



# Report of the Human and Children Services Transition Advisory Committee

Submitted to Governor-elect Phil Murphy and Lieutenant  
Governor-elect Sheila Oliver

January 1, 2018

## EXECUTIVE SUMMARY

The Human and Children Services Transition Advisory Committee recommends that the Governor-elect consider the following recommendations to accomplish the following eight key priorities:

- I. Priority: Strengthen and modernize New Jersey’s critical social services network**
  - i. Advance technological coordination
  - ii. Eliminate state and local structural barriers
  - iii. Increase cultural and linguistic inclusion
  
- II. Priority: Support our nonprofit partners and community-based programs**
  - i. Establish a nonprofit resource center
  - ii. Work with the state’s universities to subsidize internships at nonprofit organizations
  - iii. Monitor fee-for-service transition
  - iv. Increase economic opportunities for direct support professionals
  
- III. Priority: Transform child protection**
  - i. Support and monitor child welfare reform
  - ii. Continue juvenile detention alternatives initiative
  
- IV. Priority: Advance the health and well-being of all our children and work to ensure their economic well-being for the future**
  - i. Create a child and dependent care tax credit
  - ii. Increase access to quality and affordable child care
  
- V. Priority: Behavioral healthcare integration**
  - i. Return mental health and addiction services to Department of Human Services
  - ii. Set aside conflicting and confusing
  
- VI. Priority: Expand violence prevention and survivor assistance**
  - i. Promote sexual assault prevention and assistance efforts
  - ii. Reduce domestic violence and better assist survivors
  - iii. Improve efforts to combat human trafficking
  
- VII. Priority: Engage and support individuals with special needs and their families**
  - i. Make government employment more inclusive
  - ii. Enhance emergency preparedness and response systems
  - iii. Recognize family partners
  - iv. Foster competitive employment for New Jerseyans with disabilities
  
- VIII. Priority: Begin reforms in New Jersey’s major income maintenance and public assistance programs toward a system that enables recipients to be better prepared for the workforce and become economically self-sufficient.**
  - i. Begin reforms at WorkFirst New Jersey
  
- IX. Priority: Improve patient experiences and the quality and cost effectiveness of care in New Jersey’s Medicaid program**

## REPORT

### I. PRIORITY: STRENGTHEN AND MODERNIZE NEW JERSEY'S CRITICAL SOCIAL SERVICES NETWORK

The committee recommends that the Murphy Administration take administrative action to advance coordination, communication, and data sharing across state and county government, while also increasing accessibility by correctly aligning programs and reducing duplication. We must ensure that the agencies administering programs and services have the appropriate infrastructure and mechanics to be effective. We further recommend empowering residents by making service delivery more culturally and linguistically inclusive.

#### i. Recommendation: Advance technological coordination

Together, the Department of Human Services (DHS) and the Department of Children and Families (DCF) employ almost 20,000 people and account for approximately \$12.6 billion in annual appropriations. DHS alone administers services and supports to over 1.5 million people. However, there is neither a common computer system linking applications for various assistance programs nor a single-point of entry for applicants and beneficiaries to engage with the social service network. Instead, residents must interface with multiple different government and community agencies to access the full-range of programs for which they may be eligible.

A significant prior effort to address this issue was unsuccessful. In 2007, the State entered into a \$118.3 million contract with a private vendor to develop CASS, the Consolidated Assistance Support System, and work began in 2009. The goal was to streamline the eligibility and enrollment processes for all public assistance and Medicaid programs by connecting the State's computer system with the 21 county welfare agencies responsible for processing applications. Following technological roadblocks, challenges associated with requirements of the then-new Affordable Care Act, significant procurement obstacles, and irreconcilable challenges with the vendor, CASS was abandoned in 2014. The federal government covered approximately 90% of the project costs and agreed with the decision to terminate the effort. New Jersey spent an estimated \$17 million and was awarded a \$7.5 million refund from the vendor. A 2015 KPMG follow-up report included a number of recommendations, such as using a lower-risk, incremental and modular-based approach towards modernization, as well as implementing technological successes found in other states. Existing procurement rules precluded the State from acting upon much of what KPMG recommended, including implementing an IT system used in Florida.

The committee recommends that within the first six months the Murphy Administration take administrative action to evaluate the use of the modular-based approach in New Jersey, survey the IT systems used in other states, develop a strategy for enhanced systems coordination with clear benchmarks for progress, and direct the Department of the Treasury and its Division of Purchase and Property to support this approach.

Costs: Initial investment in reviewing and upgrading the State's technology capability could have the potential to create efficiencies and cost savings in the future, as some current procedures could become more systematic and personnel redirected to fill other much needed functions in the agencies' missions.

#### ii. Recommendation: Eliminate state and local structural barriers

Governor-elect Murphy campaigned on leading a government that works for the people, especially children, families, senior citizens, individuals with special needs, and the economically disadvantaged. That can only happen if services and supports are easily accessed. Often, a primary roadblock is government bureaucracy, evidenced by programs and services overlapping multiple departments. Policy decisions, funding, and program initiatives for children span at least four departments while substance abuse is covered by at least five.

This fragmentation has affected the administration of services, for example: The Division of Vocational Rehabilitation Services (DVRS) within the Department of Labor and Workforce Development (DOLWD) assists with job placement, including for individuals with disabilities. Similar services are offered by the Commission for the Blind and Visually Impaired and the Division for the Deaf and Hard of Hearing (DDHH), within DHS.

We recommend that the Murphy Administration take administrative action in the first six months to critically evaluate similar and/or connected programs across state government that serve individuals with disabilities, children, senior citizens, and low-income individuals and families. The review should be conducted with representatives from relevant departments with the objectives of increased consumer access, enhanced leveraging of funding, better alignment of programs with their funding sources, improved staff utilization, and elimination of duplication. Recommendation should be conceived with consumer and other stakeholder consultation.

Costs: No additional appropriation necessary.

**iii. Recommendation: Increase cultural and linguistic inclusion**

To be effective, New Jersey's social service network must be inclusive of users and employees of all cultures and languages. Statewide voter registration forms are now available in eight languages, but our social services systems have not yet caught up.

The committee recommends that the Administration task each department responsible for processing or administering assistance programs to survey provider agencies and community organizations holding State contracts on unmet language needs, such as eligibility instructions and enrollment forms and increasing cultural competence among employees. The relevant departments should include, but not be limited to, DHS, DOH, DCF, DOLWD, the Department of Education (DOE), the Department of Community Affairs (DCA), the Department of Military and Veterans Affairs (DMAVA), the Department of State, and Treasury. A common translation contract should be utilized across departments, to the extent possible. Additionally, the JAWS system, which ensures accessibility to services for blind and visually impaired individuals, must be included in contracts negotiated and managed by OIT.

Costs: Survey of agencies would be no cost; resources would be necessary for updating forms and systems and training employees in cultural competency.

**II. PRIORITY: SUPPORT OUR NONPROFIT PARTNERS AND COMMUNITY-BASED PROGRAMS**

This committee recommends that the Murphy Administration take administrative actions to provide hands-on assistance to nonprofits, promote provider agency sustainability under the fee-for-service model, and increase economic opportunities for direct-support professionals.

**i. Recommendation: Establish a nonprofit resource center**

The nonprofit community in New Jersey is now responsible for the majority of services and supports provided outside of hospital-based settings. Over the past decade, a significant portion of care for individuals with developmental disabilities, behavioral health conditions, and mental health diagnoses has moved to community settings. In addition, in 2015 DHS began to implement the Managed Long Term Services and Supports (MLTSS) program. It is designed to shift long-term care for senior citizens and the chronically ill from nursing homes to community-based settings. The trend is towards greater reliance on community organizations to care for individuals in our state, while public and private funds come with ever more requirements.

The committee recommends that in the first six months the Murphy Administration take administrative action to establish a Nonprofit Resource Center. The center should be tasked with providing navigational, technological, business, and compliance assistance through a live resource specialist, available by phone or live-chat. Further, the center should work to review and eliminate unnecessary or outdated regulations and processes that burden small nonprofits with limited personnel and resources.

Costs: There may be costs associated with hiring if the center is not staffed by existing State personnel. Some cost savings can be achieved by establishing the Nonprofit Resource Center in tandem or informed by the State's efforts to improve small business services.

**ii. Recommendation: Work with the state's universities to subsidize internships at nonprofit organizations**

In today's highly competitive labor market, internships have become an essential qualification for students to secure a job upon graduation. However, most nonprofits cannot afford to pay to hire an intern, and many students cannot afford to take an unpaid internship. A Nonprofit Resource Center could work with the state's universities to raise money from philanthropic entities to pay for stipends for students to work at organizations in the nonprofit sector, and could also be a resource to advertise internship positions at organizations around the state who wish to participate.

**iii. Recommendation: Monitor fee-for-service transition**

Historically, mental health, substance abuse and developmental disabilities service providers have been funded through a contract-based system. Over the past year, most addiction services and mental health providers have moved to a fee-for-service payment model and developmental disability providers are in the process of doing the same. Providers have expressed significant concerns with the reimbursement rates and their ability to remain in business under the new payment system. The Legislature responded with P.L.2017, c.85, enacted in May 2017, which provides monitoring for the new system. The law calls for independent stakeholder oversight boards, one for the developmental disability system and one for the substance abuse and mental health system. The law also requires an independent, contracted evaluation of the transition in each system. The law has not yet been implemented.

The committee recommends that the Murphy Administration take executive action within the first 100 days to appoint members to the Independent Mental Health and Addiction Fee-for-Service Transition Oversight Board and the Independent Developmental Disability Fee-for-Service Transition Oversight Board. We further recommend that administrative action be taken to enter into contract for the independent evaluations required by the 2017 law.

**iv. Recommendation: Increase economic opportunities for direct support professionals**

Approximately 25,000 residents with developmental disabilities are eligible to receive some type of community-based service. DHS contracts with approximately 200 provider agencies to deliver these services. Employees often care for persons with complex medical conditions and severe behaviors; yet, the average direct support professional (DSP) hourly rate is \$10.50 - \$11.00.

In the most recent budget deliberations, the Coalition for a DSP Living Wage Campaign requested an increase of \$1.25 per hour per year, every year for the next five. In the first year, this would cost \$36 million in State appropriations to be matched by the same amount in federal funds. The Fiscal Year 2018 budget includes \$20 million for DSPs who provide children's behavioral health services and assist children and adults with developmental disabilities employed by providers under contract with the State. That funding has not yet been allocated.

The committee recommends that the Murphy Administration take administrative action within the first 100 days to distribute the \$20 million FY 2018 budget appropriation. To ensure that the intended recipients receive a pay increase, the Administration must define the position of DSP and establish a transparent allocation scheme that accounts for the new fee-for-service model.

**III. PRIORITY: ADVANCE THE HEALTH AND WELL-BEING OF ALL OUR CHILDREN AND WORK TO ENSURE THEIR ECONOMIC WELL-BEING FOR THE FUTURE**

**i. Recommendation: Support and monitor child welfare reform**

The committee recommends that the Murphy Administration take administrative action to enhance oversight of child welfare reform efforts, support child welfare workers, increase recruitment of diverse child welfare advocates, and expand juvenile justice reform efforts.

A strong, effective child welfare system requires a robust commitment to the safety of children and a focus on the many ways government and community partners can strengthen New Jersey's families. This work goes beyond the State's responsibility under the class action suit *Charlie and Nadine H. v. Christie*. Building upon and improving the State's current performance in that lawsuit is central. The Federal Monitor of the lawsuit, charged with independently assessing compliance with the goals, principles and outcomes of the Sustainability and Exit Plan (SEP), is expected to deliver the next semi-annual report to the Court in January 2018. The most recent report offers a roadmap of historic progress and, more importantly, challenges yet to be mastered. While the new administration works to meet unmet goals, DCF leadership must also work to sustain the positive reform-based changes. This will be especially critical when New Jersey is no longer under federal oversight.

We recommend the new administration pay close attention to the Federal Monitor's reports and focus on improving the prevalence of visits between caseworkers and children, the frequency of Family Team Meetings, and the quality of case practice. The Federal Monitor's most recent report also lists numerous DCF published data reports. We recommend the new Administration sustain these reports and grow the department's commitment to transparency and accountability.

The new Administration must also support DCF's workforce, which demonstrates daily their commitment to the safety and well-being of New Jersey's children. In 2016, Governor Christie

vetoed legislation to increase security measures for employees following multiple attacks on caseworkers. We recommend that the Administration review DCF safety protocols to ensure that caseworkers have the necessary security and support to effectively perform their duties.

In addition, to stem the tide of adolescent homelessness, we recommend that DCF be directed to examine its contract language prohibiting agency partners from serving young people age 21 and over. The new Administration should consider the experiences of States that have more effectively reduced youth homelessness by creating bridges for at-risk youth, including more flexibility for young people to be served after their 21<sup>st</sup> birthdays.

The Administration should also expand outreach to the increasingly diverse populations involved in the child welfare system. Home removals and temporary placements are often traumatic and confusing for children. It is important to minimize disruption by placing them whenever safe and possible with kin, or persons who speak the same native language or share a cultural background. The same commonalities are also useful as a child moves through the welfare system.

Court Appointed Advocates (CASA) are assigned one child at a time and stay involved until their assignment is resolved, while county-based Child Placement Review Boards review cases 45 days after children enter placement. We recommend that the Murphy Administration develop public awareness and recruitment campaigns aimed at communities underrepresented as resource families for youth served by the Division of Child Placement and Permanency (DCPP), as CASA volunteers, and as members of Child Placement Review Boards. These efforts should be in partnership with local organizations able to help recruit from their communities.

**ii. Recommendation: Continue juvenile detention alternatives initiative**

Over the past 13 years, New Jersey has become a model for youth detention reform and the new Administration must sustain this effort. From the 1990s to the early 2000s, New Jersey's youth offenders experienced institutional detention in extremely overcrowded centers. Then in 2004, the State partnered with the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI). In 2008, New Jersey was designated a national model. Under the leadership of the Juvenile Justice Commission, JDAI actively works in 18 counties to ensure that secure detention is reserved for serious offenders, while the majority of youth offenders are diverted to effective community alternatives. The program also strives for better conditions in the remaining detention facilities. Additional improvements were made in 2015 when P.L.2015, c.89 was enacted, which requires data collection, limits solitary confinement, and increases protections during transfer to adult facilities. There are current plans to close the New Jersey Training School for Boys, known as Jamesburg, and the Female Secure Care and Intake Facility for young women, and to replace them with smaller centers. The initial proposal called for three centers with 50 beds each. A revised plan would establish two larger centers with 70 beds.

The committee recommends that the Murphy Administration move forward with the planned facility closures and review the establishment of new centers. Closing Jamesburg is estimated to result in annual savings of \$44 million, while the estimate for three new detention centers is \$170 million. Any changes in the youth detention structure must be in line with national best practices for rehabilitating youth offenders in smaller, less institutional settings. We recommend working with the Juvenile Justice Commission to ensure that any system changes move New Jersey forward under JDAI and expand community-based alternatives to detention. Further, we recommend that the Administration consider investing any realized savings into community programs, particularly those focused on prevention of youth detention. This has not been the case under JDAI when detention was reduced or centers closed.

Costs: Savings from closing detention centers should be reinvested into programs supporting community-based alternatives and prevention programs.

#### **IV. PRIORITY: TRANSFORM CHILD CARE**

The committee recommends evaluating the child care and early childhood development systems to increase quality, accessibility, and affordability.

##### **i. Recommendation: Create a child and dependent care tax credit**

Access to affordable and high-quality child care is crucial to women's abilities to secure and maintain employment. Over 400,000 children under the age of six live in families in which all parents work, yet child care is out of reach for the majority of these families in New Jersey. A typical family in New Jersey with two children pays over \$21,000 annually in child care costs, or a quarter of the average family's pre-tax income.

The creation of a child and dependent care tax credit to help families burdened by child care costs is essential to ensure the best possible outcomes for our children's futures, as well as support one of the largest industries in the state. New Jersey's child care industry generates \$1.8 billion in direct revenues each year, and employs approximately 51,000 individuals.

In the first six months, an interagency team should study how the child and dependent care tax credit works in the 23 States that currently offer it, as well as the feasibility and economic effects a credit would have in New Jersey.

##### **ii. Recommendation: Increase access to quality and affordable child care**

As part of Governor-elect Murphy's pledge to build a stronger and fairer economy, it is essential for families to have access to affordable quality child care. According to Advocates for Children of New Jersey (ACNJ), 400,000 children under the age of 5 need some form of child care because their parents are working. The Child Care Subsidy Program, a federal and state partnership, covers some or all child care expenses depending on income level or work status. Approximately 65,000 subsidized children per month are served by about 5,000 providers.

In recent years, child care providers receiving subsidies have faced significant strains on their ability to maintain quality and to even remain open. The subsidy rates have been stagnant since 2008 while much-needed quality improvement measures, such as the federal grant program Grow NJ Kids, have heightened the hiring criteria and correspondingly increased salaries for professionalized child care workers. About 880 centers currently participate in Grow NJ Kids. In 2011, the Division of Family Development (DFD) instituted the e-child care program, in part, to address documented fraud in the industry. The program requires parents who receive a subsidy to swipe their children into day care. Providers report that this often requires the employment of an additional certified worker without more funding.

Further, centers caring for infants have received a subsidy rate of \$161 per child per week, which equates to approximately \$4 per hour, while the average private tuition for an infant is \$244 per week. Staff ratios, safety standards, and employee certification for infant care are and must be the same whether a child's attendance is subsidized or not. The result is that centers are moving away from infant care to higher-reimbursed age groups. This limits the options for working parents who rely on the subsidy, forcing them to use unlicensed/unregulated arrangements. ACNJ

estimates that equalizing the infant rate to \$244 per week would result in an annual cost increase of \$42 million, not inclusive of any federal funding or family co-pay offsets.

In December 2017, the Christie Administration announced an increase of 1%-4% for child care centers receiving subsidies through the Child Care Subsidy Program to be phased in by DHS over the first half of 2018. The Christie Administration seems to indicate that this will cost \$15 million in funds already appropriated in the FY 2018 Budget in addition to the current \$300 million funding for child care subsidies.

The committee recommends that within the first six months the Murphy Administration undertake an administrative evaluation of the child care and early education systems. The assessment should review the reimbursement rates and newly announced changes, subsidy eligibility and enrollment criteria, and quality and performance standards. Consideration of raising the reimbursement rates should include the impact of any increases to the minimum wage on the child care industry. It is critical to hear from representatives of relevant State departments, such as DHS and DOE, child development experts, operators of child care centers, early childhood educators, parents, and members of the business community.

Costs: Significant impact to the budget of at least \$42 million if infant care reimbursement rates are raised.

## **V. PRIORITY: BEHAVIORAL HEALTH CARE INTEGRATION**

This committee recommends that the Murphy Administration prioritize substantive integration of behavioral health care with primary care. We recommend housing mental health and addiction services in the Department of Human Services. We also recommend taking executive and/or administration action to address regulatory challenges to integration.

### **i. Recommendation: Return mental health and addiction services to Department of Human Services**

Integration of behavioral health care with physical care, typically primary care, is critical to preventing and treating substance abuse, behavioral and mental health diagnoses, and even physical conditions. Evidence shows that integrating care reduces stigma, increases overall access to health care services, improves patient outcomes, and may decrease system wide costs. Yet, as Professor John v. Jacobi finds in the 2016 report “Integration of Behavioral and Physical Health Care: Licensing and Reimbursement Barriers and Opportunities in New Jersey,” there are significant regulatory and payment system challenges to achieving true integration. New Jersey has taken steps in recent years to address these barriers, such as piloting behavioral health homes and implementing the Shared Space Waiver, which began the much-needed effort to simplify DOH’s licensure requirements for integrated care in licensed primary care settings.

On June 29, 2017, Governor Christie filed a Reorganization Plan to transfer the Division of Mental Health and Addiction Services (DMHAS) from the DHS to DOH, premised on furthering integration. Behavioral health experts and providers provided testimony before the Legislature opposing the transfer. Some of their concerns were as follows: tasking DOH with the administration of services when that department has primarily performed regulatory and licensing functions; splitting service delivery from Medicaid, the primary payer for public behavioral health care and wraparound services; separating mental health and addiction services from other

populations served by DHS, such as homeless persons and individuals with developmental disabilities; and instituting bureaucratic changes while behavioral health providers are transitioning from contract payment to fee-for-service.

The committee recommends that the Murphy Administration take executive action to transfer DMHAS, or the substantially similar functions of the division, back to DHS within the first 100 days. However, we also recommend that the unit licensing mental health and addiction services programs remain in DOH. This will begin to streamline licensing of behavioral health programs with primary care facilities, for which technical assistance will be needed. An approximate cost of the transfer is under \$100,000. DOH projected the initial move would cost \$115,000, which included moving DMHAS employees to former DHS office space and IT work. The division employees could remain in that location. In addition, any outside vendors contracted with DOH to facilitate the transition would also have to be considered.

**ii. Recommendation: Set aside conflicting and confusing regulations**

Traditionally, DOH licensed hospitals and other medical facilities, while DHS licensed behavioral health providers. Whether a facility provides inpatient or outpatient services also determines licensure requirements. Further, longstanding stigma surrounding mental health and substance abuse fueled an effort to keep primary and behavioral health care separate. The Legislature passed laws and regulations were promulgated reflective of this system. While the consensus now favors integration, outdated regulatory schemes still remain.

We recommend that within the first six months the Administration evaluate, in consultation with the Attorney General, whether an executive order or administrative action may be used to supersede the current regulatory framework governing the relationships, or lack thereof, between primary and behavioral health care. This would be more efficient and cost-effective than reviewing each problematic regulation.

**VI. PRIORITY: EXPAND VIOLENCE PREVENTION AND SURVIVOR ASSISTANCE**

This committee recommends that the Administration support ongoing legislative efforts to reduce sexual violence and take administrative action to better utilize existing stakeholder panels to advance domestic violence programs and policies. We also recommend more effective implementation of the State's human trafficking law and streamlining of separate crisis hotlines.

**i. Recommendation: Promote sexual assault prevention and assistance efforts**

The most recent data from Centers for Disease Control and Prevention (CDC) indicates that over 1.3 million women and over 500,000 men in New Jersey have experienced contact sexual violence. According the New Jersey Coalition against Sexual Assault (NJCASA), county-based sexual violence programs served approximately 10,000 survivors in 2016, free-of-charge.

Campus-based sexual assault has received significant, warranted attention in recent years. Pursuant to legislation, the New Jersey Task Force on Campus Sexual Assault convened and issued recommendations in June 2017. The recommendations include reauthorizing the task force for continued study and establishing a separate prevention task force.

We recommend that the Murphy Administration enact legislation reauthorizing the Campus Sexual Assault Task Force and creating a prevention-focused task force. The Administration

should also review the recent recommendations of the Campus Sexual Assault Task Force to determine whether any administrative actions may be taken to meet the outlined goals.

**ii. Recommendation: Reduce domestic violence and better assist survivors**

For decades, there have been continuous legislative and administrative efforts to reduce domestic violence. Since 1987, there has been an Advisory Council on Domestic Violence comprised of government and nonprofit representatives. In 2003, the Legislature created the Domestic Violence Fatality and Near Fatality Review Board. Yet, the State has not seen a significant decline in incidents. In 2015, there were 61,659 domestic violence offenses reported by the police. Children were involved or present 28% of the time, while 3,456 victims were elderly. 74% of victims were women.

In recent years, Essex, Union, and Morris Counties have established family justice centers. The Family Justice Model brings together multi-disciplinary professionals, such as crisis counselors, healthcare providers, law enforcement officers, and legal advocates, to provide survivors with one-stop assistance.

The committee recommends that the Murphy Administration undertake an administrative review of the Advisory Council on Domestic Violence and Domestic Violence Fatality and Near Fatality Review Board to determine how to better utilize these existing stakeholder panels. These advisory bodies were created to make informed recommendations to the Governor and could be effective tools in developing new policies, identifying funding opportunities, and supporting innovative programs, such as additional county-based family justice centers.

**iii. Recommendation: Improve efforts to combat human trafficking**

While survivors are not often public about their experiences, human trafficking happens in New Jersey. The National Human Trafficking Hotline reports 3,140 calls from the State since 2007 with a total of 933 cases reported. In 2016, the hotline received 569 calls from New Jersey. In 2017, Covenant House New Jersey released results from the largest ever New Jersey study on the prevalence of human trafficking among homeless youth. The report revealed that at least 9.2% of homeless youth, ages 18 to 22, were victims of sexual and labor trafficking at some point in their lives, most while they were homeless.

In 2013, New Jersey enacted the Human Trafficking Prevention, Protection, and Treatment Act. One provision of the law, the Prostitution Offender Program, has not yet been implemented. Further, there are two hotlines in use, the national hotline and a State hotline under the Office of the Attorney General. Promoting two hotlines creates a costly redundancy, reduces awareness of both numbers, and makes it difficult to collect comprehensive data on incident reports.

We recommend that within the first six months, the Murphy Administration take administrative action to designate a single hotline to be utilized and publicized. The Administration should work with human trafficking professionals to determine which hotline is most useful for New Jersey based on best data collection and victim referral opportunities. We also recommend that the Administration consider how to further implement the 2013 law, with the input of relevant stakeholders, including advocates, service providers, and law enforcement.

## **VII. PRIORITY: ENGAGE AND SUPPORT INDIVIDUALS WITH SPECIAL NEEDS AND THEIR FAMILIES**

This committee recommends that the Administration take administrative action to promote inclusive and accommodating employment practices. Further, we recommend working with stakeholders to make emergency systems more accessible and responsive to individuals with disabilities. Finally, we recommend advanced engagement caregiver families.

### **i. Recommendation: Make government employment more inclusive**

While some individuals with special needs may need services, many are also willing and able to serve our State as government employees. We must make sure the State is welcoming and accommodating for individuals with disabilities and therefore recommend that the new Administration review the State's current technology systems to ensure full accessibility and determine the same prior to investments in new technology.

### **ii. Recommendation: Enhance emergency preparedness and response systems**

New Jersey's emergency systems must be accessible and accountable to persons with special needs. Individuals with hearing or visual impairments, physical limitations, such as senior citizens, and cognitive disabilities, such as persons with Autism, are not only at greater risk during an emergency, but are also less likely to receive lifesaving information. Further, increased access to information and resources during storms or other disasters, makes it easier for persons with special needs to live and work independently. There have been some efforts, particularly in the aftermath of Superstorm Sandy, including the development of an interpreter training course for emergency communications. However, greater accommodations must be made.

The committee recommends that the Murphy Administration take administrative action to form a stakeholder working group of individuals with special needs and representative organizations, as well as representatives from State, county, and local emergency response units to determine how to better relay lifesaving information to special needs communities.

Costs: While the cost of the inquiry should be minimal, cost may be associated with recommendations, particularly for technology. Further, we recommend that the Administration utilize an interpreter during all major disaster updates to better communicate with the hearing impaired community in time of emergency.

### **iii. Recommendation: Recognize family partners**

The families of individuals with special needs are critical to the delivery of services in New Jersey. They are not only vocal and well-informed advocates; they are caregivers. An estimated 1.75 million people in New Jersey provide unreimbursed care to senior citizens or persons with disabilities. This will undoubtedly increase as the senior citizen population rises and care models promote at-home services over facility-based care. An existing Medicaid-based program in Division of Disability Services (DDS) allows for family members to qualify as paid caregivers. However, it may be underutilized.

The committee recommends that the Murphy Administration work with legislators to enact legislation establishing a caregiver task force to determine how best to assist this population as

their responsibilities and needs increase. This task force could also determine the most appropriate implementation strategy for a child and dependent care tax credit.

Costs: The task force cost should be minimal.

**iv. Recommendation: Foster competitive employment for New Jerseyans with disabilities**

Census data show that New Jersey has an estimated 921,000 people with disabilities as of 2015, of whom almost half (429,000) are of working age. Only 38% of people with disabilities of working age are employed, compared to 77% of people without disabilities. Poverty rates for people with at least one disability are more than twice as high as for those with no disability.

In the first six months, the Governor can begin to foster significant policy and program reforms that look to achieve substantial progress toward greater economic self-sufficiency of individuals with physical, developmental and/or psychiatric disabilities and a higher and more reasonable standard of living. With appropriate supports, all individuals with physical, developmental and/or psychiatric disabilities can work and support themselves, either fully or partially. An important first step would be to create an interagency working group that would develop recommendations for improving school-to-work transitions and access to career information, training, and job opportunities for people with disabilities. The working group would solicit input from workforce and disability experts both inside and outside of government, and include people with disabilities.

Specifically, the next administration can establish a streamlined process for people with disabilities to apply for State jobs, as has been done at the federal level using the Schedule A exception for qualified individuals with disabilities. The NJ Division of Vocational Rehabilitation has successfully used this program to place many people with disabilities in federal jobs. Further, there are several research opportunities being funded at the federal level the next administration can participate in that can build on New Jersey's short term disability insurance program to explore how to return people to work after disabling injuries, including the "Stay at Work/Return to Work Research and State Demonstration Projects."

**VIII. PRIORITY: BEGIN REFORMS IN NEW JERSEY'S MAJOR INCOME MAINTENANCE AND PUBLIC ASSISTANCE PROGRAMS TOWARD A SYSTEM THAT ENABLES RECIPIENTS TO BE BETTER PREPARED FOR THE WORKFORCE AND BECOME ECONOMICALLY SELF-SUFFICIENT.**

WorkFirst NJ, along with SNAP Employment and Training (E&T) are the major income maintenance and public assistance programs in the State. In existence for nearly 20 years, WFNJ was originally designed to get welfare recipients quickly into the labor market and closely followed the design of federal welfare reform models of that era. Today, New Jersey's public assistance caseloads have experienced significant declines (on average over 50% in the past three years) at the same time the labor market has dramatically changed due to technological advancements, automation, and globalization. Job seekers today must have stronger skills and more education in order to be successful and compete globally. A recent research report by Rutgers University reveals that while the State has been successful in meeting federal measures of success and reducing its caseload, the WFNJ program is not well regarded by either its recipients or its service providers, is not operating efficiently and effectively, and has not helped provide WFNJ recipients with the skills necessary to be successful in today's labor market.

**i. Recommendation: Begin reforms at WorkFirst New Jersey**

In the first six months, the Governor should establish a new vision and goal for WorkFirst New Jersey, the State's welfare program for TANF and General Assistance recipients. The program

should shift its strategy from a reliance on a labor market attachment model to an approach focused on human service investment. The administration should solicit input from local and state stakeholders, including program providers and recipients as well as employers and partners from labor and academia.

The administration can work to strengthen WFNJ and SNAP E&T program accountability and performance by improving standards, transparency, and communication to create a stronger culture of program improvement.

Finally, the State should begin a comprehensive review of WFNJ's technology infrastructure, and modernize the twenty-year-old administrative systems to give local caseworkers and welfare recipients' modern tools to help them assess progress toward career goals, report outcomes, and navigate the labor market.

**IX. Priority: Improve patient experiences and the quality and cost effectiveness of care in New Jersey's Medicaid program**

The following recommendations were worked on by co-chairs from the Healthcare and Human and Children Services Committees, and are discussed in more detail in the Healthcare report:

- i. Increase the use of evidence-based performance strategies in Medicaid managed care (MCO) contracts and Medicaid regulations.
- ii. Integrate care for individuals eligible for both Medicare and Medicaid.
- iii. Develop next-generation Medicaid Accountable Care Organizations (ACO).
- iv. Identify and Implement Medicaid program efficiencies

Co-Chairs:

Zillehuma Hasan  
Trish Morris-Yamba  
Kevin Ryan  
Jennifer Velez  
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Committee Members:

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The Governor, Lieutenant Governor, and the entire senior transition team staff greatly appreciate the immense amount of work, participation and expertise that all our co-chairs, committee members and deputy directors who staffed each committee provided since the transition began in November. This hard work and positive energy about how New Jersey can once again become a national leader has resulted in a robust set of recommended priorities and actions for the incoming administration to consider. As with any collaborative endeavor, many recommendations and opinions were expressed and debated during the committee meetings and the drafting of the reports by co-chairs, committee members, and Deputy Directors. The final reports may contain recommendations that do not reflect the concurrence of all co-chairs or committee members, nor of the organizations they represent. These reports are purely advisory and do not reflect the positions of the Governor-Elect or any other elected official.