

**Assembly Budget Committee Hearing
Department of Human Services FY'12
April 7, 2011**

Good morning Chairman Greenwald and other esteemed members of this committee, I thank you for the opportunity to testify before you today regarding the Department of Human Services proposed Fiscal Year 12 budget. This is my fourth year serving as Commissioner of the Department and it continues to be my deep honor to serve in this capacity.

It was true last year and it continues to be true this year, that while the economic downturn still persists, we need to ensure that we're making the very best use of our limited resources. And, as public servants entrusted with the responsible management of the public's resources, that responsibility never wanes; it is never lifted.

Managing our resources is not without controversy among the many populations we serve; indeed, there are no easy changes and no easy reductions. As we look at rebalancing and creating cost effective service delivery, however, we are often presented with decisions that we can't afford not to make.

You heard during the legislative public hearings about some of the changes proposed in the Department's budget this year.

For example, this year's budget proposes to eliminate 20 ten-month instructor positions from the Commission for the Blind and Visually Impaired. The public budget hearings drew many who testified against what is essentially a realignment of resources. I know that we'll discuss this reduction in greater detail – and we welcome the opportunity to share the facts that informed this decision – specifically that the CBVI caseload has declined by approximately 28% since 2005; that this downward trend has persisted over a period of six years with the greatest decrease (17%) occurring between last year to this year; and that the instructor reduction is commensurate to the reduced caseload. What we propose is a cost effective utilization of our resources; thankfully, one that we believe will preserve direct programming for students and others served by the Commission.

This year's budget calls for the closure of Vineland Developmental Center. As you recall, last year's budget called for a consolidation of Vineland's West Campus by June 2011 – and we are on target for that consolidation. The complete closure will be realized by June 2013. Over the last several years, we have seen that many more families prefer in-home services to support their family members with developmental disabilities, and expanding community placement opportunities has reduced our State developmental centers' census by 1,200 since 1998; 11% just since FY2009. As a result, the Department must rebalance resources and reconfigure the existing system of care to individuals with developmental disabilities. Further, the United States' Supreme Court *Olmstead* decision mandates states to provide community living options and other supports to individuals with disabilities who do not require institutionalized care.

We recognize that closure is a very emotional issue for families, caregivers, and developmental center staff. It is also an economic issue for the region. In the end, however, our single most important consideration must be the individuals that we serve, our patients. The proposed closure of Vineland Developmental Center begins to advance our compliance with *Olmstead*, and the cost effective delivery of quality services and supports to people with developmental disabilities who will benefit from a life in the community – and a realization of their civil right to do so. Chairman Greenwald, we've had a number of conversations on this issue and while we haven't always agreed on the specific approach, your views have always been clear – and I thank you for your continued commitment to transforming this system. New Jersey hasn't closed a developmental center since 1998 and with such a stark reduction in our census, we can't afford not to advance this proposal from a resource management, fiscal and civil rights perspective.

This year's budget also calls for the closure of a State psychiatric hospital – this too, you will recall from last year's budget. As exhibited by the experience and report of the State Psychiatric Facilities Task Force, views on closure are widely divergent, they are emotional and they are complex. Since our *Olmstead* efforts began six years ago, our statewide hospital census has declined 23% and more people are living successfully in community settings. Rebalancing resources from costly institutions toward community services – while ensuring continued access to inpatient care, - is consistent with best practices and sound fiscal policy. After considering many factors, including the work of the Task Force and broad stakeholder input, the Administration is aggressively moving forward to complete an analysis of the alternatives and complex issues outlined in the Task Force report. Again our most important and significant concern must be that we ensure that our patients' civil rights are respected and advanced.

You all know our department well. That it's the largest and serves the most vulnerable of New Jersey's residents informs every decision we recommend during the budget process. I work alongside incredibly talented, professional and nationally recognized leaders – and we balance carefully our decisions regarding those with developmental disabilities, mental health and addictions consumers, those with physical disabilities, those who are economically vulnerable, those who rely upon Medicaid for access to quality healthcare, those who are blind and visually impaired, and those who are deaf and hard of hearing.

This is the toughest of budgets for all of us – in New Jersey and across the country. I welcome your partnership and factual examination of the choices before us to achieve the best possible outcomes for those who are counting on us.

I thank you again for the opportunity to testify before you today.