

30:6D-33 to 30:6D-41

**LEGISLATIVE HISTORY CHECKLIST**  
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(Family Support Act--developmentally disabled-develop  
programs and establish coordinating councils)

**NJSA:** 30:6D-33 to 30:6D-41

**LAWS OF:** 1993 **CHAPTER:** 98

**BILL NO:** S757

**SPONSOR(S)** DiFrancesco and others

**DATE INTRODUCED:** May 7, 1992

**COMMITTEE:** **ASSEMBLY:** Appropriations

**SENATE:** Health & Human Services;  
Budget and Appropriations

**AMENDED DURING PASSAGE:** Yes Amendments during passage  
Second reprint enacted denoted by superscript numbers

**DATE OF PASSAGE:** **ASSEMBLY:** February 18, 1993

**SENATE:** December 17, 1992

**DATE OF APPROVAL:** March 29, 1993

**FOLLOWING STATEMENTS ARE ATTACHED IF AVAILABLE:**

**SPONSOR STATEMENT:** Yes

**COMMITTEE STATEMENT:** **ASSEMBLY:** Yes

**SENATE:** Yes 10-1-92 & 12-3-92

**FISCAL NOTE:** Yes

**VETO MESSAGE:** No

**MESSAGE ON SIGNING:** Yes

**FOLLOWING WERE PRINTED:**

**REPORTS:** No

**HEARINGS:** No

See newspaper clipping--attached:

"Florio signs measure putting families first in caring for disabled  
children," 3-30-93 Star Ledger.

KBG:pp

[SECOND REPRINT]

SENATE, No. 757

STATE OF NEW JERSEY

INTRODUCED MAY 7, 1992

By Senators DiFRANCESCO, INVERSO, Ewing, Cafiero,  
Cowan, Menendez, Feldman and Littell

1 AN ACT concerning family support<sup>2</sup>[,] and<sup>2</sup> supplementing Title  
2 30 of the Revised Statutes <sup>2</sup>[and making an appropriation]<sup>2</sup>.

3

4 BE IT ENACTED *by the Senate and General Assembly of the*  
5 *State of New Jersey:*

6 1. This act shall be known and may be cited as the "Family  
7 Support Act."

8 2. The Legislature finds and declares that:

9 a. It is in the best interest of the State of New Jersey to  
10 preserve, strengthen and maintain the family unit. All  
11 individuals, regardless of disability, have the right to belong to a  
12 family unit where enduring relationships can be fostered.

13 b. Families are the major providers of support, care, training  
14 and other services for their <sup>1</sup>[developmentally disabled]<sup>1</sup> family  
15 member <sup>1</sup>with a developmental disability<sup>1</sup> living at home.  
16 Consequently, families are continually searching for ways to  
17 support <sup>1</sup>[developmentally disabled]<sup>1</sup> family members <sup>1</sup>with  
18 developmental disabilities<sup>1</sup> in their homes instead of placing  
19 these individuals in a State or private institution.

20 c. Many families with a <sup>1</sup>[developmentally disabled]<sup>1</sup> family  
21 member <sup>1</sup>with a developmental disability<sup>1</sup> experience  
22 exceptionally high financial outlays and extraordinary physical  
23 and emotional challenges, isolation, stigmatization and daily  
24 stress. Supporting families in their effort to care for their  
25 <sup>1</sup>[developmentally disabled]<sup>1</sup> family member <sup>1</sup>with a  
26 developmental disability<sup>1</sup> at home is efficient, cost effective and  
27 humane; failure to provide needed supports can result in  
28 premature placement of the family member in a setting outside  
29 the home.

30 d. To be effective, family supports must support the entire  
31 family, must be easily accessible, flexible, culturally sensitive  
32 and individualized. They must be designed to promote  
33 interdependence, independence, productivity and integration of  
34 people with disabilities <sup>1</sup>into the community<sup>1</sup>. Family supports  
35 must also be built on existing social networks and naturally  
36 occurring supports including extended families, neighbors and  
37 community associations.

38 e. A Statewide family support policy must acknowledge that  
39 families themselves are able to define their own needs and select  
40 their own services; family supports must be chosen by families,  
41 controlled by families and monitored by families.

42 <sup>1</sup>f. Adults with disabilities should be afforded the opportunity

EXPLANATION--Matter enclosed in bold-faced brackets [thus] in the  
above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup> Senate SHH committee amendments adopted October 1, 1992.

<sup>2</sup> Senate SBA committee amendments adopted December 3, 1992.

1 to make decisions for themselves, live in typical homes and  
 2 communities and exercise their full rights as citizens. Adults  
 3 with disabilities should have options for living separately from  
 4 their families, but when this is not the case, families should be  
 5 provided the supports they need.<sup>1</sup>

6 3. For the purposes of this act:

7 "Department" means the Department of Human Services.

8 <sup>1</sup>["Developmentally disabled family member"] "Family member  
 9 with a developmental disability"<sup>1</sup> means a person who has a  
 10 developmental disability as defined pursuant to section 3 of the  
 11 "Division of Developmental Disabilities Act," P.L.1985, c.145  
 12 (C.30:6D-25).

13 "Family" means the <sup>1</sup>[developmentally disabled]<sup>1</sup> family  
 14 member <sup>1</sup>with a developmental disability<sup>1</sup> and his <sup>1</sup>[parent]  
 15 parents<sup>1</sup> and siblings <sup>1</sup>, or spouse and children<sup>1</sup>.

16 "Family support services" means <sup>1</sup>[the] a coordinated system  
 17 of<sup>1</sup> on-going public and private <sup>1</sup>support<sup>1</sup> services which are  
 18 designed to maintain and enhance the quality of life of a  
 19 <sup>1</sup>[developmentally disabled]<sup>1</sup> family member <sup>1</sup>with a  
 20 developmental disability<sup>1</sup> and his family as set forth in section 4  
 21 of this act.

22 "Parent" means the <sup>1</sup>[uncompensated]<sup>1</sup> biological<sup>1</sup>[,] or<sup>1</sup>  
 23 adoptive <sup>1</sup>parent<sup>1</sup> or <sup>1</sup>uncompensated<sup>1</sup> foster parent or legal  
 24 guardian who cares for the <sup>1</sup>[developmentally disabled]<sup>1</sup> family  
 25 member <sup>1</sup>with a developmental disability<sup>1</sup> and with whom the  
 26 <sup>1</sup>[developmentally disabled]<sup>1</sup> family member <sup>1</sup>with a  
 27 developmental disability<sup>1</sup> resides.

28 <sup>1</sup>["Program"] "System"<sup>1</sup> means the Family Support <sup>1</sup>[Program]  
 29 System<sup>1</sup> established pursuant to section 4 of this act.

30 4. a. There is established in the Division of Developmental  
 31 Disabilities in the Department of Human Services a Family  
 32 Support <sup>1</sup>[Program] System<sup>1</sup> to create <sup>1</sup>[a]<sup>1</sup> flexible <sup>1</sup>[support  
 33 system] supports<sup>1</sup> designed to strengthen and promote families  
 34 who provide care within the family home for a <sup>1</sup>[developmentally  
 35 disabled]<sup>1</sup> family member <sup>1</sup>with a developmental disability<sup>1</sup>.

36 b. The Statewide <sup>1</sup>[program] system<sup>1</sup> shall include, but not be  
 37 limited to the following services: after school care; cash  
 38 subsidies; communication and interpreter services; counseling  
 39 services; crisis intervention; day care; equipment and supplies;  
 40 estate and transition planning; home and vehicle modification;  
 41 home health services; homemaker assistance; housing  
 42 assistance; medical and dental care not otherwise covered;  
 43 parent education and training; personal assistance services;  
 44 recreation services; respite care for families; self advocacy  
 45 training; service coordination; specialized diagnosis and  
 46 evaluation; specialized nutrition and clothing; therapeutic or  
 47 nursing services; transportation; <sup>1</sup>[vocational and employment  
 48 supports; and]<sup>1</sup> voucher services <sup>1</sup>; and other services as  
 49 identified by the family<sup>1</sup>.

50 c. A family is eligible to participate in the <sup>1</sup>[program] system<sup>1</sup>  
 51 if the family resides in the State; the family member has a  
 52 developmental disability and is eligible for services from the  
 53 Division of Developmental Disabilities; and the family meets the  
 54 income, need and other criteria established by the <sup>1</sup>[department]

1 Commissioner of Human Services. The commissioner shall  
2 establish income, need and other criteria to ensure that the  
3 expenditures for the system are within the limits of the funds  
4 <sup>2</sup>[appropriated] available<sup>2</sup> for the purposes of this act.<sup>1</sup>

5 d. A family may either receive services from an agency under  
6 contract with the department or may exchange a voucher for  
7 services of its choice.

8 5. a. The <sup>1</sup>[program] system<sup>1</sup> shall be administered by <sup>1</sup>the  
9 Division of Developmental Disabilities in the department, in  
10 conjunction with<sup>1</sup> a coordinator <sup>1</sup>working under the direction of  
11 the Developmental Disabilities Council<sup>1</sup> who shall be a person  
12 qualified by training and experience to perform the duties of his  
13 office.

14 b. The coordinator shall, with input from the family support  
15 planning councils established pursuant to section 6 of this act,  
16 adopt, review and revise, as needed, a State Family Support Plan  
17 which shall:

18 (1) assess needs, establish goals and set priorities for the  
19 provision of family support services for <sup>1</sup>[developmentally  
20 disabled]<sup>1</sup> individuals <sup>1</sup>with developmental disabilities<sup>1</sup>; and

21 (2) provide for <sup>1</sup>outreach and<sup>1</sup> coordinated delivery of family  
22 support services.

23 c. The coordinator shall coordinate efforts by public and  
24 private agencies and family support planning councils.  
25 Coordination shall include, but not be limited to, identification of  
26 services provided by different agencies to avoid duplication;  
27 <sup>1</sup>[and]<sup>1</sup> planning with all agencies to insure that gaps in services  
28 are filled <sup>1</sup>; and the coordination of administrative support  
29 services to each of the local planning councils.

30 d. The Division of Developmental Disabilities shall develop an  
31 agreement with the Developmental Disabilities Council regarding  
32 the role and authority of the coordinator.<sup>1</sup>

33 6. Family support planning councils shall be established on a  
34 regional basis and shall work to expand and establish family  
35 support services in their region. Family support planning councils  
36 shall provide an opportunity for the public to express comments  
37 and share concerns and grievances. The councils shall be  
38 comprised of no more than <sup>1</sup>[10] <sup>11</sup> members <sup>1</sup>[who] ; each of  
39 whom<sup>1</sup> shall <sup>1</sup>serve without compensation. At least five  
40 members shall be parents of developmentally disabled family  
41 members] be either a family member of a person with a  
42 developmental disability or a person with a developmental  
43 disability. Council members shall serve without compensation  
44 beyond reimbursement for reasonable transportation, child care  
45 and other costs related to serving on the council<sup>1</sup>. The councils  
46 shall monitor the implementation of the <sup>1</sup>[program] system<sup>1</sup> and  
47 provide recommendations to the coordinator regarding family  
48 support services. Each council shall, at least annually, submit a  
49 report, in writing, to the Commissioner of Human Services.

50 7. a. No more than 10% of the monies <sup>2</sup>[appropriated pursuant  
51 to] available for the purposes of<sup>2</sup> this act shall be allocated for  
52 administration of the <sup>1</sup>[program] system<sup>1</sup>.

53 b. The department and any <sup>1</sup>publicly funded<sup>1</sup> agency which  
54 provides family support services shall assist families in obtaining

1 all other sources of funding before using funds <sup>2</sup>[appropriated  
2 pursuant to] available for the purposes of<sup>2</sup> this act.

3 c. The services provided pursuant to this act shall not supplant  
4 any existing rights, entitlements or services for which the family  
5 or individual may be eligible.

6 <sup>1</sup>8. Notwithstanding the provisions of any law to the contrary,  
7 the family support services provided pursuant to this act shall be  
8 considered a State benefit and shall not be counted as income for  
9 the purposes of State taxation or eligibility for other State  
10 benefits.<sup>1</sup>

11 <sup>1</sup>[8.] <sup>9.</sup><sup>1</sup> The Commissioner of Human Services shall, pursuant  
12 to the "Administrative Procedure Act," P.L.1968, c.410  
13 (C.52:14B-1 et seq.), adopt rules and regulations necessary to  
14 effectuate the purposes of this act, including designating the  
15 regions for the family support planning councils.

16 <sup>1</sup>[9.] <sup>2</sup>[<sup>10.</sup><sup>1</sup> There is appropriated \$100,000 from the General  
17 Fund to the Department of Human Services to effectuate the  
18 purposes of this act.]<sup>2</sup>

19 <sup>1</sup>[10.] <sup>2</sup>[<sup>11.</sup><sup>1</sup>] <sup>10.</sup><sup>2</sup> This act shall take effect on the <sup>1</sup>[90th]  
20 180th<sup>1</sup> day after enactment.

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24

25 Creates the "Family Support Act".

1       6. Family support planning councils shall be established on a  
2 regional basis and shall work to expand and establish family  
3 support services in their region. Family support planning councils  
4 shall provide an opportunity for the public to express comments  
5 and share concerns and grievances. The councils shall be  
6 comprised of no more than 10 members who shall serve without  
7 compensation. At least five members shall be parents of  
8 developmentally disabled family members. The councils shall  
9 monitor the implementation of the program and provide  
10 recommendations to the coordinator regarding family support  
11 services. Each council shall, at least annually, submit a report, in  
12 writing, to the Commissioner of Human Services.

13       7. a. No more than 10% of the monies appropriated pursuant  
14 to this act shall be allocated for administration of the program.

15       b. The department and any agency which provides family  
16 support services shall assist families in obtaining all other sources  
17 of funding before using funds appropriated pursuant to this act.

18       c. The services provided pursuant to this act shall not supplant  
19 any existing rights, entitlements or services for which the family  
20 or individual may be eligible.

21       8. The Commissioner of Human Services shall, pursuant to the  
22 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
23 seq.), adopt rules and regulations necessary to effectuate the  
24 purposes of this act, including designating the regions for the  
25 family support planning councils.

26       9. There is appropriated \$100,000 from the General Fund to  
27 the Department of Human Services to effectuate the purposes of  
28 this act.

29       10. This act shall take effect on the 90th day after enactment.

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#### STATEMENT

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34       This bill establishes the Family Support Program in the Division  
35 of Developmental Disabilities in the Department of Human  
36 Services to create a flexible support system to strengthen and  
37 promote families who provide care within the family home for a  
38 developmentally disabled family member. The program shall be  
39 administered by a coordinator who shall be qualified by training  
40 and experience to perform the duties of his office.

41       The bill provides that the coordinator, in conjunction with  
42 regional family support planning councils, shall develop a State  
43 Family Support Plan to (1) assess needs, establish goals and set  
44 priorities for the provision of family support services; and (2)  
45 provide for coordinated delivery of services.

46       The bill creates regional family support planning councils  
47 comprised of 10 members each, at least five members of which  
48 shall be parents of developmentally disabled family members.  
49 The councils shall monitor the implementation of the program  
50 and provide recommendations to the coordinator regarding family  
51 support services. The bill requires each council to submit a  
52 written report to the Commissioner of Human Services at least  
53 annually.

54       The bill appropriates \$100,000 from the General Fund to

1 effectuate its purposes. The bill also requires that no more than  
2 10% of the monies appropriated to the program shall be allocated  
3 for administration of the program.

4 Finally, the bill authorizes the Commissioner of Human  
5 Services, pursuant to the "Administrative Procedure Act,"  
6 P.L.1968, c.410 (C.52:14B-1 et seq.), to adopt rules and  
7 regulations necessary to effectuate the purposes of the bill.

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12 The "Family Support Act"; appropriates \$100,000.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

[SECOND REPRINT]

SENATE, No. 757

STATE OF NEW JERSEY

DATED: JANUARY 25, 1993

The Assembly Appropriations Committee reports favorably Senate Bill No. 757 (2R).

Senate Bill No. 757 (2R) establishes the Family Support System in the Division of Developmental Disabilities in the Department of Human Services to create a support system for families who provide care within the family home for a family member with a developmental disability.

The system will be administered by the Division of Developmental Disabilities in conjunction with a coordinator who will work under the direction of the Developmental Disabilities Council. The coordinator, in conjunction with regional family support planning councils, is to develop a State Family Support Plan to (1) assess needs, establish goals and set priorities for the provision of family support services; and (2) provide for the coordinated delivery of those services.

The Commissioner of Human Services is to establish income, need and other eligibility criteria for a family's participation to ensure that the expenditures for the support system are within the limits of the funds available for the purposes of this bill.

The bill creates regional family support planning councils comprised of no more than 11 members each. A council member is to be either a family member of a person with a developmental disability or a person with a developmental disability. The councils will monitor the implementation of the system and provide recommendations to the coordinator regarding family support services. Council members will serve without compensation, but may be reimbursed for reasonable transportation, child care and other costs related to serving on the council. The bill requires each council to submit a written report to the Commissioner of Human Services at least annually.

The bill provides that the family support services constitute a State benefit and will not be counted as income for the purposes of State taxation or eligibility for other State benefits.

This bill is identical to Assembly Bill No. 1365 (1R) as amended by this committee on January 25, 1993.

FISCAL IMPACT

The funds necessary for the implementation of the bill will be provided from resources currently available to the New Jersey Developmental Disabilities Council (DDC) and the Division of Developmental Disabilities (DDD). State appropriations in future fiscal years may need to take into consideration the maintenance of the system created by this bill.

A legislative fiscal estimate prepared by the Office of Legislative Services (OLS) states that the number of families



eligible for services under this bill is not known. The number of families eligible for services under this bill will be limited by the cost of the services which may be provided. OLS notes that DDD will provide nearly \$12.1 million in "home assistance" and \$3.0 million in "family support/respite expansion" in FY 1993 to the developmentally disabled and their families. Such services are not as comprehensive as those described in this bill. It is also noted that DDC has awarded \$375,000 in federal funds to three agencies to provide various "supports" to a limited number of families which care for a developmentally disabled family member.

SENATE HEALTH AND HUMAN SERVICES COMMITTEE

STATEMENT TO

SENATE, No. 757

with Senate committee amendments

STATE OF NEW JERSEY

DATED: OCTOBER 1, 1992

The Senate Health and Human Services Committee favorably reports Senate Bill No. 757 with committee amendments.

As amended by committee, this bill establishes the Family Support System in the Division of Developmental Disabilities in the Department of Human Services to create a flexible support system to strengthen and promote families who provide care within the family home for a family member with a developmental disability. The system shall be administered by a coordinator who shall be qualified by training and experience to perform the duties of his office.

The bill provides that the coordinator, in conjunction with regional family support planning councils, shall develop a State Family Support Plan to (1) assess needs, establish goals and set priorities for the provision of family support services; and (2) provide for coordinated delivery of services.

The bill creates regional family support planning councils comprised of no more than 11 members each, who shall be either a family member of a person with a developmental disability or a person with a developmental disability. The councils shall monitor the implementation of the system and provide recommendations to the coordinator regarding family support services. The bill requires each council to submit a written report to the Commissioner of Human Services at least annually.

The bill appropriates \$100,000 from the General Fund to effectuate its purposes. The bill also requires that no more than 10% of the monies appropriated to the system shall be allocated for administration of the system.

The amendments change all references from "developmentally disabled person" and "developmentally disabled family member" to "person with a developmental disability" and "family member with a developmental disability," respectively. The amendments also refer to the "Family Support System" instead of the "Family Support Program."

The amendments also provide that:

1. The family support services constitute a State benefit and shall not be counted as income for the purposes of State taxation or eligibility for other State benefits;
2. The Statewide support system shall not include vocational and employment supports since that would duplicate services available through the Department of Labor, but shall include other services as identified by the family;

3. The family support planning councils shall be comprised of no more than 11 members, instead of 10 members, who shall be either a family member of a person with a developmental disability or a person with a developmental disability, instead of having at least five members who are parents of persons with developmental disabilities. Council members shall serve without compensation beyond reimbursement for reasonable transportation, child care and other costs related to serving on the council;

4. The system will be administered by the Division of Developmental Disabilities in conjunction with a coordinator who will work under the direction of the Developmental Disabilities Council;

5. The Commissioner of Human Services shall establish income, need and other criteria to ensure that the expenditures for the support system are within the limits of the funds appropriated for the purposes of this bill; and

6. The bill shall take effect on the 180th day after it is enacted into law, rather than on the 90th day as the bill originally provided.

As amended by committee, this bill is similar to Assembly Bill No. 1365 (1R) (Odgen/Felice) which is pending before the Assembly Appropriations Committee.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[FIRST REPRINT]

**SENATE, No. 757**

with Senate committee amendments

**STATE OF NEW JERSEY**

DATED: DECEMBER 3, 1992

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 757 (1R) with amendments.

As amended, Senate Bill No. 757 (1R) establishes the Family Support System in the Division of Developmental Disabilities in the Department of Human Services to create a support system for families who provide care within the family home for a family member with a developmental disability.

The system will be administered by the Division of Developmental Disabilities in conjunction with a coordinator who will work under the direction of the Developmental Disabilities Council. The coordinator, in conjunction with regional family support planning councils, is to develop a State Family Support Plan to (1) assess needs, establish goals and set priorities for the provision of family support services; and (2) provide for the coordinated delivery of those services.

The Commissioner of Human Services is to establish income, need and other eligibility criteria for a family's participation to ensure that the expenditures for the support system are within the limits of the funds available for the purposes of this bill.

The bill creates regional family support planning councils comprised of no more than 11 members each. A council member is to be either a family member of a person with a developmental disability or a person with a developmental disability. The councils will monitor the implementation of the system and provide recommendations to the coordinator regarding family support services. Council members will serve without compensation, but may be reimbursed for reasonable transportation, child care and other costs related to serving on the council. The bill requires each council to submit a written report to the Commissioner of Human Services at least annually.

The bill provides that the family support services constitute a State benefit and will not be counted as income for the purposes of State taxation or eligibility for other State benefits.

COMMITTEE AMENDMENTS

The amendments delete the \$100,000 appropriation in the bill. The appropriation was eliminated because the resources currently available to the Division of Developmental Disabilities and the Developmental Disabilities Council can be allocated for the purposes of the bill and are deemed sufficient for successful implementation.

FISCAL IMPACT

The committee amendments delete the \$100,000 appropriation from the bill. The funds necessary for the implementation of the bill will be provided from resources currently available to the New Jersey Developmental Disabilities Council and the Division of Developmental Disabilities. State appropriations in future fiscal years may need to take into consideration the maintenance of the system created by this bill.

LEGISLATIVE FISCAL ESTIMATE TO  
SENATE, No. 757  
STATE OF NEW JERSEY

DATED: July 16, 1992

Senate Bill No. 757 establishes the Family Support Program in the Division of Developmental Disabilities (DDD) in the Department of Human Services (DHS) to create a flexible support system to strengthen and promote families who provide care within the family home for a developmentally disabled family member. The program shall be administered by a coordinator who shall be qualified by training and experience to perform the duties of his office. The coordinator, in conjunction with regional family support planning councils, shall develop a State Family Support Plan to (1) assess needs, establish goals and set priorities for the provision of family support services; and (2) provide for coordinated delivery of services. The regional family support planning councils are comprised of 10 members each, at least five members of which shall be parents of developmentally disabled family members. The councils shall monitor the implementation of the program and provide recommendations to the coordinator regarding family support services. Each council is required to submit a written report to the Commissioner of Human Services at least annually.

The bill appropriates \$100,000 from the General Fund to effectuate its purposes but requires that no more than 10% of the monies appropriated to the program shall be allocated for administration of the program.

DHS and the Office of Management and Budget have not provided any fiscal information on this legislation.

The Office of Legislative Services is not able to estimate the cost of the legislation as the number of families with developmentally disabled children or adults who are likely to require family support services, and the cost of the various services required are not known. However, at a minimum, it would appear that the 3,100 people currently on the "waiting list" for services for DDD would be eligible for services. This would mean that each person would receive about \$29 in family support services annually based on the available appropriation. As such programs tend to stimulate demand, it is likely that significantly more families will apply for services. Thus, the \$90,000 available for services is probably insufficient to meet either the demand or to provide for the services listed in the legislation.

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67.

974.901  
GD



# OFFICE OF THE GOVERNOR NEWS RELEASE

CN-001  
Contact:

Jon Shure  
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TRENTON, N.J. 08625

Release: Monday  
March 29, 1993

## GOVERNOR SIGNS FAMILY SUPPORT ACT Helps Support In-Home Family Care

A new law which will help bridge the gap in support services and provide families with the help they need to care for a disabled family member at home was signed today by Governor Jim Florio, who called it a milestone for human services in New Jersey.

"Kindness is more than deeds. It's anything that lifts another person. It's what takes the friction out of daily life. We're putting kindness back into the system today for some of our caring and challenged citizens -- those who care for disabled family members at home," said Governor Florio. "The Family Support Act is another milestone for human services in New Jersey. It's designed to build families up, not tear them down. It invests in community-based programs and directs services away from costly institutions."

"The Family Support Act will offer families an array of services that can relieve daily pressures and meet real needs. Services that bring flexibility, common sense, and most importantly, keep families together in their homes," he said.

The Family Support Act will allow individuals and families to get the help and support they need to continue to support a developmentally disabled family member in their own home, and avoid more restrictive settings such as group homes or institutions. The law expands the types of services now offered to families coping with the financial, emotional and physical burdens of caring for a developmentally disabled family member at home.

Currently, the only family support services provided by the state are respite and temporary care services. Under the Family Support Act, expanded services could include counseling, day care, equipment and supplies, parental education and training, increased respite care for families, after-school care, communication and interpreter

services, crisis intervention, home and vehicle modification, transportation, voucher services and other needs as identified by the family.

"This law helps families who provide care for a family member with a disability at home. These families face physical and emotional challenges every day. Too often, they're isolated and exhausted. They may face enormous financial burdens. Without support these families face a cruel choice of deciding if they can continue to care for a family member at home or turn to the state. And the state faces a costly burden of paying more for less satisfying care," said Governor Florio.

In order to be eligible, families must reside in the state, have a disabled family member and meet the income, need and other criteria to be considered by the Commissioner of Human Services. The program would be operated under the Department of Human Services' (DHS) Division of Developmental Disabilities. The family may either receive services from an agency under contract with DHS or may exchange a voucher for services with an agency of its choice.

The new law also calls for the creation of regional family support planning councils to help expand and establish regional family support services. The planning councils will also monitor the implementation of the Family Support Act and provide recommendations regarding support services.

"Family Support offers in-home services to families with loved ones who are developmentally-disabled. This program empowers families to determine their needs by granting them vouchers to purchase services. Programs such as this strengthen families and help keep their loved ones at home rather than seeking out-of-home placement," said William Waldman, Commissioner of Human Services, who was newly sworn in as the department head during the bill-signing ceremony.

The Governor noted that Commissioner Waldman brings years of expertise to his new position and said he "is deeply schooled in New Jersey's social services. He knows out state from the street up."

"Bill embodies compassionate, responsible human services. Throughout his professional life, he's helped people to empower their own lives. New Jersey is becoming a national model for reforms that will bring common sense and individual responsibility into social programs. As Commission, Bill Waldman will continue to bring leadership, experience and vision to our efforts to coordinate and streamline services and develop effective policies," said Governor Florio.

S 757/A 1365 was sponsored by Senators Donald DiFrancesco and Peter Inverso, and Assemblypersons Maureen Ogden and Nicholas Felice.

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planning strategies. Finally, it is the department's priority that services needed by vulnerable and disabled persons are protected in any service reductions. The department believes that counties will be better equipped to set priorities which will ensure that the most needy and/or disabled persons are not adversely affected by limited resources.

The mandate for each county to begin comprehensive social services planning occurred during the first quarter of 1983. It was not until recently that each county had an advisory council in operation. Councils are currently in the process of preparing the county comprehensive plan consisting of a) a needs assessment to determine target problem priorities; b) a resource inventory of existing services provided by private and public agencies; c) a determination of service priorities for each county and d) recommendations and implementation action steps for improved service delivery and allocation of funds. County human service plans are expected to be complete by the end of the 1984 calendar year.

Decentralization of human service planning can have a strong impact on social service delivery in the State of New Jersey. As the Human Service Advisory Councils become established, the effect of planning and delivery of services will become evident.

#### **Governor's Council on the Prevention of Mental Retardation**

In 1984, the State of New Jersey initiated a prevention campaign to address a number of human service concerns including family violence, homeless persons, mental illness and mental retardation. The Governor has decided to focus efforts preventing these problems in addition to providing aid to those already affected.

The Governor's Council on the Prevention of Mental Retardation was formed as part of this prevention initiative and in response to a cooperative proposal from the Department of Human Services, Division of Mental Retardation and the Association of Retarded Citizens/New Jersey.

The Council membership consists of 25 public and professional members, and the commissioners of the New Jersey Departments of Education, Health, and Human Services. The Governor's Council on the Prevention of Mental Retardation has the following goals:

1. Study the prevention of mental retardation and develop a comprehensive plan for prevention.
2. Mobilize citizens and community agencies in a strong effort for prevention.
3. Develop mechanisms to facilitate detection of the causes of mental retardation.
4. Foster cooperative working relationships among agencies.
5. Evaluate current prevention activities in New Jersey and in other states.
6. Define and convey to the public information on the prevention of mental retardation.

It has been recognized that the incidence of mental retardation can be reduced with a variety of activities including good prenatal care, provision of adequate food and medical care to pregnant women, and early intervention programs to minimize the effects of the disability in school-age and adult years. The Governor's council will determine the most effective methods to reach the greatest number of persons, taking into account the costs involved in such efforts.

The Governor's council will present its recommendations in June of 1985. The Developmental Disabilities Council plans to work closely with the Governor's council in its efforts to prevent the incidence of mental retardation.

#### **Division of Developmental Disabilities**

In December of 1982, the Developmental Disabilities Council prepared a position paper documenting the need for comprehensive lifelong services to be available to all persons with developmental disabilities with the recommendation that the Division of Mental Retardation (DMR) be converted to a Division of Developmental Disabilities. This would enable the Division of Mental Retardation to broaden its target population and serve persons with other developmental disabilities.

The Council through its planning and monitoring efforts recognized the need for comprehensive, lifelong services to be available to persons with other developmental disabilities aside from mental retardation who are currently ineligible for such services from the Division of Mental Retardation. These can include persons with cerebral palsy, epilepsy, or a combination of different handicapping conditions.

As demonstrated in the discussion of state and private agency service availability, non-mentally retarded persons, especially adults, are not provided a continuum of lifelong services necessary to achieve an independent lifestyle, but rather are afforded only "piecemeal" services through various agencies providing only one or two services. Children with developmental disabilities have access to a more coordinated and comprehensive service system comprised of the Department of Education, Department of Health, Division of Mental Retardation and the Division of Youth and Family Services, along with various private agencies.

Central to the provision of a coordinated and comprehensive service delivery system is the availability of case management services necessary to enable the individual to access the most appropriate services. Currently, case management services are not provided to developmentally disabled adults by any state agency.

The broadening of the Division of Mental Retardation's target population would allow for the development of a range of services which would meet the diverse and changing needs of persons with developmental disabilities. Available to all would be the much needed residential services, day programs and vocational services in addition to case management.

Although the concept of a Division of Developmental Disabilities has been well received by the Division of Mental Retardation and many private and state agencies since its inception, it was not until recently that the Council has been successful in advocating for this legislation. Legislation has recently been introduced into the New Jersey Legislature which proposes the conversion of the Division of Mental Retardation to a Division of Developmental Disabilities.

It is the hope of the New Jersey Developmental Disabilities Council that in the near future the Division of Developmental Disabilities will become a reality, capable of serving the needs of the whole developmentally disabled population.

#### University Affiliated Facility

The University Affiliated Facility—Rutgers Medical School has been the recipient of funding from the Developmental Disabilities Council for two special projects.

Project Case Management is a response to the federal and state recognition of case management as a vital link in the habilitation process for developmentally disabled individuals. Its goal is to enhance the availability of quality case management for all developmentally disabled persons in New Jersey. Case management has been identified as a priority service area of the New Jersey Developmental Disabilities Council, for an effectively operating case management system will be especially critical if and when the Division of Mental Retardation (DMR) becomes a Division of Developmental Disabilities.

The first major thrust of Project Case Management is the analysis of the current system(s) of case management in the state. Case management as provided by DMR and Special Child Health Services will be examined, as well as a sampling of other agencies in New Jersey. Information regarding model systems nationwide will be collected and synthesized. This study is being conducted to identify the strengths of the present systems and, additionally, to describe recommendations for change in structure and function.

In the process of the analysis, competencies necessary for effective case management will be identified. Based on the definition of these skills, curricula and materials will be developed, as well as a system of training for the maintenance of a qualified and trained staff. This second major component will be implemented through both inservice and pre-service training programs.

Project Case Management has been funded for fiscal years 1984-1986.

The Early Intervention Physician Outreach Project is being initiated in response to a recent state mandate and fiscal appropriation to provide early intervention programs and services to handicapped infants and their families. As physicians are the primary contact for newborns, infants and their families, they can be instrumental in assuring the earliest possible identification of potentially handicapping conditions.

The goal of this outreach project is to increase the rate of referral by physicians to early intervention programs of children who are known to have or, are suspected of having, handicapping conditions. This will be accomplished by increasing physician awareness of the value and benefits of early intervention to infants and their families, increasing physician awareness of existing services and resources for handicapped infants and families, and increasing the knowledge of physicians and their health care staff about procedures for making referrals.