officer or not.

You have indicated what the requirements for a health officer are. Are there any specified requirements for the municipal directors of health and human services?

SENIOR ASSISTANT COMMISSIONER GRUBER: Not that I'm aware of, sir.

ASSEMBLYMAN THOMPSON: So, therefore, someone serving in this position certainly might not be qualified to serve as the -- pick up the responsibilities of health officer.

SENIOR ASSISTANT COMMISSIONER GRUBER: I think a good example is the person you're looking at right now. I could go out and work in a community and, perhaps, not be qualified to be a health officer. But I could serve in a supervisory position for a health officer.

ASSEMBLYMAN THOMPSON: Okay. Thank you very much.

ASSEMBLYMAN PAYNE: The incidences of lead, again -- and the fact that dialysis centers are being closed down, etc.-- And I guess,

according to your testimony, that this comes under your Department, or under you, as a matter of fact. What kinds of reports are generated? Let's take infant mortality as an example. And I guess that would be one of the areas that would come under the health officer, or at least the health department -- the local health agency, correct?

SENIOR ASSISTANT COMMISSIONER GRUBER: Mr. Chairman, if I could clarify, the reports that come into my office are the ones that the health officers are required to submit at the end of the year. There are different organizations within the Department that deal with the specific programs. My office is more related to the infrastructure aspect of the healthcare system, not the specific programs within the healthcare system.

ASSEMBLYMAN PAYNE: Who is responsible for the specific areas of concern?

SENIOR ASSISTANT COMMISSIONER GRUBER: Sure. Under the Health Department, we have a Deputy Commissioner, who is also Dr. Bresnitz, who has the public health service. Underneath Dr. Bresnitz is the lead program, cancer screening program, many other programs that you're interested in.

ASSEMBLYMAN PAYNE: You know, we had \$16 million that was made available for abatement of lead poisoning, etc., over the past couple of years. Sixteen million dollars was available. Three hundred thousand dollars of that money was spent -- \$300,000 -- \$16 million was sent back. In other words, we did not utilize the money that was there. I'm trying to find out who was responsible for that program. Why is it that we have 5,000 more youngsters last year that were identified with lead

poisoning, etc.? If we have \$16 million available for inspections, for abatement, for prevention, etc.-- Usually, people say, "We don't have enough money." In this case, we had \$16 million that was -- as a result of money that was taxed for paint company -- wherever it came from -- \$16 million. And I've been trying to find out, if this is a serious matter, as it is -- lead poisoning is -- and it's a preventable illness-- I mean, it's not like we have to do a lot of research to find out what causes it. We know what it is. We clearly identify it. It doesn't take a lot of tests, etc. And if we have \$16 million-- I'm still not clear on why that money was not utilized. I'm not clear why only \$300,000 was sent back -- was used. I just don't understand it, especially when we do have 18,000 -- an estimated 18,000 young people that are suffering from this. And I can't seem to find out who is responsible for that, wherever it goes.

We had a hearing with OIT in the early part of the budget hearings. The Director was let go. We couldn't tell-- You respond-- He was gone. Here I'm trying to find out where \$16 million went, and I can't find anybody. You're saying somebody has a responsibility for different areas. People report-- You're looking -- you're at the infrastructural things, to make sure that-- I want to find out-- Infrastructure or no infrastructure, I want to know, number one, who will be able to tell me how many centers were shut down when there's a great need for dialysis centers -- and they're being shut down. Whether or not there's an increase of diesel fuel on Springfield Avenue, in Newark, and places like that -- and people are suffering more and more asthma.

I just don't-- I'm confused as to who is responsible. These are things that impact in these inner city areas -- all that we mentioned before --

infant mortality, and so on, and so-- Somebody has to do something about it. Somebody has to find -- and say, "You know what? Last year, this was the case. This year-- Therefore, we need to do something." Somebody has to generate some kind of something to address these problems. And I'm not clear yet on where that happens, whose department it's in, and who is responsible for that.

SENIOR ASSISTANT COMMISSIONER GRUBER: Mr. Chairman, I want to make you feel better, that it's not as hopeless as it seems. However, I will apologize that the guidance we were given for this hearing was the licensure issue for health officers. Had we known that it was going to be focused on lead, we would have brought different individuals to speak specifically to that. And we can get you more information if you're interested.

ASSEMBLYMAN PAYNE: All right.

Mr. Thompson.

ASSEMBLYMAN THOMPSON: I might add, with regards to the lead poisoning program and so on, the hazard abatement falls under DCA, if I'm not mistaken, rather than the Department of Health -- the abatement portion of the program.

SENIOR ASSISTANT COMMISSIONER GRUBER: Again, while that sits in my mind, I wouldn't want to state something that I'm not comfortable stating.

ASSEMBLYMAN THOMPSON: Because I was involved in the lead poisoning program for 11 years in the Health Department.

ASSEMBLYMAN PAYNE: Right. Which is one of the problems that we have, is that there -- the bifurcation of responsibilities--

“Well, that department takes care of that. That takes care of that.” But, I mean, I know I have part of the-- And that’s one of the problems, not only with the Department of Health, and other areas too, that we have an area of mental health, we have-- One department does inspections when there are violations, another department gives the licenses. The Department of Health licenses these places, but the Department of Community Affairs inspects them. It’s kind of difficult. So we have to review things. It’s like that’s-the-way-it’s-always-been-done kind of syndrome. And we have to look at these things.

But the bottom line is that these conditions still exist there. And we’re trying to find out what the heck-- What do we do? Sixteen million dollars -- what -- we should have been able to abate every doggone place in the area. But nobody knew where they were. And I still haven’t been able to find out who went wrong here, and why they still have their job. I don’t understand it. I have to find out why. This other guy is gone out of OIT. He’s gone. But we’ve got \$16 million, and we’ve still got kids suffering, and we’ve still got kids coming to school radiating. “Oh, you must live in a house that has lead poisoning. Oh, yes. Let’s go inspect it now.”

I mean, that’s not your area, I know. But I hope somebody out there listening will come out with an answer for us, so these kids won’t necessarily be impacted or poisoned by the-- See, the thing about poisoning is, once it’s ingested, once they’re poisoned, there’s no turning back. I mean, it’s preventable. There’s no turning back. It would be one thing if, in fact, we said, “Give them a shot, and they’re okay.” But once they’re ingested -- from early on, that’s it. They go to school, and the teacher says,

“This kid is incorrigible.” He isn’t incorrigible, he’s been poisoned. This kid can’t learn. He can’t learn because his brain has been damaged. And I’m trying to avoid that. There shouldn’t be 18,000 kids out there who are not able to be taken care of. That’s what bothers me. And there’s \$16 million out there. Give each kid a million dollars, and let’s settle it that way.

I’m sorry.

SENIOR ASSISTANT COMMISSIONER GRUBER: I do have other comments regarding how we’re moving forward in the Health Department. But again, in the interest of time, I will ask you if you’d like to ask specific questions, or if you’d like to just read the testimony and complete it at this point.

ASSEMBLYMAN PAYNE: Unless any of my colleagues have a specific question, we do have the testimony here.

Take back to your-- I mean, you can tell Dr. Jacobs that Payne is at it again, okay? (laughter)

Thank you.

SENIOR ASSISTANT COMMISSIONER GRUBER: Let me just say that I can’t share with you any information on lead, but I can share your concerns about the children out there.

ASSEMBLYMAN PAYNE: Thank you very much.

I think we have a few more health people here. I don’t know whether there are people here -- reentry people still waiting?

UNIDENTIFIED SPEAKER FROM AUDIENCE: Yes.

ASSEMBLYMAN PAYNE: Who was that?

All right, we do have health folks.

Come on up.

P A U L D. R O M A N: I'm Mr. Roman.

ASSEMBLYMAN PAYNE: Come on up, Mr. Roman.

MR. ROMAN: I'm the volunteer in the room. I've been here all day. And I got parking ticket, and I'm hungry, and I want to talk to you.

ASSEMBLYMAN PAYNE: All right. Come on up, Mr. Roman.

MR. ROMAN: I work with your brother on Veterans' issues in Washington, and Senator Corzine.

ASSEMBLYMAN PAYNE: Is that right?

MR. ROMAN: Yes, sir.

ASSEMBLYMAN PAYNE: Give us your identification, Mr. Roman.

MR. ROMAN: Yes, sir.

My name is Paul Roman. I'm President of the New Jersey Local Boards of Health Association. I'm also President of the Monmouth County Regional Health Commission, representing 24 municipalities in Monmouth County. And I'm the longest-serving member of the Shrewsbury Board of Health, since 1977.

I'm here to answer your questions, gentlemen.

I was asked by Ms. Brown to give you a quick tutorial on the structure of public health in New Jersey.

I represent the over 500 local boards in the State of New Jersey. We are the organization, since 1992, that is the voice of local public health. We work with the New Jersey Health Officers Association, the New Jersey Public Health Association, county health officers, all of the various alphabet

organizations in public health. We are the state affiliate for the National Association of Local Boards of Health, where I serve on the bylaws committee and several other internal groups.

Local boards of health had their genesis in colonial days, sir. The oldest board of health member in the United States was Paul Revere. In colonial times, when the water was bad, when the air was bad, when we had rats, cats, and bats, people formed boards of health.

I'm sorry, I didn't think I needed it. (referring to PA microphone)

ASSEMBLYMAN PAYNE: Except to be recorded.

MR. ROMAN: Since colonial times, boards of health have handled significant problems in public health. And they, in fact, continue to do so. In the State of New Jersey -- because we are a home-rule state, we're a local government, community-oriented state -- every municipality, with certain exceptions statutorily created, are supposed to have a board of health. And the board of health has the statutory responsibility for compliance with public health laws and provision of service. Health officers and sanitary inspectors work for local boards of health in most jurisdictions. And there are some exceptions to that.

In Faulkner Act communities in New Jersey, the local elected officials may serve as the local board of health. In counties-- In three counties in New Jersey -- either partially or totally -- there is a county board of health serving part or all of the county. And the local board of health has acceded its jurisdiction in those three counties to those county boards.

ASSEMBLYMAN PAYNE: What counties?

MR. ROMAN: Cumberland County has a complete county board of health, where all municipalities operate under the county board. One health officer, ironically, serves two counties: Cumberland and Salem. The Salem County works under local boards, and in Cumberland they have a county board. So the health officer, who serves both counties, has a couple of different ways he goes when he gets his jurisdiction and authority. In Monmouth County and in Ocean County, there are county boards that serve part of the counties. But there are other health departments, and there are other boards.

ASSEMBLYMAN PAYNE: Well, that's clear. Go ahead.

MR. ROMAN: It is a confusing system, and it's quite interesting.

In Bergen County, for example, there are 70 municipalities, and only 23 of them are served by the county Health Department. But there is no county board. So the county Health Department, serving those 23 municipalities, serves under the jurisdiction of those 23 local boards. Now, the health officer, as in some other counties, may be paid by the freeholders -- but the money to pay those individuals is levied through the tax base, usually on a ratables system, to the municipalities, through the boards of health and the local elected officials, who then pay that to the county freeholders so that county health officer can do his job.

As you heard today, there are 115 health departments that serve the 566 municipalities. And there are approximately 500 boards of health in New Jersey providing that service.

ASSEMBLYMAN PAYNE: Must have been the same person that came up with a camel or an elephant.

MR. ROMAN: It might have been, sir.

As Ms. Williams-- I know she has a problem, and she's got some issues, and so on. But she needs a health officer. She needs a licensed professional to do what the gentleman from the Department of Health -- Commissioner Gruber -- told you they need to have done. And then she would have the hammer in her hand to do some of the things she wants to do. That's the situation.

Local boards of health are out there to provide information, education, advocacy, provide oversight and delivery of services through the statutes in New Jersey -- Title 26. And then, under 8:52, New Jersey Administrative Code, we have the compliance part of the package. Under 8:52, the requirements are set for the licensed professionals that you just heard. Under 8:52, it spells out the minimum standards of performance for local boards of health, who have the statutory authority and responsibility to act. So if something is not being done in a community-- If there is a local board of health, or the elected officials choose to serve in that capacity, it is their responsibility to see that that job is done. So you want to know who is going to save the kids, it's that board of health, it's those local elected or appointed officials who make that health officer do his job and report to the State, so that we're fulfilling our mandate, our requirements, to do this.

ASSEMBLYMAN PAYNE: Thank you. I appreciate you clarifying that for us.

Let me interrupt you for one second.

MR. ROMAN: Sure.

ASSEMBLYMAN PAYNE: Some of us are on the Budget Committee, and the Budget Committee is getting ready to start again.

MR. ROMAN: Three minutes.

ASSEMBLYMAN PAYNE: Okay.

MR. ROMAN: I left with you copies of our newsletter from the New Jersey Local Boards of Health Association. I also left, with Nicole, a copy of the document. You heard, from the Department of Health, we're in the assessment mode. Local boards of health are in the assessment mode also.

We did a program. The New Jersey Local Boards of Health, in cooperation with Rutgers Bloustein School, did a program to go out and try to educate and also measure the quality of performance of our local boards. There are, as you heard, approximately 500 boards. So far, we were able to get to 150 of them and do this.

Unfortunately, sir, I must report to you that not one board in Essex County did this with us. And we approached every single one of them. Sussex County was 100 percent; some counties partial, and so on. But your county, Essex County -- we want you. We want you in it. We're going to go out and try to reach you to do this document. This is an educational tool. It's something that was created nationally. It doesn't totally pertain to every little thing in New Jersey. But it's a way of educating the local boards as to their responsibility.

Local boards are obligated to go to meetings, to go to various things. But one thing they're not obligated to do is to be trained. And we would welcome the opportunity for you to force local boards of health to have mandatory training, so we can make these people not only more

responsible, but make them aware of what their responsibilities are, and hand them the hammer to make sure the health officers and sanitary inspectors are doing a great job. And the workforce is very small. We've got about 400 people out there, between the health officers and the sanitary inspectors, in the field for the entire State of New Jersey. So it's no wonder that not everything is being inspected.

There's one more issue, sir. We need you all, in the Legislature, to act to create a public -- a permanent source of funding for public health. The priority -- the public health priority fund is subject to discretionary formulas, and so on, every year. A couple of years ago, you all thought of possibly taking it away, because it was something that was-- The money needed to go somewhere else. We can't do that. Public health is the one thing in your community that, if we're not functioning properly, you're not safe. And you're not happy with us. And that's why you're asking these questions today. And I commend you for doing that.

In Governor Corzine's transition report on health, he stated there were five or six priorities in here. Every one of them is driven through the public health system. Even though we have private partners, the public health system needs to be doing these things, especially for the underserved community.

So, sir, I just want to close with a quote from Admiral Halsey, one of our greatest tactical geniuses, who was a New Jersey native, who said, "There are no great men and women, only ordinary folks who, by circumstances, are forced to meet great challenges every day." And our public health professionals are doing that. But we need the oversight people to be educated, and to be given the responsibility, and told that they

need to go out and make sure these jobs are done -- so that you don't have questions like you've been asking today, and we're able to really shine and do the job correctly.

And I thank you.

ASSEMBLYMAN PAYNE: Thank you. I appreciate that very much. It was very invigorating.

And I'll tell my brother that you came here and that we worked together, too.

Thanks a lot for that.

MR. ROMAN: Thanks.

Questions -- any questions?

ASSEMBLYMAN PAYNE: Any questions? (no response)

MR. ROMAN: Thank you.

ASSEMBLYMAN PAYNE: Thank you very much. And thank you for your patience. But there are people behind you who have more patience. There are others still waiting.

Let's see. We have the last -- I think this is the last person -- John -- oh, Bob Gogats.

ROBERT GOGATS: Robert Gogats.

ASSEMBLYMAN PAYNE: All right. New Jersey Association of Counties.

MR. GOGATS: I'm here today--

My name is Robert Gogats. I'm the Health Officer in Burlington County, New Jersey. So you're talking to a health officer. So if you have some questions about it, I'll try to answer them. I also represent the New Jersey Health Officers Association. I'm on the Executive

Committee -- and I represent the New Jersey County Health Officers Association.

I think this is-- Be careful what you ask for, because you might be surprised when you get it today. (laughter)

Health officers do a lot. As a county health officer, my department -- it does a myriad of things, from WIC program -- getting food and nutrition to children -- all the way through to chasing diseases that no one here wants to even hear about every day.

And before I leave today, I hope to ask you to consider one of the diseases that you haven't talked about -- should be concerned about -- and that's an epidemic that's going on across the world. It's HIV/AIDS. It's killing people, and we need to do something about it. We need to spend more money on it, not less. And I know you have budgetary problems here in the State, but please don't allow them to cut the funds in HIV/AIDS.

Health officers across the state monitor health status of the communities. We look for diseases. We diagnose and investigate health problems and health hazards in our communities. We inform, educate, and empower people with health issues. And you're right. When there's a problem like dialysis centers closing, we should be at the table screaming, "Don't do this." But, again, as in everything, it always gets down to finances. We mobilize the community -- partnerships to identify and solve problems. We, as health officers-- If you look at the number of things that we do across the state, it's impossible for us to do this job alone. So we go into the communities, and we find the partners that we work with, and we use them to save as much money as we possibly can to do our jobs. We

develop policies and plans to support individual and community health problems. It is our job to take a look at what is going on, what people are getting sick from, what they're dying from, and to make the programs to solve those problems. We enforce the laws and regulations that protect our health and our safety. We're out there every day. In my Department, we have emergency responders on the street. And we do all the investigative work. We keep stores from selling cigarettes to children. We deal with trucks that tip over on the highway. We prevent problems with the environment. We deal with landfills. We deal with restaurants. We deal with body piercing and body art facilities, where we inspect. We do bathing beach inspections. We do swimming pools. We do a number of issues that haven't come up here today, but are important parts to keeping us all healthy and safe. We link people to needed personal health services and ensure the provisions of health care that are otherwise unavailable.

Last year, and the year before, and the year before that, I worked very diligently to get a Federally Qualified Health-care (*sic*) Center in my county. Every health officer is responsible for taking a look at the health-care system and making sure that it meets the needs of our residents. We ensure a competent public health and personal care workforce. One of our goals is to make our employees better, to do their job better, to keep you safe. We evaluate the effectiveness, and accessibility, and the quality of personal and population-based health services on a yearly basis and constantly. And we research new insights and innovative solutions to health problems, and work with our colleges and institutions to try to come up with new ways of doing things, and to help our residents become healthier. We are out there every day. We're unsung heroes because you

don't hear about us, and you don't know what we do, as long as we do a good job. Once we don't do a good job, and there's an epidemic or a problem out there, then you -- we come to the forefront, and you see a problem.

I thank you for this opportunity to speak for the health officers today.

ASSEMBLYMAN PAYNE: You have the New Jersey Association of Counties here.

MR. GOGATS: Yes.

ASSEMBLYMAN PAYNE: And you are a health officer, are you?

MR. GOGATS: For a county -- for Burlington County.

ASSEMBLYMAN PAYNE: Burlington.

MR. GOGATS: I have 40 municipalities that I'm the health officer for.

ASSEMBLYMAN PAYNE: And you're the-- What is your statewide responsibility? You represent them on the Association of Counties? Are you the--

MR. GOGATS: I'm a public health coordinator for the county. And I work with the County Health Officers Association.

And John Donnadio, from the County Association, asked me to come today to speak with you.

ASSEMBLYMAN PAYNE: Good. You've answered a lot of the question. You heard the questions we were raising.

MR. GOGATS: Yes, I did.

ASSEMBLYMAN PAYNE: And you-- I was asking who was responsible for various kinds of things. Who's responsible for-- Like you said, yes, you should be at the table when they close down these centers, etc.

MR. GOGATS: Absolutely.

ASSEMBLYMAN PAYNE: And I haven't heard, though-- I have not heard that the health officer is there. I come from Essex County. As was pointed out, Essex County has not -- the county has not fulfilled this thing. We're going to have to look at it.

MR. GOGATS: You have a county health officer there.

ASSEMBLYMAN PAYNE: But when they close these places down, and people come crying to us saying, "We need them," the health officers, I would think -- as you say -- should be at the table also joining us. But they haven't been there, that I know of -- as far as I'm -- haven't been there.

John Donnadio, do you want to add anything?

JOHN G. DONNADIO, ESQ.: No, I think Bob hit the nail on the head. And that's why I thought it was important that we were here today, and we have a county health officer here today, to get our voice heard so that we do get a seat at the table. And we will be happy to work with you, Assemblyman and Committee, in getting that message out there and getting our health officers more actively involved.

But they do a fantastic job in protecting the public, from implementing the County Environmental Health Act, the Private Well Testing Act, from conducting educational services on lead poisoning, and just an array of services that they provide. And that's why, again, I thought

it was important that Bob come here today and speak about those things and many of the other issues that he touched upon.

ASSEMBLYMAN PAYNE: Were you reading from a written testimony? What were you reading from?

MR. GOGATS: I was reading from something. These are the 10 essential services for health departments that I was reading from. These are the things that we really have to focus on and take care of.

ASSEMBLYMAN PAYNE: I'd like to have a copy of that. Do I have a copy of that?

MR. GOGATS: I can get you one, sir.

ASSEMBLYMAN PAYNE: Sure. I would love to have that, because that would-- That could have eliminated this whole hearing we had today, for crying out loud. (laughter)

MR. GOGATS: You have it already in one of the documents.

ASSEMBLYMAN PAYNE: We have it?

MR. GOGATS: You have it.

ASSEMBLYMAN PAYNE: Okay.

All right. Well, thanks very much. I appreciate your coming here.

MR. GOGATS: Thank you, Mr. Chairman.

MR. DONNADIO: You're quite welcome.

Thank you.

Yes, Mr. Thompson.

ASSEMBLYMAN THOMPSON: Mr. Chairman, I would say, in my 23 years with the State Health Department, I had numerous

occasions to work with the health officers in various municipalities and counties, and I always found them to do a very good job.

MR. GOGATS: Thank you, sir.

Please consider us and please don't forget HIV/AIDS. It's important. Do not let the State Health Department cut the funds for that program. My county was only cut by \$5,000. It's insignificant, but it is a message that we cannot afford to send. We need to spend more money in that area and do more work.

Thank you very much.

ASSEMBLYMAN PAYNE: Thank you.

I believe we have a few people remaining, yes, who on the-- And if I try to walk out of this door without hearing them, I'd be in trouble. (laughter)

ASSEMBLYMAN THOMPSON: I have another meeting.

ASSEMBLYMAN PAYNE: Yes, okay, Mr. Thompson.

Thank you very much.

The prison reentry issue, once again, I'd like to hear Mr. Nils Richardson, please.

Mr. Richardson, if you will identify yourself and your organization, please.

N I L S R I C H A R D S O N: I'm Nils Richardson. I'm the President and CEO of ACCSES New Jersey. We're the association for choices, and community supports, and employment services, and our members--

Sorry. I thought it was on. (referring to PA microphone) It looked like it was on when I came in.

Our members are about 38 community rehab organizations, such as the First Occupational Center up in Orange, ARC of Bergen & Passaic, and Catholic Community Center, Jewish Vocational Services, Employment Horizons out in Assemblyman Thompson's district. We place about 3,000 people a year into jobs. And a lot of those folks come off of TANF, General Assistance -- are prison reentry individuals. Our members, by doing that, by getting those folks into jobs even though the resources are meager, and as -- I think if struck earlier, would be much better coordinated if we had further coordination between Corrections, between Human Services -- particularly the Mental Health Division over there -- between Labor, and the TANF and GA groups. Because, as many of the people have testified earlier, you've got folks coming out of your -- under the burden of fines or for their back child support. And if they are someone who didn't commit a severe enough crime so that they can still get on assistance, now they're under the burden of getting a job because they're under Welfare to Work crunches. And many of the folks that our people have been successful with over the years have been funded through these programs, primarily through the Department of Labor or through Human Services -- TANF and GA. There's a little bit of money in Mental Health now.

And I think that we could do a whole lot better job coordinating those kinds of activities, in order to get the job done a whole lot better. And it's probably something where, as some of the folks testified earlier said, if we cut through some of the burdening regulations -- and certainly if more could be done, than our members are finding, on the documentation-- They're still finding, in the programs that we've got going in Atlantic County, for instance, that I've detailed in this testimony--

They're having a person come up here full time, working with 40 prisoners that they've got trying to get a job right now under a new federally funded prison release initiative, coming to Trenton, because they can't get the documentation that they need. And they're really wanting to make sure they get the person back to work, but they're still finding that the person doesn't have the photo ID or doesn't have the Social Security card or, maybe down in Atlantic County, are going to need a driver's license. Although MVC (phonetic spelling) doesn't take the three days that it took me to get my first driver's license when I moved back to New Jersey a few years ago, you still got to have that 49 pieces of paper. And it's hard, if you don't have a residence and all that other kind of thing, to get it done. I finally got it all gathered up, because it was all out West, because we were moving back to Jersey. But it still took three days. I can only imagine if someone -- who is very discouraged, who doesn't have the confidence that they can be a contributor, be successful in the community -- would find this a tremendous burden.

So we would just encourage you to let us be helpful in the rehab community, use us further. I think we've proven ourselves in the TANF and GA. Certainly we've got some people in Labor saying -- the One Stops, who pulled away the contracts from my members who were placing 1,500 people a year off the welfare rolls and said, "Well, let the employment service do it." Just giving a job referral to one of these individuals doesn't cut it. They're going to need someone to help them wade through all the different barriers that they have, and that's the kind of thing that our members and other community rehab organizations -- that don't necessarily belong to ACCSES New Jersey, but still do a good job.

Some data that wasn't presented -- I'm going to go through this rather quickly. Over the last decade: over a threefold increase in people being incarcerated in New Jersey -- it's about a twofold rate nationally -- which is way high. But we're a whole third higher -- 336 percent compared to 228 percent. So our State has been incarcerating people at a much higher rate than the rest of the country.

In Atlantic County, which I'm using as an example, where this new federally funded program is done by our member agency -- Career Opportunity Development -- we've got nearly 11,000 men and women, last year, in that institution down there. Many are released without the resources to get a job, as you heard many people testify earlier. And without really hands-on intervention, as many have said, they're not going to make -- the at-risk behaviors will return, and they're going to be a part of that statistic that returns to jail.

About 60 percent of the people are leaving, statewide, unemployed. I'm actually surprised it's that high. But 95 percent of the people who are going back to jail were unemployed when they were rearrested -- 95 percent. So a job is real key to keeping that person going. About 30 of the prisoners have disability, according to studies. Now, I think that's low. I think that probably it's much higher, according to -- you got retardation, you got mental illness, you got drug and alcohol issues, physical disabilities. It's probably a good bit higher than the one-third. And it's, again, the kind of thing that community organizations have been used to dealing with -- these things that have the relationships with the landlords or the utility companies, with the child care, the transportation organizations. They're the ones that can cut through all this and help the

person negotiate these payment plans, and certainly to lighten up some of the regulations.

I mean, just imagine you go out and get a \$15,000-, \$20,000-a-year job that you can hardly live on in New Jersey, and somebody takes 60 percent of it for debts and fines. You're not going to keep a roof over your head very well unless you're keeping a very high level of assistance which -- you'd like to see a job reduce that assistance package that someone has.

ASSEMBLYMAN PAYNE: You said community organizations are not being utilized as much as they could be.

MR. RICHARDSON: Not nearly as much as they could be. Mainly, these fundings have come through the Welfare to Work, or through Mental Health, or Labor VOC rehab programs. I think that some more mainstreaming of that kind of thing and -- as one person had mentioned, maybe even opening up the Medicaid buy-in to individuals who don't have a proven disability. That workability program that's over in Human Services is great. A person can earn up to \$40,000 a year and still pay into the Medicaid system to keep their meds. So a person can earn a reasonably good wage at a decent job and still keep their psychotropic meds. Because even at that rate, they may work at a place that doesn't provide health insurance. And if they don't have health insurance, they're not going to be able to keep their meds going, and the cycle will go right back to it.

I know that this hearing was about barriers. I've listed quite a few, along with the two member organizations that I have. One is up in North Jersey -- the Goodwill of North Jersey, headquartered in Harrison -- has one of these new Federal grants, just like Codey does down in Atlantic County. It's just a beginning, but I think that they're approving a model

that partners the in-prison programs, sends their mentoring person in even before the person gets released, starts developing that relationship, gets the person out, works through the first thing -- is these documentation problems. And they're finding that that's still a big barrier. So some efforts are no doubt being made. But obviously, it could be done a lot better, as I think Assemblyman Thompson was suggesting.

In the case management, they work through the housing, transportation. They've got some funding if the person needs work clothing. They can help out with child care, time management, GED, VOC training, substance abuse treatment, mental health treatment, physical treatment -- all of those different kinds of things, some of which were enumerated earlier. But these are the kinds of issues that they find all the time. They're working through career exploration -- what would you be good at, what could you do? They have a linkage to the Federal bonding program, so that if there's a security bond issue that the employer has, they can sign up, and the Feds will provide that security bond at no cost to the employer.

There's a lot of family issues and reconnection issues that need to be worked through -- the fears, the apprehension, the scattered work history. How do you talk about that and how do you interview? And then, on through, get them a job and then provide the retention services so that if something develops and breaks down in that system, or a problem develops at work, someone is addressing it immediately, and you have the person stay on the job four, five, six years, with raises, instead of three months and, "Ah, gee, that didn't work out." And then the person's frustrated, the employer doesn't want to see you again with another candidate.

ASSEMBLYMAN PAYNE: These are all recommendations that you think would be very, very valuable in this whole reentry area. Where is it working? I mean, does it access -- you currently are participating in some of these programs around the state, correct?

MR. RICHARDSON: We are. And I think they will be a good model. And really, the models that we have found very successful statewide, where many of the people we have worked at, that came with the disability label, also had the former Corrections background. Because again -- and I'll be talking to the two of you about retention funds through Labor, in your roll as a budget person -- you today, and you in a week from Monday -- but we spend a couple hundred dollars a month to keep someone on the job. And many of these people, if we don't, they're going to go back through homelessness. They're going to go back through mental health treatment. Many times they'll get that treatment in the correctional institution -- and all when we could have just spent a little bit of retention funds and kept them employed. So never mind the two-to-one cash payoff that you get annually for those retention funds. Just from the reduced assistance and the increased tax payments, you save all that pain and cost. Preserve a good employer, and a taxpayer, and a good relationship with an employer who says, "Boy, these are good workers. I'd like two more."

ASSEMBLYMAN PAYNE: Yes. That's something like making the investment on the front end, as opposed to the other end. It doesn't make any sense. You save, say, \$3,000 to keep a person -- keep him out of prison; or \$28,000 to keep him in.

MR. RICHARDSON: Some of our neighboring states, Assemblyman, have more of the mental health diversion programs that are

just being sampled at here in New Jersey. They've been going a while in other states. They also do some community policing, where they will go in, particularly in urban areas like your two districts, and they'll have mental health people work with the officers to train them how to spot and handle these cases.

In Wilmington, Delaware, they even have some mental health intervention teams that, when something is going on like a spousal disruption or a family situation, the mental health person will show up right with the officer, and they get that addressed in a mental health thing. And as you were saying several times earlier, they keep the incarceration from getting started, because they've got the treatment going up front. And really, then the local communities are assuming the responsibilities for their own and they're saying, "Okay. Hey, we can figure this out. We can keep people out of the jail, because we're intervening and not letting it blow up into a crisis"--

ASSEMBLYMAN PAYNE: Right.

MR. RICHARDSON: --"and we're getting them treatment instead of putting them in jail."

ASSEMBLYMAN PAYNE: If you will, if you could just kind of summarize or wrap it up, I'd appreciate it. We got the very good--

MR. RICHARDSON: Okay. I think I would just point out the closing comments in my presentation, to point out that there's a-- If you've got a person at a \$15,000-a-year job, they're going to be paying about 15 percent State and Federal taxes. They're going to reduce their assistance by 425 a month. That's a \$7,000-plus economic benefit for a \$15,000 job. If

it takes 3,000 to keep them in that job rather than 28,000 to keep them in jail, you can see the difference.

Thank you very much.

ASSEMBLYMAN PAYNE: Thank you very much for your testimony. Thank you for your patience. We really appreciate it. It's very valuable. We do appreciate it. It will give us some guidance on where we need to go in a lot of these areas. Some of them seem like very simple kinds of solutions. Why we can't implement them is--

MR. RICHARDSON: I think that's where you can really cut through some of this regulation -- would be helpful. (speaking from audience)

ASSEMBLYMAN PAYNE: Can't get you recorded.

Okay. Well, thank you very much.

We weren't getting those last few sentences on the recording, but that's okay.

Thank you very much.

Ms. Muhammad, Gale Muhammad -- Women in Support -- Women Who Never Give Up. Now we're talking, again, still about the reentry situation. You were here at the earlier hearing some time ago, weren't you?

All right, ladies, would you introduce yourselves for the record, and if we could have your testimony, please.

GALE MUHAMMAD: Thank you, Assemblyman Payne.

My name is Gale Muhammad. I'm the Founder and CEO of Woman Who Never Give Up.

ASSEMBLYMAN PAYNE: All right, then.

MS. MUHAMMAD: It's a nonprofit organization in New Jersey. We advocate for the families who have loved ones who are incarcerated. And I apologize for not having a written testimony here. I just recently moved in, so I can't find everything yet. But I wanted to be here today. I think it's very important that the families are represented, as well, in the reentry, I call *reentry/new entry*. A lot of the prison population have never taken a part in the reentry. They were not employed before they got involved in the criminal justice system. So there's a unique perspective with that, that we call *new entry*. We are training people and employing people for the first time in their lives to being productive citizens.

But why I'm here today -- I'm sorry I missed the beginning part of the hearing, but we wanted to talk about what's -- we know it's on paper, that the Department of Corrections and the Parole Board say on paper, but we want to talk about what's really happening and what's working. The need for families to be families during some period of their loved one's incarceration is essential. We know that families -- that men and women who have loved ones in prison that they stay connected with, the recidivism rate is lower for those folks. But yet and still, you have an unuser-friendly Department of Corrections.

The Parole Board -- I understand that their backlog is now caught up. But that's not the mail that I'm receiving across my desk. Folks are not being able to get parole. We have an overextended group of incarceration going on, with folks that just cannot be paroled because of our laws in this state. So if I ask anything: that we look into the parole situation. I'm finding that we do not have a diverse parole board, which is a

big, big problem in our state. You have 81 percent of the prison population of people of color, and yet still the balance is unjust. So I'm asking the Chairman, who I've worked with in our community, and our former commissioner-- We have so much need for families to be involved in their lives during their period of incarceration, more prerelease programs that work. Right now, we don't have enough. I don't understand why. They said the backlog was not a backlog. That is not true from my understanding. We are behind in letting people -- their parole dates. I understand that they're supposed to meet with them six months to two years almost, prior to their release.

ASSEMBLYMAN PAYNE: Were you here when the Chairman of the Parole Board spoke?

L I A W A R N E R - W I L S O N : I was.

MR. MUHAMMAD: No. I wasn't here, sir. My colleague was here.

ASSEMBLYMAN PAYNE: You can respond to some of the things he said, because I did ask him questions. And I told him that there was another -- from the other perspective, it seems to me I've heard just the opposite. So maybe you could--

MS. WARNER-WILSON: Yes. My name is Lia Warner-Wilson. I am the Community Director of Women That Never Give Up. I can say, on a personal level, as far as parole, that that's a lie. I have a husband that's incarcerated at this time, and he just went up for parole in March, two months prior to his eligibility. So the Chairman said they were above the game. That's not so. Because what they have written is you're supposed to go up six months before your eligibility. He went up two

months. And then what they violated him for -- they gave him a parole violation for wanting him to have drug and alcohol programs, which he had. He was in Talbot Hall. He completed that with all kind of certificates. He had one-on-one in Northern State, but they still violated him, because they said he needed these programs -- the programs that he had already received.

And to speak to Mr. Steele, what he had stated--

ASSEMBLYMAN STEELE: About the public defender?

MS. WARNER-WILSON: No. When you asked a question regarding, do people want to max out or do they want to--

ASSEMBLYMAN STEELE: Oh, yes, yes, yes. Right.

MS. WARNER-WILSON: People don't want to max out, because people want to come home.

ASSEMBLYMAN STEELE: Okay, okay.

MS. WARNER-WILSON: But they're maxing out because parole is not letting them out.

ASSEMBLYMAN STEELE: I got you. Okay.

MS. WARNER-WILSON: So see -- that's the key. Parole is not letting them out.

ASSEMBLYMAN STEELE: Okay.

MS. WARNER-WILSON: And my husband is under the old law. He is under the old law, and he was in Tully House, which is a halfway house. When they gave him the parole hit, they sent him back to Northern State Prison, and he is supposed to do only half of his hit, because he's under the old law before then. He was incarcerated before the 85 percent came into play. So legally, they were supposed to keep him in Tully House.

MS. MUHAMMAD: Right.

MS. WARNER-WILSON: They sent him back to prison, which -- that's illegal. But if you don't have the sources to fight with, you lose. Because he's under the old law; he's not under the 85 percent law. So they gave him a hit. He only does half of his hit. So he was supposed to be able to stay at the Tully House. They say they wanted him to get programmed. But you take him out of a program and put him back into a prison. It doesn't make sense.

MS. MUHAMMAD: One thing I would like to add to that, Senator (*sic*), is that the communications between the Department of Corrections, and the Parole Board, and the person that works for the Parole Board inside of the Department of Corrections is a breakdown in communications. You have one office stating one thing and another stating another thing. And from my understanding, that the IT infrastructure at the Parole Board is not working up to par, so therefore the data is messed up. I just wanted to just say that, to put that on record, that we in the community and the families see a different picture than what's on paper.

And I thank you for this opportunity to come before you, sir.

MS. WARNER-WILSON: Thank you.

ASSEMBLYMAN PAYNE: Thank you.

Mr. Steele, do you have any--

ASSEMBLYMAN STEELE: No, Mr. Chairman.

I just wanted to thank them for their patience and never giving up.

ASSEMBLYMAN PAYNE: That's good. I'm sure that's a very appropriate name -- your organization -- That Never Give Up.

And I'm sorry. We're going to have to get you guys again in a dialog with the Chairman at some point, so that we can really, point by point, clarify what these points are, okay?

MS. MUHAMMAD: We've had the blessing to be a part of the New Jersey Institute for Social Justice and representing the families in New Jersey. And as I spoke there, I think there's a need to bring the families to the table so that you could get the real truth--

ASSEMBLYMAN PAYNE: Yes.

ASSEMBLYMAN STEELE: Yes.

MS. MUHAMMAD: --and what's really happening in our homes before our loved ones come. A lot of us -- some of us, like you said, we have single-family homes in New Jersey. Some of those children that you were talking about with the health services aren't those children incarcerated today. And with one -- single-family homes, a lot of women or mothers, who would be receiving their loved ones, are on public assistance or subsidized housing, so their loved ones cannot come back to their homes. So they either have to choose to be homeless or relocate. Our hands are tied in a lot of different ways in our community, sir.

So, again, thank you.

ASSEMBLYMAN PAYNE: Thank you. Thank you very much, and keep it up. Thank you.

MS. WARNER-WILSON: Thank you.

ASSEMBLYMAN PAYNE: Our last person to testify is Mr. Sumbrey--

A U L A M. S U M B R E Y: Yes.

ASSEMBLYMAN PAYNE: --from the New Jersey State Parole Board in Mercer County, faith-based task force. Correct?

MR. SUMBREY: Correct.

ASSEMBLYMAN PAYNE: Why don't you give it to us correctly. (laughter)

MR. SUMBREY: Okay. One aspect of the fruit of the spirit is patience. And I certainly got a chance to exercise that aspect today. (laughter)

ASSEMBLYMAN PAYNE: Give your name and organization for the record.

MR. SUMBREY: Well, okay. Well, my name is Aula Sumbrey. I am the Chairman of the New Jersey State Parole Board of Mercer County, Faith-Based Reentry and Family Reconciliation Task Force. I'm here because I understand that this hearing today is in regard to barriers to successful reentry.

ASSEMBLYMAN PAYNE: Right.

MR. SUMBREY: And I've been involved in what we formally call *aftercare* for about 25 years, through my ministry. I've been a prison ministry person in various leadership capacities for the Seventh Day Adventist Church; 15 years as the President of the Alleghany East Prison Ministry Federation, which covered all of New Jersey, eastern Pennsylvania, Maryland, Delaware, District of Columbia, Northern Virginia, and two counties in West Virginia -- 150 churches with about 1,000 prison ministry volunteers in that geographic area. I also served on the Executive Committee of APMA, of the Adventist Prison Ministry Association, which represented some 5,000 churches in North America.

One of the things that I've come to understand that is a barrier to successful reentry is a lack of community support. And when I say community support, I mean those individuals in the community who have been living decent lives, who have been law-abiding citizens, are not particularly welcoming to individuals coming home from prison who may have victimized them or a relative.

So one extremely important point that seems to have been overlooked is that there are neighborhood councils, neighborhood watches that have been in existence for years and years. They were the only ones who were standing watch in a community, watching who came and who went, knowing the history of some of those who came and went, even having relatives that were in their neighborhood, or the children of friends. There can be no legitimate discussion about reentry without the inclusion of these long-time, grassroots crime fighters.

And the approach that we have taken here in Mercer County is to establish a relationship with the neighborhood councils and the crime watches. And through the Trenton North Ward Action Coalition, which is composed of about 15 neighborhood councils, we have been successful in getting them to buy into and support the reentry concept.

So, in terms of dealing with that barrier, our recommendation is that others take this approach to educate and inform the neighborhood councils and the crime watches throughout the various neighborhoods. Because if you cannot get decent, upstanding citizens to buy into supporting these individuals when they come back into the community, then if you try to put something someplace, they're going to say, "No, don't put it by us. We don't want it."

ASSEMBLYMAN PAYNE: Not in my backyard, they say.

MR. SUMBREY: Not in my backyard.

And in reality, is that when you talk to them you'll find that they recognize that these are their own children. These are their own nephews. These are, in some instances, their own husbands and wives who are returning. But no one has taken the time to talk to them to get them to buy into this whole reentry concept.

ASSEMBLYMAN PAYNE: Mr. Sumbrey, where do you -- the neighborhood organizations, the neighborhood watch groups, etc., etc., they do exist some places. In many places, they do not exist. You're saying, in the Trenton area where you are, they exist and you've been involved with them here?

MR. SUMBREY: They exist in the Trenton North Ward Action Coalition.

ASSEMBLYMAN PAYNE: And it's important that they be involved in the whole reentry process and where they exist, fine. But I don't-- I know years ago, in Newark, there were a lot of -- there may still be -- some community groups like neighborhood watch groups, etc. And of course, they would be a natural ally to include in that, and certainly would encourage that. I don't know where they exist elsewhere. I don't know whether your churches encourage folks -- where you said 5,000 churches in North America -- whether your churches encourage the establishment of these neighborhood watch groups, which are very valuable to the stability of any neighborhood, whether or not they could be encouraged to reactivate those kinds of groups that would be extremely helpful.

MR. SUMBREY: Well, one of the things that we're doing here -- and this is cutting edge -- the national, the North American Division of this church, and the Seventh Day Adventist Church, and the Alleghany East Conference of the Seventh Day Adventist Church -- they're not doing these things. We're doing these things and have taken this position here in Mercer County. What we have been able to do is, we have drafted three forms: One form is a form that seeks incarcerated and formerly incarcerated individuals -- to have the people in the council meeting to identify individuals. They take the form and they take it back with them, and they will know someone or have someone that they want to receive some kind of contact, Bible study, or whatever the case may be. They identify the individual. They turn the form into us, and we start with writing letters.

This is a substantial involvement of the community. We also have two other forms: One is a form identifying possible buildings in a community that might serve as a reentry house. We've had individuals to step forward who actually have houses that they say, "They need a little work," but they're offering them as possible reentry housing.

And also, the last form we give them is to identify a building that might serve as a reentry resource center. We have made contacts with the individuals in the Department of Labor who are primarily responsible for distributing computers. Mr. Mooreroobin (phonetic spelling), he's the individual from the Department of Labor who is primarily responsible for having someone in each of the Workforce centers throughout the counties. He has -- the plan is afoot to, in the resource center, to have the computers so that individuals can go there and do a job search.

We also have a third concept, which is faith-based reentry complex. And this would be a resource center in close proximity to faith-based reentry housing. These things will be able to help -- to do away with the concept of a jailhouse conversion, where individuals, while they're in prison, are walking around with a Koran under their arm or a Bible under their arm, and as soon as they step out, leave the prison, within days, if not weeks, all this conversion is gone.

ASSEMBLYMAN PAYNE: Yes. What happened to that conversion?

MR. SUMBREY: What happened to that conversion? If these individuals can step out into a faith-based housing, step out and have a faith-based center that they can come to, we believe that they would be more successful, and their weaknesses would not cause them to fail. Okay? Because they'd have substantial community support.

ASSEMBLYMAN STEELE: Mr. Chairman, just a question.

Do you have a working manual that you use?

MR. SUMBREY: We do not have a working manual.

ASSEMBLYMAN STEELE: You do not? Okay.

MR. SUMBREY: What I say to you has been the subject of our meetings.

ASSEMBLYMAN STEELE: Okay. So there's no written documentation.

MR. SUMBREY: What I say to you is the actual plans that we are carrying through now.

ASSEMBLYMAN STEELE: Okay.

MR. SUMBREY: We will be meeting on Thursday. I met with the Trenton area Concerned Pastors.

ASSEMBLYMAN STEELE: Okay.

MR. SUMBREY: And they came out in full support of these efforts. And basically, what I'm saying to you now -- I said over at Saint John's, Pastor Jackson's, Church -- they're buying into. So we're moving forward. And this is the faith-based resource center -- reentry resource center is going to happen in Mercer County.

ASSEMBLYMAN STEELE: Good.

ASSEMBLYMAN PAYNE: All right.

MR. SUMBREY: The housing is going to happen. And the complex will happen.

ASSEMBLYMAN STEELE: All right.

MR. SUMBREY: And this approach, we believe, is an approach that is destined to work, because it builds support in the community first, rather than people coming -- professionals with this concept of reentry -- and the only thing the people in the neighborhood know is, "I remember when he broke into so and so's house."

ASSEMBLYMAN STEELE: Right.

Great. Great.

ASSEMBLYMAN PAYNE: Thank you very much.

ASSEMBLYMAN STEELE: Mr. Chairman, I would just ask if you can keep us posted on that.

ASSEMBLYMAN PAYNE: Yes, right.

It would be helpful if you could reduce this to writing--

ASSEMBLYMAN STEELE: Yes.

ASSEMBLYMAN PAYNE: --because if it works here, it might work elsewhere.

ASSEMBLYMAN STEELE: Absolutely.

ASSEMBLYMAN PAYNE: But if it was in some written form, then that might be something that could be adopted.

ASSEMBLYMAN STEELE: Thank you very much.

ASSEMBLYMAN PAYNE: I want to thank you for--

MR. SUMBREY: Right. I'd just like to add one thing. This Task Force is an outgrowth of the reentry conference that the New Jersey State Parole Board, the city of Trenton, and the Woodrow Wilson School of Public Informed Policy sponsored in September.

ASSEMBLYMAN PAYNE: Where was it?

MR. SUMBREY: There are seven other such task forces in existence right now. There's one in Atlantic County, one in Camden County, one in Essex County--

ASSEMBLYMAN PAYNE: Hudson County.

MR. SUMBREY: Hudson County is the newest one. That's the most recent one.

ASSEMBLYMAN PAYNE: Yes, I was there.

MR. SUMBREY: Hudson County, and Ocean County, and -- I forget. There's seven.

ASSEMBLYMAN STEELE: Okay. Thank you.

ASSEMBLYMAN PAYNE: Thank you. I want to thank you for coming. And also, I'd like it if you can, like I said, reduce this to writing and we can get it. And we might be able -- to be something that could be

replicated around, not only with the Seventh Day Adventist Church, but also others as well.

Thank you very much.

MR. SUMBREY: This is not a project of the Seventh Day Adventist Church.

ASSEMBLYMAN PAYNE: Oh, oh. It's of this Task Force?

MR. SUMBREY: Right. This Task Force is a product of the conference that was held in September by the New Jersey State Parole Board.

ASSEMBLYMAN PAYNE: Right, right.

MR. SUMBREY: My personal training and involvement has been through my prison ministry through the Seventh Day Adventist Church.

ASSEMBLYMAN PAYNE: Thank you for coming, and thank you for your patience, and your very valuable input. I appreciate it.

And this hearing is concluded.

(MEETING CONCLUDED)