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ABSTRACT

The plan details recommended procedures for the construction of mental retardation facilities in New Jersey. The Mental Retardation Planning Board and State Board of Control are described and members listed. Stated are methods of administration of the planning and construction program, and the basic program goals and policies. Four major regions of the state are delineated for planning purposes. Existing Services and Facilities are inventoried in detail. The final chapter outlines assigned priorities for construction applications from the four service regions. (KW)

EDO 44852

# NEW JERSEY STATE PLAN for the CONSTRUCTION OF MENTAL RETARDATION FACILITIES

1969



1970

STATE OF NEW JERSEY  
DEPARTMENT OF INSTITUTIONS AND AGENCIES  
DIVISION OF MENTAL RETARDATION  
TRENTON

EC 030 611E

*New Jersey Department of Institutions and Agencies*  
*State Board of Control*

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Frank J. Hughes, M. D.  
Mrs. Philip H. Iselin  
Mrs. Stevens Baird**

**James D. Compton  
John J. Magovern, Jr.  
Senator Robert H. Weber  
Frank E. Walsh, Vice President**

**Lloyd W. McCorkle, Ph.D., Commissioner  
(EX-OFFICIO)**

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1969 - 1970

New Jersey State Plan  
for the Construction of  
Mental Retardation Facilities

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE  
OFFICE OF EDUCATION

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Division of Mental Retardation  
New Jersey Department of Institutions and Agencies  
Trenton, New Jersey 08625

December, 1969

## FOREWORD

This Plan for the Construction of Mental Retardation Facilities drafted by the State of New Jersey is in accordance with Public Law 88-164 as amended.

This Construction Plan was developed with particular regard to the total needs of the mentally retarded as outlined in the NEW JERSEY COMPREHENSIVE PLAN TO COMBAT MENTAL RETARDATION.

Since publication of the 1967-68 Plan, extensive efforts have been made to secure latest available data on existing and planned facilities. This data, together with the advice and recommendations of the New Jersey Mental Retardation Planning Board and the State Board of Control has resulted in the development of the Plan presented herein.

Revision of the basic Plan will continue as modern trends of thought in services for the retarded develop. Suggestions for improvement of the Plan will always be welcomed and will be given consideration in the development of future revisions and amendments.

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## Chapter I

### DESIGNATION OF STATE AGENCY

The Department of Institutions and Agencies has been designated as the sole agency to administer and supervise the programs of grants-in-aid made available to the State of New Jersey under the Mental Retardation Facilities Construction Act of 1963.

### AUTHORITY OF THE STATE AGENCY

The Department of Institutions and Agencies' authority to administer the program was granted by Chapter 83, Laws of 1947, an amendment to the Revised Statutes, Title 30.

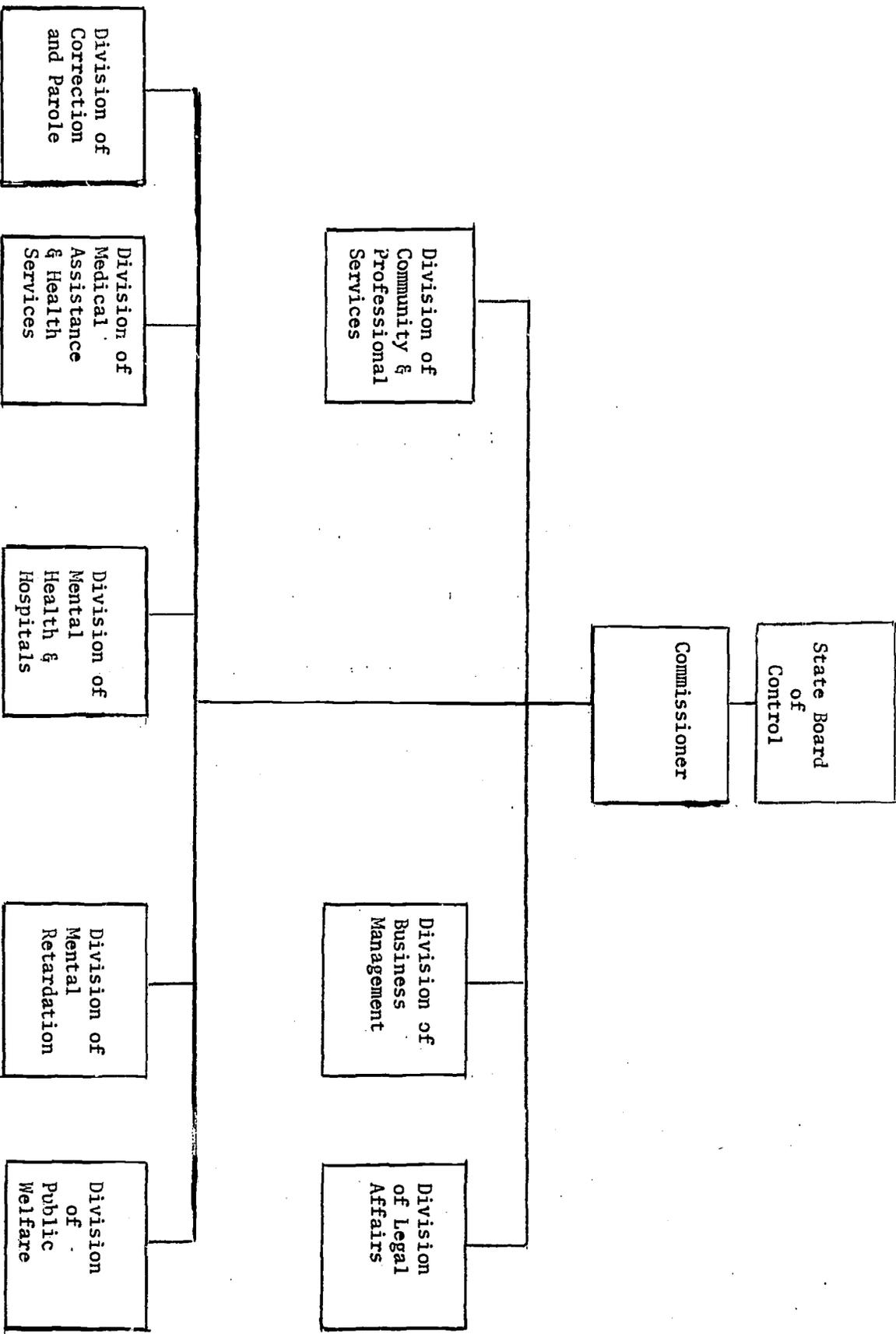
### THE NEW JERSEY MENTAL RETARDATION PLANNING BOARD

The New Jersey Mental Retardation Planning Board was established by Executive Order #40 on May 2, 1968. This same Executive Order also abolished the Advisory Council on Construction of Mental Retardation Facilities, the Inter-Departmental Committee on Lifetime Disability and the Governor's Advisory Council on Lifetime Disability. It is the duty of the New Jersey Mental Retardation Planning Board to:

1. Foster cooperation and communication between and among state, county, municipal, voluntary and private agencies in the provision of services to the mentally retarded.
2. Study and review the nature and extent of State services for the mentally retarded, and to recommend program and construction priorities to assure that crucial and pressing problems of the mentally retarded receive proper and adequate attention.
3. Call to the attention of both private and public agencies within this State, federal programs in or related to mental retardation, in order to assure the most effective use of available resources.

4. Study, review and comment upon plans and applications for the construction of mental retardation facilities submitted pursuant to Public Law 88-164 (1963) and to focus public attention on long-term capital and program needs and their related budgetary implications.
5. Encourage and support pertinent research efforts and preventive measures, stimulate planning at the community level, and review laws and practices relating to the mentally retarded.
6. Propose training and scholarship programs to prepare professionals to work with the mentally retarded.
7. Promote public awareness of the needs and problems of the mentally retarded.

STATE AGENCY ORGANIZATION CHART



Chapter II

Advisory Council Listing

- A. State Board of Control
- B. Mental Retardation Planning Board

STATE BOARD OF CONTROL OF INSTITUTIONS AND AGENCIES

The Honorable William T. Cahill, Governor ..... Ex officio  
State House, Trenton, New Jersey 08625

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Miss Norma Prynoski, Secretary  
State Office Building, 135 West Hanover Street, Trenton, N. J. 08625

NEW JERSEY MENTAL RETARDATION PLANNING BOARD  
 (Executive Order No. 40 - May 2, 1968)

<u>Governmental</u>	<u>Address</u>	<u>Term Expires</u>	<u>Date Appointed</u>
Richard E. Bjork, Ph.D.	Dept. of Higher Education 225 West State Street Trenton, N. J. 08625	Ex officio	
John Ellis	Dept. of Labor and Industry John Fitch Plaza Trenton, N. J. 08625	Ex officio	
James Cowan, M.D.	Department of Health John Fitch Plaza Trenton, N. J. 08625	Ex officio	
Maurice G. Kott, Ph.D.	Dept. of Insts. and Agencies 135 West Hanover Street Trenton, N. J. 08625	Ex officio	
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William T. Roach	Dept. of Community Affairs 363 West State Street Trenton, N. J. 08625	Ex officio	
<u>Non-Governmental</u>			
Herbert Feist (Region III) Vice Chairman	99 Bayard Street P.O. Box 990 New Brunswick, N. J. 08902	6-30-72	(7-1-66)* 7-1-68
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		6-30-72	
William H. Campbell (Region IV)	Bark Ridge Road Wenonah, New Jersey 08090	6-30-71	(1-28-68)* 7 -1-68
Mrs. Peter J. Ora (Susann R.) (Region I)	10 Paddock Road Franklin, N. J. 07416	6-30-71	7-23-69
Mrs. Paul McG. Moffett (Region I) (Laurine Oliver)	1261 Prospect Street Westfield, N. J. 07090	6-30-71	7 -1-68

NEW JERSEY MENTAL RETARDATION PLANNING BOARD

<u>Name</u>	<u>Address</u>	<u>Term Expired</u>	<u>Date Appointed</u>
Mrs. Paul Rauschenbach (Marian M.) (Region I)	612 East 29th Street	6-30-71	7 -1-68
Msgr. Joseph A. Dooling (Region I)	Mount Carmel Guild 744 Broad Street - Suite 702 Newark, N. J. 07102	6-30-70	(6-17-64)* 7 -1-68
Mrs. James L. Mayberry, R.N. (Mineva A.) (Region III)	2 Thrush Drive East Brunswick, N. J. 08816	6-30-70	(5-25-66)* 7 -1-68
James Harry Smith (Region I)	275 Fuller Terrace Orange, N. J. 07050	6-30-70	7-23-69

\*Date of appointment to Advisory Council which preceded the Mental Retardation Planning Board.

## Chapter III

### Methods of Administration

#### 1. Publicizing the Plan

##### A. Advertisement

At least 30 days prior to the submission of the State Plan to the Social and Rehabilitation Service a general description of the plan will appear as a paid public notice in daily newspapers serving the major metropolitan areas of the State. At least one such notice shall appear in each of the four designated planning regions. In addition a more detailed news release will be supplied to newspapers of general circulation. All notices will include a statement indicating that the plan is available for review and comment within the 30 days.

##### B. Distribution

Copies of the State plan will be made available upon request, and in addition copies will be sent to all parties known to be or interested in rendering service to the mentally retarded in the State.

#### 2. Project Construction Schedule

A Project Construction Schedule will be developed by the Department following approval of the Plan by the Social and Rehabilitation Service for those projects on which construction can be commenced immediately. This schedule will contain necessary data on approved projects.

##### A. Preparation Schedule

Various factors will necessarily enter into the preparation of such a Schedule. Among these are:

- a. A determination of priorities based on the need in each area of the State with reference to all categories of eligible projects.
- b. An analysis of the ability of applicants to commence construction within a reasonable period of time. Such ability will be measured by the applicant's financial status to construct, maintain and operate the proposed project.
- c. The necessity for planning to maintain an adequate balance between the various categories of facilities so as to prevent an overdevelopment or underdevelopment of any one type.

B. Limitations on Construction

In the preparation of the Project Construction Schedule, sufficient projects will be included therein so as to utilize all of the anticipated annual allotment which may be received from the Federal Government. However, it shall be noted that the extent of the Federal participation is, in the last analysis, based upon the actual funds appropriated by Congress and, while it is reasonably expected that the funds authorized in the Act will be available, notice is given that the amount of the Congressional appropriation made available to the State of New Jersey will determine the number of projects in which the Federal government will share construction costs.

C. Removal From Schedule

After the Construction Schedule has been submitted to the U.S. Public Health Service and approved, a project may not be removed or superseded thereafter unless the applicant:

- a. Fails to submit the required information.
- b. Fails to comply with the requirements of the State Plan.
- c. Makes a voluntary request that the application be withdrawn or that action on the application be deferred beyond the period of time covered by the Schedule.

The removal or exclusion of a project from the Project Construction Schedule does not, of itself, change the priority rating and such projects will be considered for inclusion in later schedules. If a high priority project is superseded on this schedule, but within the period of time covered by such schedule is able to establish compliance with the financial and other requirements of the State Plan, then it shall take its proper place on the amended or succeeding schedule in accordance with its priority rating.

D. Expediting Highest Priorities

The Department will make every effort to expedite the approval of projects in the highest priority groups. However, applications out of the order of priority may be processed if:

- a. The Department has afforded reasonable opportunity for development and presentation of projects in the order of priority, and

- b. If the Department certifies that financial resources for the construction, maintenance and operation of projects of higher priority are not then available.

The priority of a project under the State Plan shall not be affected by the fact that other projects of lower priority have previously been approved and recommended by the State Agency.

### 3. Deadline for Submission of Applications

No deadlines for receiving applications or letters of intent to apply for Federal assistance will be established. Potential applicants will however be notified of the dates on which the Mental Retardation Planning Board will meet to consider applications. Completed applications must be received within 15 days of such meeting to be considered.

### 4. Standards of Construction and Equipment

The general standards of construction and equipment shall be those adopted by the Bureau of Medical Facility Construction and Planning within the Department and shall not be lower than those contained in the regulations.

### 5. Inspection of Construction Projects by the State

#### A. State Responsibility

The Department, through its Bureau of Medical Facility Construction and Planning will set up an adequate inspection service to determine that the work on the projects is being carried out according to the terms of the Federal Act, the State Plan and each separate contract.

The Bureau will have responsibility for inspecting all approved projects to determine that the work is progressing satisfactorily and that all purchases are being made according to regulations.

#### B. Manner and Frequency of Inspections

Inspections will be made by a member of the Bureau as frequently as required to supervise the proper completion of projects and shall be mandatory at such times as the applicants request installment payments (usually at 25, 50, 75, 90, and 100 percent of completion) and before certification for payment is made by the Department.

#### C. Certifying Claims for Payment

As construction work progresses, the Department will certify that each installment payment of Federal funds requested by and certified as payable to the applicant represents a true claim for all work and services.

- a. That the amounts requested by the applicant for payment actually represent expenditures made or obligations incurred in the construction of the approved facility.
- b. That the claim presented for work performed, materials and equipment delivered and services rendered is supported by and subject to an audit of all bills, work sheets and other material of an accounting or financial nature for the period covered by the installment claim. Payment of installment claims, except the final installment, may be made subject to an audit at a later date so as not to delay completion of the project. However, all audits which are required shall be completed and approved before final payment is made.
- c. A verification that all of the work, materials and equipment and service for which payments are requested is essential to the satisfactory completion of the project as approved, and that all of the costs are such as may be participated in by the Federal government. The verification of these facts is largely within the knowledge of the applicant and the project's architect and contractor. Consequently, the project contractor, the architect and the authorized agent of the applicant may be required to execute affidavits setting forth the validity of the claim.
- d. That the work for which an installment payment is requested has been performed according to the approved plans and specifications and that the value of the completed work is equivalent to the amount of the claim for which payment is requested.

D. Submission of Inspection Reports

After the completion of any inspection (construction or fiscal) by a representative of the Bureau, a written report shall be prepared promptly and submitted to the Chief of the Bureau covering the details of such inspection and verifying that an inspection of construction and review of accounts was made which substantiates the claim, and recommending or disapproving payment. The written approval shall be identified by project number, name and location. It shall bear the date of inspection and signature of the reporting officer. All records of inspections shall be readily accessible and available for review by properly authorized persons.

E. Disapproval of Claim; Notice

After the fiscal inspection or audit has been made, the applicant shall be notified of the results of such inspection. The notices shall clearly indicate whether the inspection resulted in an approval of the applicant's claim or whether the request for payment was denied or approval deferred. If the claim is not approved, the notice shall set forth the reason why and the steps which the applicant must take to conform. On submission of satisfactory proof that the necessary steps have been taken to comply with the reasons for non-approval set forth in the notice, a field inspection shall be made by a representative of the Bureau to substantiate the validity of the adjusted claim.

6. Construction Payments

A. The State agency shall certify to the Social and Rehabilitation Service the amount of payments due to an applicant for the cost of work performed and materials and equipment furnished. Payments shall be made as follows:

- a. The first installment when not less than 25 percent of the construction of the project has been completed;
- b. A second installment when not less than 50 percent of the construction of the project has been completed;
- c. A third installment when not less than 75 percent of the project has been completed;
- d. A fourth installment when the project is 95 percent completed; and
- e. The final payment when the project is completed and final inspection by a representative of the Surgeon General is made and the amount certified as due and payable as determined by the audit.

However, there shall be no steadfast requirement limiting the requests for payment to the above separate stages. If there are exceptional circumstances delaying payment of the final installment, then the Department may recommend additional installments prior to the final payment but not to exceed six in all.

B. Inspection by State Agency

As a basis for certification by the State Agency that payment of an installment is due an applicant, the State Agency shall make adequate inspections to determine that the work has been performed upon a project, or purchases have been made, in accordance with the approved plans and specifications.

C. Allowable Costs

Allowable costs (such as architect's fees, local inspection costs and cost of equipment) may be included in the applicant's request for payment at any of the above stages provided that, at the time of such request, the applicant has received such services and that delivery and payment of the equipment has been made and acknowledged.

D. Payment of State Agency

After the Department has certified to the Social and Rehabilitation Service that payment is due to the applicant, it will await the receipt of such funds from the Federal government. As soon as the Social and Rehabilitation Service approves the claim and the Federal funds are forwarded to the State, the Department will authorize prompt payment to the applicant of the installment certified as due and payable.

E. Custodian for Federal Funds

Treasurer, State of New Jersey, care of Department of Institutions and Agencies is authorized to act as custodian for federal funds received by the State as payments of the Federal share of approved construction projects.

7. Personnel Standards

The personnel standards of the Department are regulated by the State Civil Service Laws administered by the New Jersey Civil Service Commission. The Department will continue to operate in this manner to the end that staff members shall be covered by and work within the State's established merit system.

The Department shall observe all of the rules and regulations of the State Civil Service Commission in its administration of this plan and shall follow the approved methods of personnel administration as required by the Commission in the recruitment, selection, appointment, promotion and separation of its personnel.

The Civil Service Commission has already given the U.S. Public Health Service full details of the law, its rules, regulations and operating procedures in relation to the merit system functions it is performing. However, the Department, together with the Civil Service Commission, will furnish on request such additional data and material as is required by the Social and Rehabilitation Service to supplement the information already available.

## 8. Conflict of Interest

No full-time officer or employee of the State Agency, or any firm, organization, corporation, or partnership which such officer or employee owns, controls, or directs, shall receive funds from the applicant, directly or indirectly, in payment for services provided in connection with the planning, design, construction or equipping of the project.

## 9. Financial Records

### A. State Records

The Department will comply with the regulations by maintaining necessary accounting records and controls. All such documents, accounting records and controls shall be retained on file for a period of at least 5 years beyond participation in the program. The Administrator, Social and Rehabilitation Service, or a duly authorized representative, shall have access to all such records and project documents.

### B. Recipient Records

The Department will require that recipients of Federal funds maintain adequate financial records and controls, retain such records and documents for a period of at least 5 years after final payment of Federal funds, and make such records and project documents available to the Comptroller General of the United States or his duly authorized representative.

## 10. Fair Hearing Procedures

### A. Guarantee of Fair Hearing; Examples of Appeals

Any applicant who has requested Federal aid and is dissatisfied with any action by the State Agency regarding such application may request a fair hearing by the Department and appeal its decision. Examples of the actions which are subject to appeal include (a) denial of the right to make a formal application; (b) rejection or disapproval of an application or claim and (c) refusal to reconsider an application.

### B. Informal Adjustment

The Department will make every effort to adjust any grievance which arises without the necessity of a formal appeal and on request of, an applicant will review any decision. However, this informal reconsideration of a decision shall not, in any manner, impair the right of an applicant to appeal in a formal manner.

C. Formal Appeal

When a formal appeal is made, the applicant shall proceed in the following manner:

- a. A written request shall be sent to the Department within 30 days following the date of the action or decision by the State Agency.
- b. The request may be made in letter form and should set forth the reason for the applicant's dissatisfaction.

D. Notice of Hearing; Representation; Conduct of Hearing

- a. Following receipt of the formal appeal the applicant will be notified in writing of the time, date and place of the hearing, but in no case will such hearing be deferred for more than 30 days following formal request. Every effort will be made to have the hearing conducted at a time and place convenient to the applicant.
- b. The appellant shall be entitled to be represented, either by counsel or friends. Other parties interested and concerned by the decision of the Department shall be admitted to such proceedings subject to a determination by the presiding officer as to the reasonableness of their being present.
- c. The proceedings shall be conducted in an informal manner and evidence may be presented as desired provided it is subject to reasonable procedures of admissibility and methods of presentation.
- d. The appellant shall be given the right to present his case, examine all evidence and to question opposing witnesses.

E. Selection of Presiding Officer

To insure a fair consideration of the applicant's case, the presiding officer shall be a person who is not a staff member of the Bureau or a person who did not actively participate in the action on which the appeal is based. The Commissioner of the Department of Institutions and Agencies shall name the presiding officer who may be; (a) the Department's legal officer; (b) a committee of three, any one or all of whom may be members of the Hospital Advisory Council; (c) a disinterested third party competent to act in these matters.

F. Records of Hearing

The hearing shall be made a matter of stenographic record by a qualified stenographer and there shall be appended to

the completed records all exhibits offered in evidence. At the applicant's request a transcript will be made and will be kept available for examination at the office of the Department.

G. Recommendation of Presiding Officer

The presiding officer shall prepare a written opinion based on the facts presented at the hearing and submit it with his recommendations to the Chief, Bureau of Medical Facility Construction and Planning for appropriate claim.

H. Notice of Decision

As soon thereafter as practical, and not to exceed 30 days following the final day of the hearing, a written notice of the decision reached by the Department shall be mailed or forwarded to the applicant. This decision shall be final and binding on both the applicant and the Department if it is consistent with the law and regulations.

11. Minimum Standards of Maintenance and Operation

The regulatory powers of the Department in respect to standards of maintenance and operation for all facilities for the mentally retarded including those aided under Title I, Part C, P.L. 88-164, as amended are derived from Sections 30:1-15 through 30:1-15.2 of the Revised Statutes of New Jersey.

Section 30:1-15 confers power of visitation and inspection as follows:

30:1-15. Inspection of local and private institutions; reports

The State board shall have power of visitation and inspection of all county and city jails or places of detention, county or city workhouses, county penitentiaries, county mental and tuberculosis hospitals, poor farms, almshouses, county and municipal schools of detention, and privately maintained institutions and noninstitutional agencies for the care and treatment of the mentally ill, the blind, the deaf, the mentally retarded, or other institutions, and noninstitutional agencies conducted for the benefit of the physically and mentally defective, or the care of dependent or convalescent children or both. Any member of the State board or committee thereof, or the commissioner or his duly authorized agent, shall be admitted to any and all parts of any such institutions at any time,

for the purpose of inspecting and observing the physical condition thereof, the methods of management and operation thereof, the physical condition of the inmates, the care, treatment and discipline thereof. The State board may make such report with reference to the result of such observation and inspection and recommendation with reference thereto, as it may determine. As amended L.1965, c. 59, sec. 2.

Section 30:1-15.1 requires that there be standards established and requires at least annual inspection of all residential facilities providing diagnosis, care or treatment of the mentally retarded as follows:

30:1-15.1. Residential facilities for mentally ill; duty to inspect; report

Inspection and approval of all residential facilities within the State providing diagnosis, care or treatment of the mentally ill or the mentally retarded shall be a responsibility of the State Board of Control. The State board shall have the duty and is hereby authorized to set standards, and through its agents, including professionally qualified persons, to visit and inspect as often as is necessary, but at least once a year, all residential facilities which provide diagnosis, care or treatment of the mentally ill or mentally retarded, whether State, county, municipal, public or private, in order to determine the conditions under which such persons are lodged, cared for, maintained or treated, and in order to assure that adequate standards of care and treatment are maintained, that civil liberties of individuals receiving care are preserved and that the public may be informed of the adequacy of these facilities.

The State board and the commissioner, or their agents, shall have the right of admission to all parts of any building or buildings in which mentally ill or mentally retarded persons are lodged, cared for or treated, as often as may be necessary. The extent and results of such visitation and inspection shall be included in the annual or any special report of the State board with such recommendations as it may deem necessary. Such report shall be available to the public. L.1965, c.59, sec. 3.

Departmental Administrative Order 1:15 effective September 5, 1967 assigned to the Division of Mental Retardation the responsibility for developing standards and procedures for making inspections as follows:

The Division of Mental Retardation shall inspect at least once a year all private and public institutional facilities providing congregate maintenance and personal care of mentally retarded persons for which the responsibility of inspection is not otherwise assigned in the preceding sections of this Order.

The Division of Mental Retardation in collaboration with the Bureau of Community Institutions shall develop standards and procedures for making inspections of private and public facilities, excluding those in the Department of Institutions and Agencies, for approval by the Hospital Licensing Board and the State Board of Control. Consistent with Administrative Order 1:44 the Division of Mental Retardation shall develop standards and procedures for making inspections of Department of Institutions and Agencies facilities for approval by the State Board of Control.

Results of inspections of private and public facilities excluding the Departments' facilities will be submitted by the Division of Mental Retardation to the Bureau of Community Institutions for presentation to the Hospital Licensing Board and with their recommendations to the State Board of Control. Results of inspections of Department facilities shall be forwarded through the Office of the Commissioner to the State Board of Control. Copies of the results of inspections of Department facilities shall also be made available to the President of the Board and Chief Executive Officer of institution inspected.

The Manual of Standards for Private Licensed Institutions for the Mentally Retarded is available from the Division of Mental Retardation upon request. All potential applicants contemplating residential facilities are provided with a copy of this manual.

## 12. Transfer of Allotments

The Department will act in accord with the regulations as published in the Federal Register in determining transfer of allotments to another State or to community mental health facilities. The specific procedures are as follows:

Transfer of allotment to another State. A State may submit a request in writing to the Administrator that its allotment or a specified portion thereof be added to the allotment of another State for the purpose of meeting a portion of the Federal share of the cost of a project for the construction of a facility for the mentally retarded in such other State. In determining whether the facility with respect to which the request is made will meet the needs of the State making the request and that use of the specified portion of such State's allotment, as requested by it, will assist in carrying out the purposes of Part C of Title I of the

Act, the Administrator shall consider the accessibility of the facility, and the extent to which services will be made available to the residents of the State making the request.

Transfer of allotment to the allotment for community mental health facilities. A State may submit a request in writing to the Administrator that a specified portion of its allotment be added to the allotment to such State under Title II of the Act for the construction of community mental health centers. The Administrator shall adjust the allotments of such State upon either:

(1) Certification by the State agency that it has afforded a reasonable period of time, not less than 6 months, during which application could be made for the portion so specified and that no approval applications for such funds were received during that period of time; or

(2) A determination satisfactory to the Administrator that the need for community mental health centers is substantially greater than for facilities for the mentally retarded, such demonstration to include the concurrence of other views of the State advisory council designated under section 134(a) (3) of Title I, Part C of the Act.

### 13. Participation Rate

#### Federal Share

The Federal share shall not exceed 40% of the total estimated costs in which the federal government may participate.

### 14. Assurances of Non-Discrimination

The State Agency will obtain assurance from each applicant that all portions and services of the entire facility for the construction of which or in connection with which, aid under the act is sought will be made available, without discrimination on account of race, creed, color or national origin; and that no professionally qualified persons will be discriminated against on account of race, creed, color, or national origin with respect to the privilege of professional practice in the facility.

Each construction contract is subject to the condition that the grantee shall comply with the requirements of, and give the assurances required in Executive Order 11114, June 22, 1963 (28 F.R. 6485), and the applicable rules, regulations and procedures prescribed pursuant thereto by the President's Committee on Equal Employment Opportunity (28 F.R. 9812).

## Chapter IV

### Basic Program Goals and Policies

#### 1. Program Goals

A. The basic goals and objectives of the planning and construction program take into consideration the fact that the retarded require a wide range of medical, educational, and social services which must be prescribed and related so as to provide a continuing program of assistance. Provisions are made and will be made for two types of special-purpose facilities:

(a) Short-term Care Facilities - These are facilities that have at least three different kinds of purpose. Their purposes are to serve:

- (i) Those who really need long-term care but who by reason of their age or some other condition must wait for admission to the regular mental retardation institution.
- (ii) Those who have good potential for permanent return to the community but who need a special kind and period of adjustment before final release.
- (iii) Those who need intensive care because of their disabling condition.

(b) Long-term Individual and Group Care Facilities - These are private and state facilities that have relevance to a consideration of state mental retardation institutions. They are:

- (i) Privately run nursing or family care homes for older persons.
- (ii) Special care units for persons with life-time multiple-handicaps like severe retardation and blindness.

Since it has been established that there is a causal relationship between mental retardation and poverty special emphasis will be placed on providing services for the poor in disadvantaged areas.

Services required by the retarded encompass many professions, including education, sociology, medicine, and psychology. The specific services and combinations thereof required by each retarded person vary and may change during his life-span.

B. Generic services for the retarded are recommended in the New Jersey Comprehensive Plan to Combat Mental Retardation (1966). It is recommended:

1. That there should be a minimum of one comprehensive diagnostic and evaluation facility in each region, with special attention given to major population areas in the state.
2. That clinics providing diagnostic and/or other services essential to the mentally retarded seek to include related activities, such as: family evaluation, counseling, life planning, providing for continuity of services, and assuring that remedial treatments are being provided.
3. That state and/or federally aided diagnostic and counseling services be available in all parts of the state, either without cost or at nominal cost to the family.
4. That, within each region, Division of Mental Retardation offices and diagnostic clinics for children with developmental defects serve as "fixed points of referral" to provide information, consultation, and referral services for the retarded and their families.
5. That the Department of Institutions and Agencies establish activities centers for the adult mentally retarded who are not capable of sheltered or competitive employment and who do not require care in an institution.
6. That for those retarded whose needs could be met best in a semi-sheltered environment, the Department of Institutions and Agencies develop community-oriented small group living centers to provide shelter and other required services.
7. That the Department of Institutions and Agencies continue the present Purchase of Care Program and extend the scope of the program to purchase care on both a group-residential and individual-home basis.
8. That for those retarded needing temporary residential care, the Department of Institutions and Agencies make provision for short-term placement.

9. That there be intensification of efforts to establish sound vocational oriented secondary school programs for the mentally retarded.
  10. That courses of instruction be made available to the adult retarded by way of education programs under local sponsorship.
  11. That children too immature or too severely handicapped to be eligible for admission to approved special education programs be provided with a daily program of care and habilitation designed to foster maximum development of their potentials.
- C. In order to coordinate the mental retardation planning program with other programs in the State to insure that the interests of the retarded are served in other programs, the same State Plan has made the following recommendations. It is recommended:
1. That the Department of Health stimulate an overall effort to provide optimal medical care to every expectant mother and newborn infant.
  2. That more programs of prevention through public education be undertaken by the Department of Health.
  3. That continued program expansion, including protective immunization, be undertaken by the Department of Health for the systematic and continuous health supervision of infants and young children.
  4. That the Department of Health expand services for early detection of conditions arising from inborn errors of metabolism.
  5. That the Department of Health develop a high risk register indicating those children needing immediate supervision and follow-up.
  6. That the Department of Health encourage medical personnel caring for infants and young children to maintain detailed developmental records particularly on high risk groups.
  7. That the Department of Health and the New Jersey State Dental Society seek to assure that dental services be made available to all retarded.

8. That the Joint Commission for Accreditation of Hospitals should require the availability of facilities for prenatal care, screening for inborn errors of metabolism, and other preventive measures.
9. That the Department of Health be responsible for the orderly development of diagnostic facilities for handling all disorders of a developmental nature, including mental retardation.
10. That the Department of Education develop a uniform method to identify each retarded child in need of special education and promote the expansion of educational diagnostic and evaluation services to provide for the early detection of learning disabilities.
11. That mental hygiene clinics and community mental health centers provide services to mentally retarded persons requiring psychological and psychiatric treatment.
12. That all social agencies identify those persons in their caseload known or suspected to be mentally retarded and consult the regional "fixed points of referral" for recommendations.
13. That all social agencies determine that their retarded clients are receiving all services to which they are entitled and make special provisions for those unable to benefit from existing services.
14. That local groups, both public and private, continue to expand their activities in the field of recreation for the mentally retarded.
15. That social agencies refer those adult retarded who might profit from vocational services to the Rehabilitation Commission.
16. That public welfare agencies make available the services of professional persons qualified to counsel families having a retarded member.
17. That the Department of Education provide and stimulate state and local leadership in the development, administration, and supervision of special education services for retarded children.

18. That the Department of Education stimulate the development of projects to broaden the learning opportunities of preschool children, particularly those who reside in homes where such opportunities are lacking or limited.
19. That the Department of Education seek to enrich the curricula for mentally retarded children to include physical education, recreation, music, art, crafts, science, and other experiences.
20. That the Department of Education expand supervisory and consultative services through the child study teams, while the responsibility for the administration and supervision of programs must be accepted by local boards of education.
21. That the Department of Education require that needed services of school psychologists, speech correctionists, health personnel, school social workers, remedial educators, guidance workers, and other specialized personnel for continuous educational appraisal be available within each local school district.
22. That the Rehabilitation Commission and the Division of Employment Security make a joint effort to identify and develop more job opportunities for the mentally retarded.
23. That the Rehabilitation Commission be responsible for the orderly development and/or operation of sheltered workshop facilities.
24. That present work study programs, suitably designed for the needs and abilities of the retarded, be expanded and new ones developed by the Rehabilitation Commission and the Department of Education.
25. That the Department of Civil Service maximize opportunities for the employment of the mentally retarded in state service.

## 2. Policies

- A. Planning of services and facilities for the mentally retarded will involve full participation of governmental, voluntary, or other agencies having a major responsibility to the mentally retarded, to the end that effective coordination be achieved. Any agency or group having a significant potential for contributing some element to the overall program for the retarded will also be encouraged to participate in the planning process.

Coordination with construction plans developed under other sections of the Public Health Service Act will be effected. The Commissioner of Institutions and Agencies as the designated state official responsible for the administration of Title I and II of PL 88-164, the Comprehensive Planning Project in Mental Retardation (PL 88-156), and the Hill-Burton Program will provide necessary integration.

- B. Planned facilities for the mentally retarded will be located so as to be readily accessible to the population served and to professional staff. General community services and facilities will be available to the mentally retarded to the fullest extent possible.

Facilities and services will be planned to meet or exceed existing standards and will be based on the total and complete needs of the mentally retarded rather than on the availability of financial support.

Mental retardation facilities areas having the highest relative need will be considered in that order when grants are allocated.

- C. The projected extent, character, and location of needed services and facilities will be based on the analyses and evaluation of adequately developed data and other quantitative and qualitative considerations. The selection of high priorities for inclusion in short-range plans will be based on the urgency of needs and the feasibility of meeting these needs quickly, and must be consistent with and a natural progression toward long-range goals.

Projected needs for continuing in-service training of personnel will be explicitly considered as part of State and community planning for the retarded.

- D. Priority will be established for the organization of new services to complete the array necessary for a comprehensive program. Existing services suitable for the retarded will be identified and considered in relation to one another. Where feasible and appropriate, existing facilities will be improved.

Planning of services and facilities for the retarded will be related to other forms of community planning and to social and economic trends.

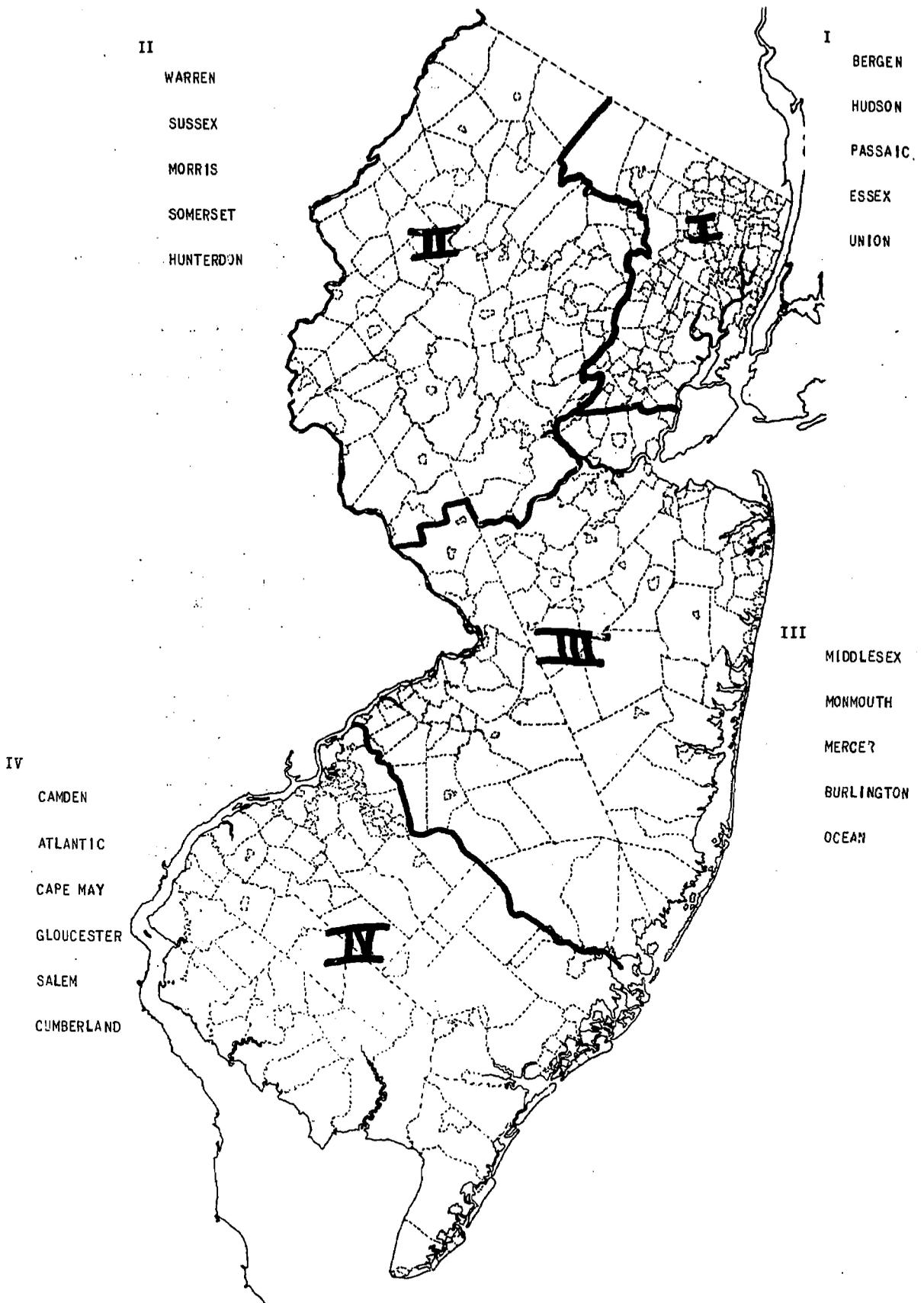
Planning agencies and organizations will stimulate the development of programs for the prevention of mental retardation concurrently with programs providing facilities and services for the retarded. These planning groups should develop procedures to evaluate their activities on a continuing basis.

## Chapter V

### Delineation of Service Areas

The State of New Jersey has been divided into four (4) major regions for planning purposes. Justification for this delineation is as follows:

1. The regions are of sufficient size and concentration to permit the development of a full range of services consistent with the needs of the retarded and giving full consideration to all levels of retardation and age groupings.
2. The regions permit programming of needed services and facilities without unnecessary and costly duplication.
3. Access within each region is well maintained by a system of highways and freeways. For the most part, travel time between urban centers in each region and their contingent suburban areas does not exceed one hour.
4. The regions are appropriate for various administrative purposes. Because this delineation has been developed along county boundaries, the mechanism for effective coordination with other county-based departments and agencies is available and operable.
5. The regions are identical with the public health regions of the State which permits effective coordination between these departments.
6. The population in each region tends to share an identifiable economic base.
7. The regions tend to be urban areas with their tributary suburban and rural development.



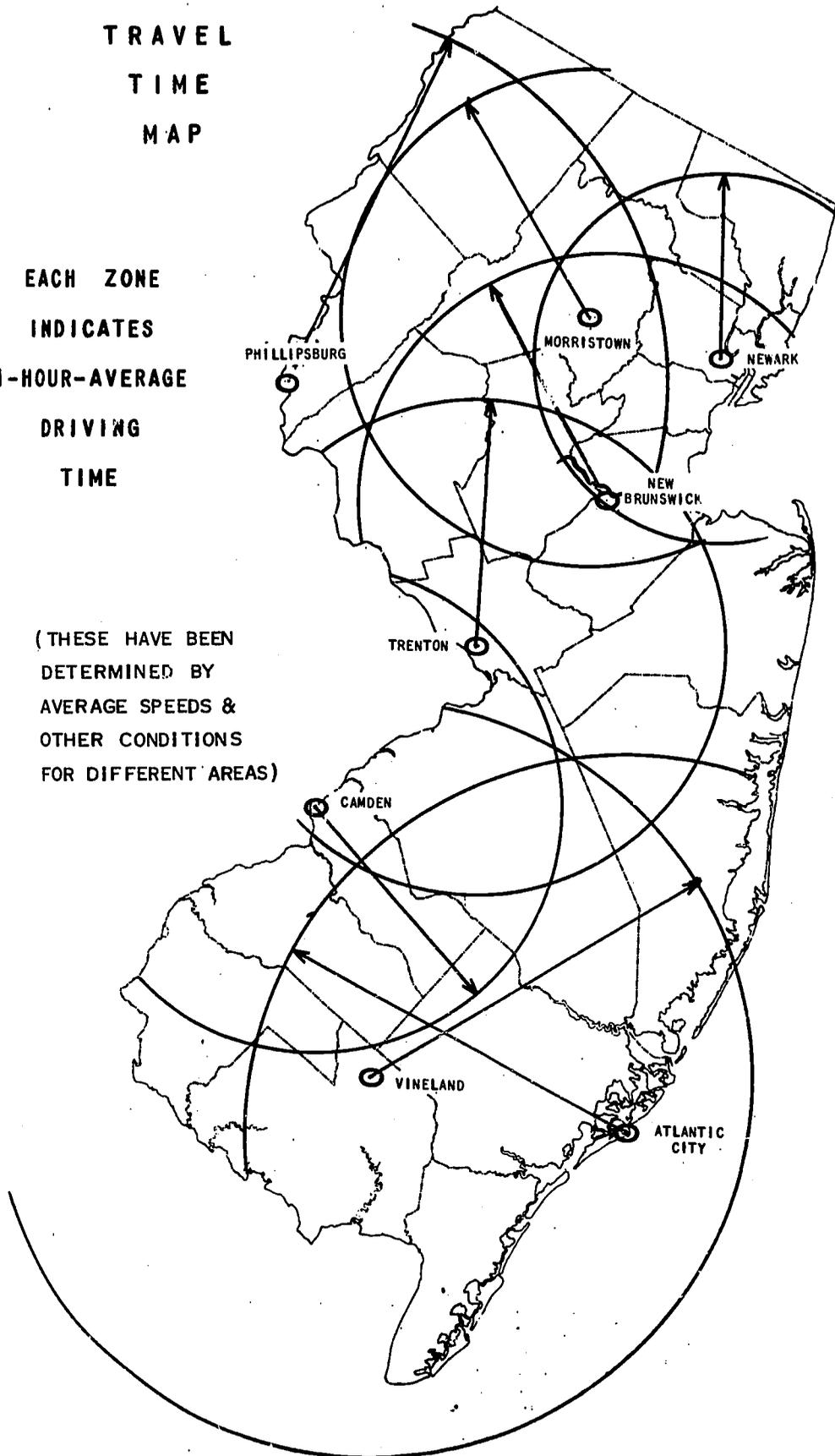
POPULATION ESTIMATES BY REGION

		<u>1967</u>	<u>1970</u>	<u>1975</u>
Region I	Bergen	901,550	982,689	1,071,131
	Essex	960,410	1,046,846	1,141,062
	Hudson	608,740	663,526	723,243
	Passaic	458,060	499,285	544,220
	Union	571,190	622,597	678,630
	Total		3,499,950	3,814,943
Region II	Hunterdon	65,120	70,980	77,368
	Morris	350,640	382,197	416,594
	Somerset	194,220	211,699	230,751
	Sussex	65,240	71,111	77,510
	Warren	72,900	79,461	86,612
	Total		748,120	815,448
Region III	Burlington	306,540	334,128	364,199
	Mercer	307,130	334,771	364,900
	Middlesex	566,240	617,201	672,749
	Monmouth	439,880	479,469	522,621
	Ocean	157,970	172,187	187,683
	Total		1,777,760	1,937,756
Region IV	Atlantic	183,320	199,818	217,801
	Camden	460,490	501,934	547,108
	Cape May	54,000	58,860	64,157
	Cumberland	125,350	136,631	148,927
	Gloucester	163,160	177,844	193,849
	Salem	66,250	72,212	78,711
	Total		1,052,570	1,147,299
State Totals		7,078,400	7,715,446	8,409,826

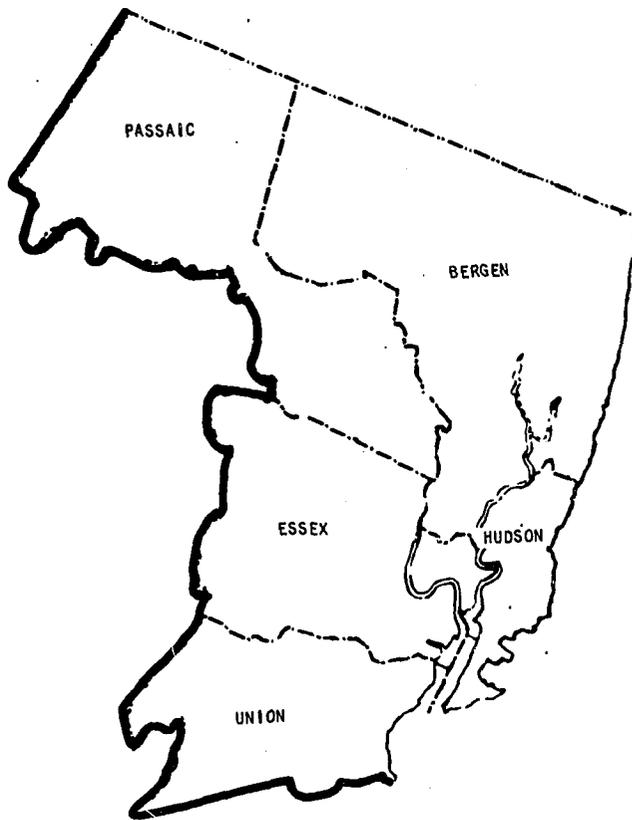
**TRAVEL  
TIME  
MAP**

**EACH ZONE  
INDICATES  
1-HOUR-AVERAGE  
DRIVING  
TIME**

**(THESE HAVE BEEN  
DETERMINED BY  
AVERAGE SPEEDS &  
OTHER CONDITIONS  
FOR DIFFERENT AREAS)**



REGION I



## REGION I

Counties: Bergen, Essex, Hudson, Passaic, Union

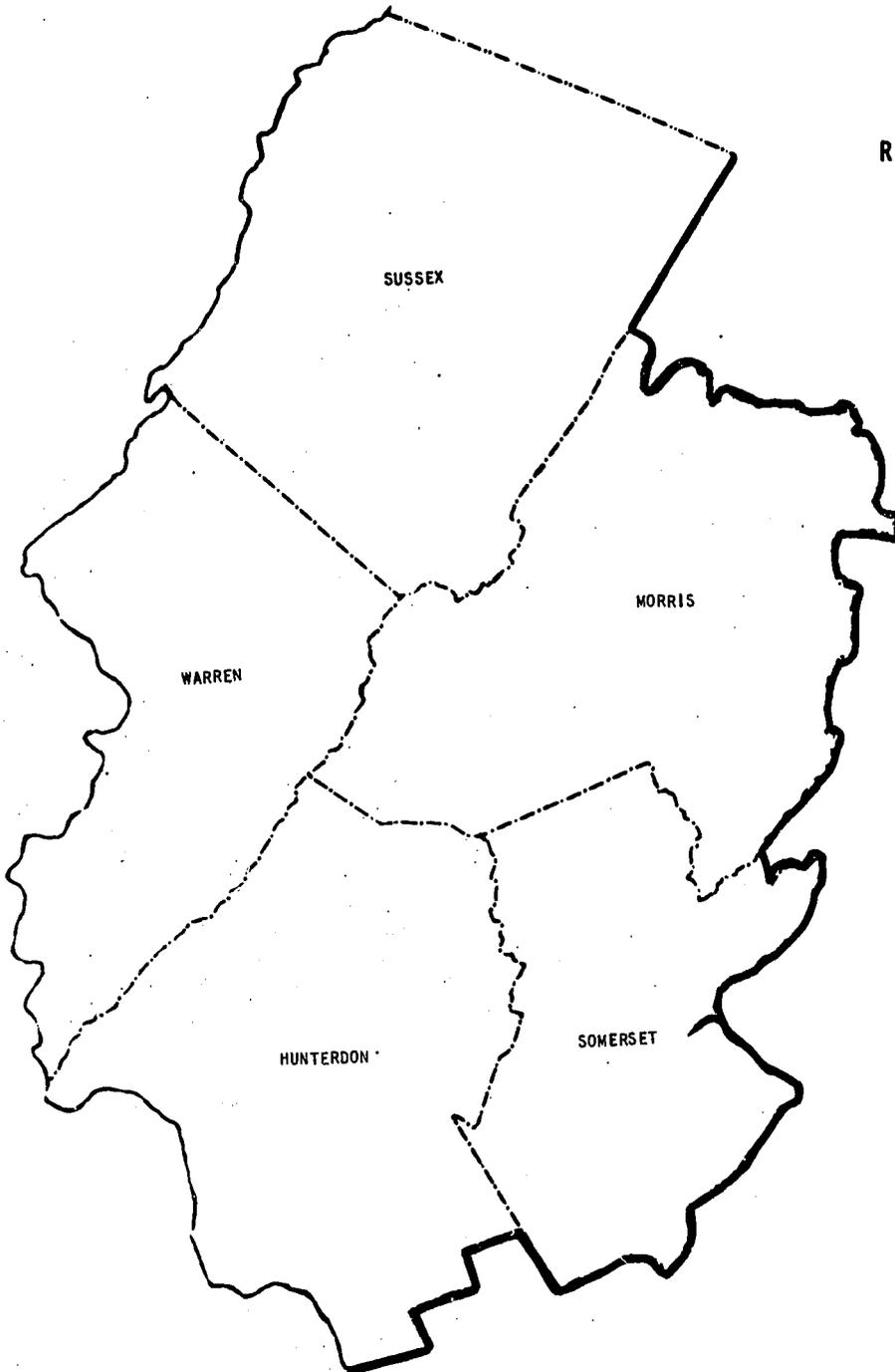
Region I constitutes the urban northeast of New Jersey. As can be seen from the population figures for this region, there is a limited growth potential. The median age for Region I is the highest of all the regions. This is in many ways indicative of the older urban cities as well as older suburbs which are characteristic of this region. As a complement to the median age, the region has the lowest percentage of the population under five years which is another important indicator of the type of growth that might be expected. Region I has the smallest land areas - only 703 sq. mi. - and the largest population - 3,499,950 (1967) which gives it the highest density - 4,978 persons per sq. mi. Region I has the smallest amount of undeveloped land and agricultural land, a total of 37.7% of the land area. The industrial land, however, represents the highest percentage for all of the regions, 5.9%. The low percentage of total dwelling units that are single family dwelling units (44.8%) is influenced by the high density development that does not lend itself to single family dwelling units. Region I is well served by many major routes including the New Jersey Turnpike and the Garden State Parkway. Other major routes include - Route 17 and 4 serving the northeast section of the region, Routes 3, 23, 1, 9 and 22 serving the bulk of the region, and several new interstate routes. The major barrier to future development is the fact that the most usable land has already been developed. Left are those sections of wetlands and steep slopes that do not lend themselves to extensive development. The most notable example of this is the Hackensack Meadows which lies vacant in the midst of the highly urbanized and industrialized region.

At the present time facilities for the retarded in this region are as follows:

Diagnostic and Evaluation Clinic, Day Facility	4
Clinic Only	5
Day Facility Only	28
Residential Facility Only	1

There are plans to construct one new Diagnostic and Evaluation Clinic, Day Facility and to add to two existing ones. Five new Day Facilities Only are contemplated and additions will be made on three others. These plans will enable this region to provide service to approximately 600 additional retardates.

REGION II



## REGION II

Counties: Hunterdon, Morris, Somerset, Sussex, Warren

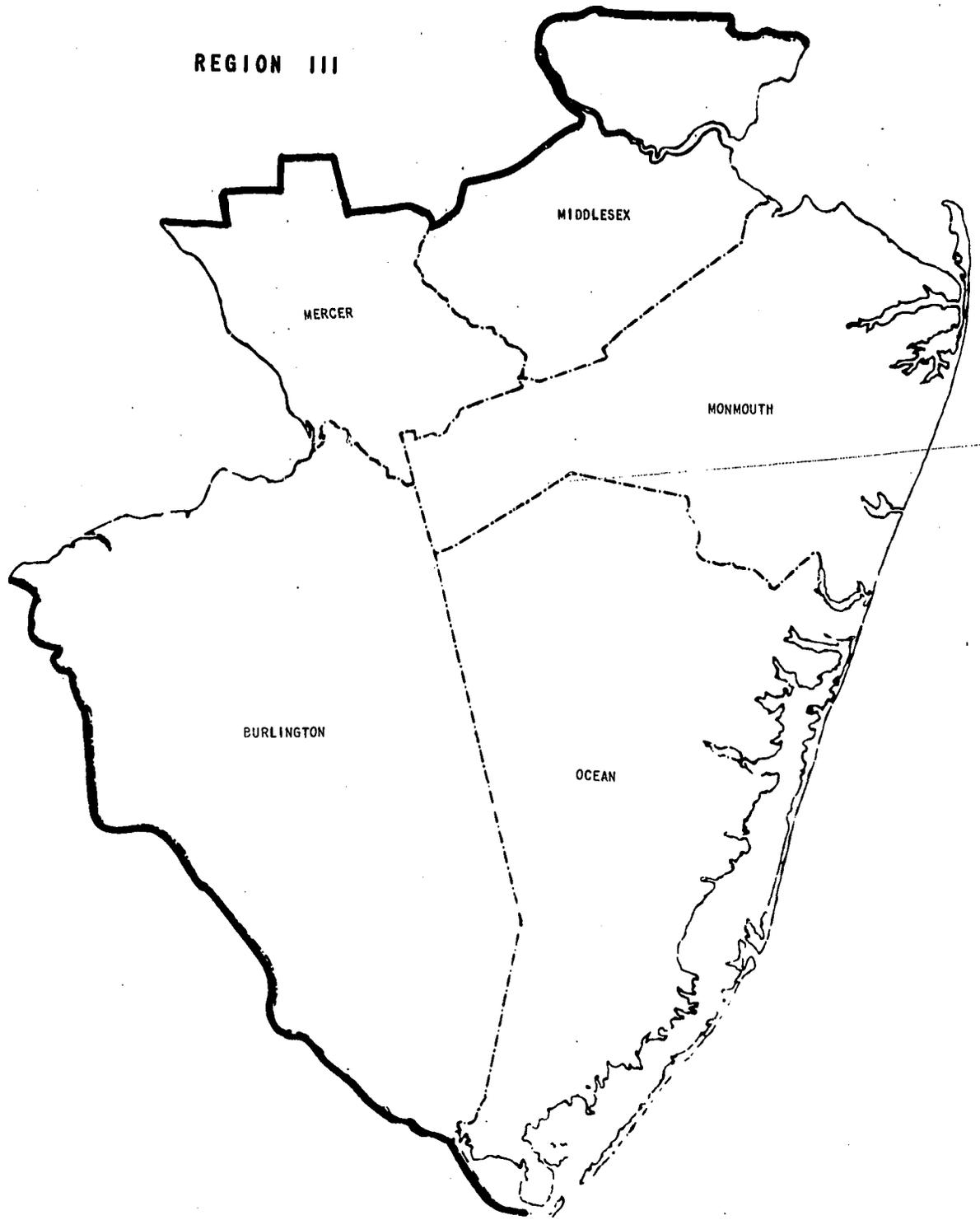
Region II has the lowest population figure for 1967 - 748,120 of all of the regions and the lowest density as well - 352 persons per sq. mi. Region II has the highest percentage of land devoted to agriculture use - 34.0% and the lowest percentage devoted to industrial use - 0.6%. The entire region has a rural farm characteristic, with the notable exceptions occurring in the southern and central sections of the region where the growth has far exceeded the remaining sections of the region. Region II has the largest percentage of total dwelling units devoted to single family - 87.5% in 1967. This is a good indicator of the suburban rural characteristic of the region. The population growth of the region has suffered somewhat due to the excessive slopes that occur in the western section of the region. Here are the ridges of the Kittatinny Mountains and other smaller ranges. The region also contains a large number of lakes compared to the other regions and these have lent themselves to summer as well as year around development. Some of the future development of this region is contingent upon the development of adequate highways and roads to serve the area. Much of the traffic is now handled on a few routes - 23, 206, 94, 46, 69. Several new interstate routes have opened up sections of the region - namely 80 in the central section and 78 in the southern section of the region. The Tock's Island Project that is planned for the northern section of the region should bring new interest into the region and spur development to a certain degree.

At the present time facilities for the retarded in this region are as follows:

Day Facility Only	19
Residential Facility Only	1
Clinic Only	2

There are plans to construct three more Day Facilities Only and to add to an existing one. A new State Institution will also be constructed. Additions will also be made to an existing Diagnostic and Evaluation Clinic, Day Facility, Residential Facility. These plans will enable this region to provide service to approximately 550 additional retardates.

REGION III



### REGION III

Counties: Burlington, Mercer, Middlesex, Monmouth, Ocean

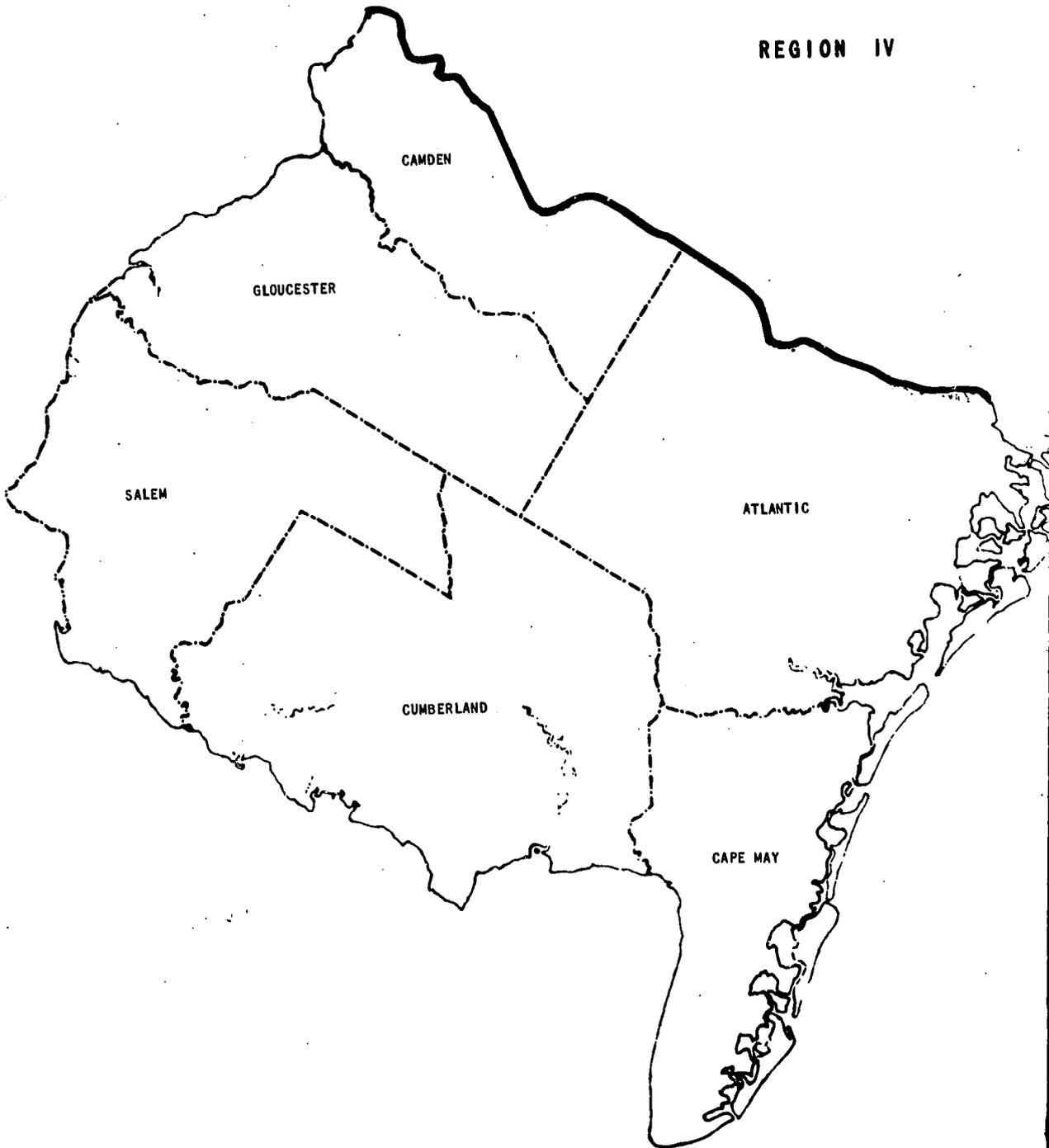
Region III contains the heart of the suburban section of New Jersey. Here are the fastest growing areas of New Jersey and available undeveloped land as well as a rapid conversion of agricultural land to suburban use. This area has the lowest median age, an important indicator of the young families that are typical of this area of the State. There are no major impediments to future development. The most notable exception to this is the large area devoted to federal use - and the large area devoted to state forest. These two areas have tended to limit the east-west development that might have occurred in the southern section of this region. The northern section of this region has been greatly influenced by the northeast and is a rapidly growing area of the State. Although almost 30% of the region is devoted to agricultural uses, these are concentrated in the southern section of the region for the most part. The region is well served by the Turnpike and the Parkway as well as routes 72, 70, 130, 1, 9 and many others.

At the present time facilities for the retarded in this region are as follows:

Diagnostic and Evaluation Clinic	2
Residential Facility	
Day Facility Only	19
Clinic Only	1
Residential Facility Only	1
Diagnostic and Evaluation Clinic, Day Facility	1

There are plans to construct four new Day Facilities Only and to add to two existing ones. Additions will also be made on two existing Diagnostic and Evaluation, Residential Facilities. These plans will enable this region to provide service to approximately 150 additional retardates.

**REGION IV**



## REGION IV

Counties: Atlantic, Camden, Cape May, Cumberland, Gloucester,  
Salem

Region IV has a high percentage of its available land undeveloped - a total of 44.4% in 1967. These are the southern most areas of New Jersey and are strongly influenced by the fact that they are surrounded on three sides by water - the Atlantic Ocean on the east, the Delaware Bay on the south, and the Delaware River on the west. Although many recent developments both in terms of bridges and ferries have aided this lack of access, this area still remains one of the least accessible of all the regions. Physically speaking, the region displays the following characteristics - low and level land not impeded by any excessive slopes, a degree of wetlands and marshes along the shores of the interior rivers, and especially along the ocean side, and very fertile soils. There is a strong agricultural orientation and the industrial activity is found in fringes along the Delaware River. The high percentage of persons over 65 - 10.1% is influenced by the fact that many of the areas in the eastern section of the region lend themselves to retirement communities and this trend has been growing over the past few years. The location of Philadelphia has caused much of the western section of the region to orient itself towards suburbanization and new industrialization, which contrasts sharply with the rural nature of the southern section of the region. The eastern section has a high degree of the State's resort activity. The bulk of the transportation facilities are oriented toward east-west movement, i.e., from the Philadelphia area to the resort areas. These are mainly, routes - 30, 42, 40, 322, 49, 47 and the new Atlantic City Expressway. The western section is well served by the New Jersey Turnpike and Route 130, as well as the new route 295.

At the present time facilities for the retarded in this region are as follows:

Diagnostic and Evaluation Clinic	2
Day Facility, Residential Facility	
Diagnostic and Evaluation Clinic, Day Facility	6
Clinic Only	1
Day Facility Only	13
Residential Facility Only	2

There are plans to construct three new Day Facilities Only, one new Diagnostic and Evaluation Clinic, Day Facility, Residential Facility, one new Diagnostic and Evaluation Clinic, Day Facility, two new Diagnostic and Evaluation Clinics, Residential Facilities, and to make additions to an existing Residential Facility Only. These plans will enable this region to provide service to approximately 400 additional retardates.

**INSTRUCTIONS for completing Form PHS-4774-1, Inventory – General Data**  
Mental Retardation Facilities Construction Program

1. Enter name or number of service area.

From State File Information, Form A, obtain the following data:

2. Enter the city or town, county, and name of facility, listing all facilities in each city or town consecutively in alphabetical order.
3. Check one: A – diagnostic/evaluation clinic; B – day facility; C – residential facility.
- 4-5. Enter type of ownership of property and sponsorship of programs within facility, using the following codes:

NONPROFIT		PUBLIC	PROPRIETARY		
01	Community nonprofit association	11	City	21	Individual
02	Church	12	County	22	Partnership
03	Fraternal order	13	State	23	Corporation
04	Other nonprofit	14	Other public	24	Other proprietary

6. Enter interest program sponsor has in property, using the following codes:  
A – own; B – rent or lease; C – free use.

From State File Information, Form B, obtain the following data:

7. Enter number of buildings in facility by design classification in the following coded columns:  
A – originally designed as a facility for the mentally retarded.  
B – remodeled into a facility for the mentally retarded.  
C – not designed or remodeled as a facility for the mentally retarded.
8. For the originally designed buildings (Item 7A), enter in column 8 a, the number Suitable; and in column 3 b, the number Unsuitable on the basis of established criteria for structural adequacy.

From State File Information, Form C, Item 3, obtain the following data:

9. Enter total number of different mentally retarded individuals served by the facility.
10. a, b, c, and d. Enter the number mentally retarded individuals served by level of retardation.
11. a, b, and c. Enter the number mentally retarded individuals served for each specified age group.

**INSTRUCTIONS for completing Form PHS-4774-2, Inventory – Services Data**  
Mental Retardation Facilities Construction Program

1. Enter name or number of service area.
2. From State File Information, Form A, enter the city or town, county, and name of facility listing all facilities in each city or town consecutively in alphabetical order.

From State File Information, Form C, obtain the following data:

3. Enter caseload for diagnostic and evaluation clinic program.
4. In column 4a, enter the total number of persons served in the day facility program. (See Item 4(b) of Form C).

## **INSTRUCTIONS for completing Form PHS-4774-2, Inventory – Services Data (conc.)**

For columns 4 b through 4 f, enter the caseload for each of the specified services, as shown on Form C, Items 4 b-1 through 4 b-5.

5. In column 5a, enter the total number of persons served in the residential facility program. (See Item 4(c) of Form C).

For columns 5 b through 5 f, enter the caseload for each of the specified services, as shown on Form C, Items 4 c-1 through 4 c-5.

## **INSTRUCTIONS for completing Form 4774-3, Summary and Programming Data Report Mental Retardation Facilities Construction Program**

**GENERAL:** For each city or town recorded on Form PHS-4774-1, a summarization of existing facilities and services should be entered in the appropriate columns. Similarly, information should be recorded by city or town, for additional facilities and services programmed within a four year period. Thus the data will be grouped so as to reveal the total mental retardation construction program within a particular city or town.

### **SPECIFICALLY:**

1. Enter name or number of area.
2. Enter the name of the county in column 2 a, and the city or town in column 2 b, for each of the existing and programmed facilities.
3. Enter "E" for existing and "P" for programmed facilities. For every entry of "E" or "P," there should be corresponding totals in columns 4 through 9.
4. Enter total number of "E" and "P" facilities in a particular city or town.
5. Check appropriate columns for both existing and programmed facilities. (See Form PHS-4774-1). Type of Program codes are as follows:  
A – diagnostic/evaluation clinic;      B – day facility;      C – residential facility.
6. Check appropriate columns (6a-f) for both existing and programmed services. For existing services, refer to Form PHS-4774-2, and for programmed services, use definitions contained in Sec. 54.101 of Regulations.
7. Check appropriate columns (7a-d) for both existing and programmed services. For existing services, see Form PHS-4774-1.
8. Check appropriate columns (8a-c) for both existing and programmed services. For existing services, see Form PHS-4774-1.
9. For "E" in column 3, record total number of mentally retarded individuals served, as shown on Form PHS-4774-1, column 9.

For "P" in column 3, enter the total number of additional mentally retarded individuals for whom additional services are programmed.

Chapter VI

Inventory of Existing Services and Facilities

STATE PLAN  
COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:  
BUREAU OF THE BUDGET  
NO. 33-RD-118

FISCAL YEAR  
1969-70  
STATE  
N.J.

INVENTORY - GENERAL DATA

Page 1 of 39 pages

1	LOCATION		2c	3	4	5	6	MENTALLY RETARDED PERSONS SERVED IN FACILITY						9					
	2a	2b						LEVEL OF RETARDATION							AGE GROUPING				
AREA	CITY OR TOWN	COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP OF FACILITY (CODE)	TOTAL NUMBER OF PERSONS SERVED	TOTAL	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)
I	Hackensack	Bergen	Bergen - Passaic ARC Day Care Center	F	A	29	29			5	20	4	11	14	4				ABCD EFG
I	Hackensack	Bergen	Child Evaluation Center Hackensack Hospital	E	A	200	100	50	23	12	10	5	35	65					
I	Hackensack	Bergen	August H. Hoehme Memorial Rehabilitation Center	F	A	35	35	9	19	7					9	26			
I	Hackensack	Bergen	Bergen - Passaic Unit ARC Hackensack Pre-School Program	F	A	5	5			1	3	1	5						
I	Midland Park	Bergen	Bergen - Passaic Unit ARC - Day Care Center	F	A	21	21			3	17	1	6	12	3				
I	Midland Park	Bergen	Bergen - Passaic Unit ARC - Midland Park	F	A	4	4			1	3		4						
							STATE TOTAL												



STATE PLAN  
COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:  
BUREAU OF THE BUDGET  
NO. 83-R0-118

FISCAL YEAR STATE

1969-70 N.J.

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INVENTORY - GENERAL DATA

AREA	LOCATION		NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP OF FACILITY (CODE)	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY								SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)					
	CITY OR TOWN	COUNTY					LEVEL OF RETARDATION		AGE GROUPING											
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9	
I	Bloomfield	Essex	Essex Unit ARC Bloomfield Pre School Program	F	A	8	8		7	1				8						
I	East Orange	Essex	Essex County Guidance Center	E	B	389	108	69	23	15	1									GH
I	East Orange	Essex	Essex Unit ARC Guidance Clinic	E	A	1000	970	130	150	240	400	50								F
I	East Orange	Essex	Essex Unit ARC East Orange Pre-School Program	F	A	10	10			9	1					10				
I	Newark	Essex	Child Evaluation Unit Babies' Hospital	E	A	50	48	10	18	10	10			12	20	16				ABCD EFG
I	Newark	Essex	Essex Unit ARC Independent Living Program	F	A	18	18	5	5	8										
			STATE TOTAL.																	



STATE PLAN  
COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:  
BUREAU OF THE BUDGET  
NO. 63-50-118

FISCAL YEAR  
1969-70  
STATE  
N.J.

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INVENTORY - GENERAL DATA

AREA	LOCATION		COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY								SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)							
	CITY OR TOWN	CITY OR TOWN						2a	2b	2c	3	4	5	6	LEVEL OF RETARDATION				AGE GROUPING				
											7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f		
I	Jersey City	Hudson	Hudson	Hudson Unit ARC Activity Program	F	A	6	6					4	2					6				BCEFG
I	Jersey City	Hudson	Hudson	Hudson Unit ARC Day Care Center	F	A	16	16						16									
I	Jersey City	Hudson	Hudson	Occupational Center of Hudson County	F	A	150	79					23	38	14	4			23	50	6		G
I	North Bergen	Hudson	Hudson	Hudson County Unit ARC Pre-School Program	F	A	7	5							1								CDFG
I	Clifton	Passaic	Passaic	Gruenert Nursery for Exceptional Children	F	A	11	11					3	8		11							
I	Paterson	Passaic	Passaic	Child Evaluation Unit Barnert Memorial Hosp.	E	A	443	291					130	43	58	46	14		58	87	59		ABCD EFG
I	Paterson	Passaic	Passaic	Joseph Feinman Vocational Center	F	A	35	35					10	20	5				1	34			
				STATE TOTAL																			



STATE PLAN  
COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:  
BUREAU OF THE BUDGET  
NO. 83-R0-118

FISCAL YEAR

1969-70

STATE

N.J.

INVENTORY - GENERAL DATA

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AREA	LOCATION		NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP OF FACILITY (CODE)	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY						SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)							
	CITY OR TOWN	COUNTY					LEVEL OF RETARDATION		AGE GROUPING											
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9	
I	Cranford	Union	Union County Unit ARC Cranford Pre-School Program	F	A	10	10		4	2			10							CD
I	Elizabeth	Union	Occupational Center of Union County	B	A	150	120	35	38	33	12	2			19	95	6			ABCD EFG
I	Elizabeth	Union	Union County Unit ARC Elizabeth Pre-School Program	F	A	4	4		1	3			4							CD
I	Murray Hill	Union	Union County Unit ARC Murray Hill Pre-School Program	F	A	6	6	1	3	1	1		6							D
I	Plainfield	Union	Union County Unit ARC Plainfield Pre-School Program	F	A	5	5	1	1	2	1		5							D
I	Union	Union	Institute of Child Development (Newark State College)	B	B	1250	300	65	95	102	30	8	74	138	50	37	1			
			STATE TOTAL																	

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TYPE	LOCATION		COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY						SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)							
	CITY OR TOWN							LEVEL OF RETARDATION		AGE GROUPING											
	2a	2b	2c		3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9	
I	Winfield Park	Union	H.W. Kohler Day Care Center (Union ARC)	F	A	40	40	40				34	6	4	19	17					ABCD EFG
II	Clinton	Hunterdon	Hunterdon State School	G	B	134	134	134	1	2	17	39	75	37	58	26	10				ABCD EFG
II	Flemington	Hunterdon	Hunterdon Unit ARC Activities Program	F	A	10	10	10			8	2									CDEFG
II	Flemington	Hunterdon	Child Evaluation Center Hunterdon Medical Center	E	A	500	150	150	80	50	20			38	78	24	10				ABCD EFG
II	Flemington	Hunterdon	Hunterdon Unit ARC Day Care Program	F	A	9	9	9			2	7			3	6					CDEFG
II	Flemington	Hunterdon	Hunterdon Unit ARC Pre-School Program	F	A	7	7	7			6	1			7						CDEFG
II	Butler	Morris	Morris Unit ARC Butler Pre-School Program	F	A	4	4	4			2	2			4						ABCD EFG
			STATE TOTAL																		

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	CITY OR TOWN	2a							2b	2c	LEVEL OF RETARDATION									
									7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9
II	Convent Station	Morris	Morris	Morris Unit ARC Activity Center	F	A	8	8		3	3	2					8			ABCD EFG
II	Dover	Morris	Morris	Morris Unit ARC Day Care Center	F	A	23	23				23			17	6				ABCD EFG
II	Morristown	Morris	Morris	Child Evaluation Center Morristown Memorial Hospital	E	A	212	100	53	33	14				30	50	16	4		ABCD EFG
II	Morristown	Morris	Morris	Morris Unit ARC Morristown Pre-School Program	F	A	10	10		2	5	3			10					ABCD EFG
II	Morristown	Morris	Morris	Occupational Training Center for the Handicapped	F	C	150	70	43	22	4	1				25	40	5		G
II	Pompton Plains	Morris	Morris	Valley Organization for Life Training, Inc.	F	A	8	8			8						8			
				STATE TOTAL																

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AREA	LOCATION		CITY OR TOWN	COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY												
	2a	2b							2c	3	4	5	LEVEL OF RETARDATION				AGE GROUPING				
								TOTAL	BORDERLINE (68-83 IQ)	MILD (50-67 IQ)	MODERATE (35-49 IQ)	SEVERE (20-34 IQ)	PROFOUND (BELOW 20 IQ)	0-5 YEARS	6-12 YEARS	13-20 YEARS	21-44 YEARS	45-64 YEARS	65 YEARS AND OVER	SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)	
I								6													
II	Randolph	Morris			Morris Unit ARC Randolph Pre-School Program	F	A	8	2	4	2										ABCD EFG
II	Manville	Somerset			Raritan Valley Unit ARC Somerset Activity Center	F	A	6		4	2					6					C
II	Manville	Somerset			Somerset County Day Care Center	F	B	13	1	2	6		4		8	1	4				ABCD EFG
II	Somerville	Somerset			Raritan Valley Unit ARC Somerville Pre-School Program	F	A	8	1	6	1			6	2						BC
II	Somerset	Somerset			Raritan Valley Workshop	F	C	39	18	3					7	14					D
II	Newton	Sussex			Sussex County Unit ARC Day Care Center	F	A	8		2	2		4								
					STATE TOTAL																

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AREA								LEVEL OF RETARDATION			AGE GROUPING							OTHER HANDICAPPING SERVICES FOR RETARDED WITH CONDITIONS (CODE)		
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c	8c	8d		8e	8f
II	Newton	Sussex	Sussex County Unit ARC Pre-School Program	F	A	8	8	1	5	2			6	2						
II	Washington	Warren	Warren County Unit ARC Activities Program	F	A	14	14	2	11	1						13		1		
II	Washington	Warren	Warren County Unit ARC Day Care Center	F	B	24	24	2	7	12				8	4	12				ABCD EFG
II	Washington	Warren	Warren County Unit ARC Pre-School Program	F	A	5	5	4	1										5	
III	Bordentown	Burlington	E.R. Johnstone Training and Research Center	C	B	420	420	100	225	80	15			65	240	100				ABCD EFG
			STATE TOTAL																	

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AREA	LOCATION		COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP OF FACILITY (CODE)	TOTAL NUMBER OF PERSONS SERVED	TOTAL	MENTALLY RETARDED PERSONS SERVED IN FACILITY								SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)				
	CITY OR TOWN	2a							2b	2c	3	4	5	6	LEVEL OF RETARDATION				AGE GROUPING		
									7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9	
III	Hainesport	Burlington	Burlington County	Burlington County Unit ARC Day Care Program	F	A	13	13			5	3			12	1					
III	Hainesport	Burlington	Burlington County	Burlington County Unit ARC Independent Living Program	F	A	8	8	1		4	3					8				
III	Hainesport	Burlington	Burlington County	Burlington County Unit ARC Pre-School Program	F	A	17	17			13	3	1		17						
III	Mount Holly	Burlington	Burlington County	Drenk Memorial Guidance Center	E	A	950	100	60	25	10	5		36	39	17	8			G	
III	Mount Holly	Burlington	Burlington County	Occupational Training Center of Burlington County	F	A	40	30	5	19	6					3	24	3		ABCEG	
III	New Lisbon	Burlington	Burlington County	State Colony at New Lisbon	C	B	1256	1256	104	293	450	294	115		18	275	587	314	62		ABCD EFG
				STATE TOTAL																	

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SERIAL NUMBER	LOCATION		CITY OR TOWN	COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP	TYPE OF FACILITY (CODE)	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY									
	LEVEL OF RETARDATION									AGE GROUPING						SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)			
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c		8d	8e	8f
III	Trenton	Mercer			Mercer County Unit ARC Adult Activities Center	F	A	13	6		2	7	4		4	8	1		ABC/D EFG
III	Trenton	Mercer			Mercer County Unit ARC Day Care Center	F	B	37	6	4	21	12		17	11	8	1		ABC/D EFG
III	Trenton	Mercer			Mercer County Unit ARC Occupational Training Center	F	A	70	6						50	20			ABC/D EFG
III	Trenton	Mercer			Mercer County Unit ARC Pre-School Program	F	A	15	6	15				7					ABC/D EFG
III	Trenton	Mercer			Mercer County Unit ARC Young Adult Class	F	A	13	6	13									ABC/D EFG
III	Avenel	Middlesex			Woodbridge State School	G	B	997	6	9	79	329	580	321	424	151	98	3	ABC/D EFG
					STATE TOTAL														

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AREA	LOCATION		COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY													
	CITY OR TOWN	2a						2b	2c	LEVEL OF RETARDATION						AGE GROUPING				SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)	
										7a	7b	7c	7d	7e	8a	8b	8c	8d	8e		8f
1					3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9	
III	Metuchen	Middlesex		Raritan Valley Unit ARC Metuchen Day Care Program	F	A	8	8			5	1	8	6	2		6				C
III	New Brunswick	Middlesex		Raritan Valley Unit - ARC Anna Starr Independent Living Center	F	A	6	6													
III	New Brunswick	Middlesex		Raritan Valley Unit ARC New Brunswick Pre-School Program	F	A	10	10		1	8	1		8	2						C
III	Old Bridge	Middlesex		Raritan Valley Unit ARC Old Bridge Day Care Program	F	A	8	8				7	1	3	5						
III	Perth Amboy	Middlesex		Raritan Valley Unit ARC Perth Amboy Pre- School Program	F	A	10	10	2		7	1		8	2						C
				STATE TOTAL																	



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AREA	LOCATION		COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP OF FACILITY (CODE)	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY														
	CITY OR TOWN							LEVEL OF RETARDATION				AGE GROUPING				SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)						
1	2a	2b	2c	2c	3	4	5	6	7a	7b	7c	7d	7e	8a	8b		8c	8d	8e	8f	9	
IV	Atlantic City	Atlantic	Atlantic County Unit ARC Pre-School Program	F	A	10	6	6	6	4	4			1	9							
IV	Egg Harbor City	Atlantic	Atlantic County Unit ARC Day Care Center	F	A	3	3	3		1	1	2	2	3	3							
IV	Pleasantville	Atlantic	Atlantic County Unit ARC Day Care Center	F	A	7	7	7		2	2	2	2	1	4	2						
IV	Atco	Camden	Happy Times Center	B	A	77	56	56	30	26	30			13	25	12	6				ABCD EFG	
IV	Camden	Camden	Goodwill Industries of Southern New Jersey	B	A	100	15	15	15						4	9	2				ABCD EFG	
IV	Camden	Camden	Our Lady of Lourdes Hospital	B	A	65	8	8	2	1	1	4	2		3	3					ABEGH	
					STATE TOTAL																	

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AREA	LOCATION		COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY						SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)					
	CITY OR TOWN							LEVEL OF RETARDATION		AGE GROUPING									
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9
IV	Cherry Hill	Camden		Camden County Day Care Center	F	B	30			7	20	3			3				ABCD EFG ABCD EFG
IV	Haddonfield	Camden		The Bancroft School	A	A	785												
IV	Haddonfield	Camden		League to Aid the Retarded - Nursery School	F	A	35	6	8	9	12		29	6					
IV	Lakeland	Camden		Camden County Psychiatric Hospital Juvenile Clinic	B	A	115	41	10	2	2		2	15	35	2	1		EG
IV	Lindenwald	Camden		Camden County Unit ARC Occupational Training Center	F	A	35	6	7	15	7				11	24			ABCEFG
IV	West Collingswood	Camden		Community Child Guidance Clinic of Camden County	E	A	700	50	26	11	2		18	43	38				G
				STATE TOTAL															

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AREA	LOCATION		NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP	TOTAL NUMBER OF PERSONS SERVED	TOTAL	MENTALLY RETARDED PERSONS SERVED IN FACILITY							SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)				
	CITY OR TOWN	COUNTY						2c	3	4	5	6	LEVEL OF RETARDATION						
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9
IV	Wildwood Crest	Cape May	Cape May County Unit ARC Day Care Center	F	A	6	6			1	5								
IV	Woodbine	Cape May	State Colony at Woodbine	G	B	1174	1174	3	38	93	188	852							
IV	Vineland	Cumberland	American Institute for Mental Studies Training School Unit	A	A	343	343	80	67	80	62	54			52	165	70	19	
IV	Vineland	Cumberland	Cumberland County Unit ARC Day Care Center	F	B	7	7				7								
IV	Vineland	Cumberland	Cumberland-Salem Unit ARC- Occupa- tional Center	F	A	12	12												
IV	Vineland	Cumberland	Cumberland-Salem Unit ARC Pre-School Program	F	A	5	5												
			STATE TOTAL																

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	CITY OR TOWN	CITY OR TOWN						LEVEL OF RETARDATION		AGE GROUPING									
	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9
IV	Vineland	Cumberland	Vineland State School	G	B	1902	1902	45	195	223488	951			161	392	713	476	150	ABCDEF
IV	Pitman	Gloucester	Gloucester County Unit ARC Day Care Center	F	A	19	15			4	6	5		13	2				C
IV	Woodbury	Gloucester	Abilities Center	B	A	45	28	11	11	6					10	16	2		BCFG
IV	Salem	Salem	Cumberland-Salem Unit ARC Day Care Center	F	A	3	3												
IV	Salem	Salem	Cumberland-Salem Unit ARC Occupational Center	B	A	57	39	18	14	6	1	0			19	18	2		BCDEF
IV	Salem	Salem	Cumberland-Salem Unit ARC Pre-School Program	F	A	5	5												
			STATE TOTAL			16,850	12,000	145719582305	26933080	70317262231	2851128	249							

INVENTORY - SERVICES DATA FOR MENTALLY RETARDED PERSONS SERVED ONLY

AREA	LOCATION		COUNTY	NAME OF FACILITY	DIAGNOSIS & EVALUATION CLINIC ONLY	TOTAL NUMBER SERVED	DAY FACILITY					RESIDENTIAL FACILITY								
	CITY OR TOWN						2c	4a	4b	4c	4d	4e	4f	4g	5a	5b	5c	5d	5e	5f
							AVERAGE DAILY CASE LOAD IN SERVICES					AVERAGE DAILY CASE LOAD IN SERVICES								
							TOTAL NUMBER SERVED	DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	PERSONAL CARE	SHELTERED WORKSHOP	TOTAL NUMBER SERVED	DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1						3														
I	Hackensack		Bergen	Bergen-Passaic ARC Day Care Center		29		18	11	29										
I	Hackensack		Bergen	Child Evaluation Center Hackensack Hospital	100	35	8	7	35	20										
I	Hackensack		Bergen	August H. Hoehme Memorial Rehabilitation Center		5		5	5	5										
I	Hackensack		Bergen	Bergen-Passaic Unit ARC Pre School Program		21		15	6	21										
I	Midland Park		Bergen	Bergen-Passaic Unit ARC Day Care Center		4		4	4	4										
I	Midland Park		Bergen	Bergen-Passaic Unit ARC Midland Park Pre School Program		8		8	8	8										
I	Bloomfield		Essex	Essex Unit ARC Bloomfield Pre School Program																
							STATE TOTAL													











INVENTORY - SERVICES DATA FOR MENTALLY RETARDED PERSONS SERVED ONLY

AREA	LOCATION		NAME OF FACILITY	DIAGNOSIS & REEVALUATION CLINIC ONLY	TOTAL NUMBER SERVED	DAY FACILITY					RESIDENTIAL FACILITY								
	CITY OR TOWN	COUNTY				4a	4b	4c	4d	4e	4f	4g	5a	5b	5c	5d	5e	5f	5g
I	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	4g	5a	5b	5c	5d	5e	5f	5g	
II	Morristown	Morris	Child Evaluation Center Morristown Memorial Hospital	100	10			10	10	10									
II	Morristown	Morris	Morris County Unit ARC Morristown Pre School Program		70	29			25	70	30								
II	Morristown	Morris	Occupational Training Center for the Handi- capped		8				8	8									
II	Pempton Plains	Morris	Valley Organization for Life Training, Inc.		8				8	8									
II	Randolph	Morris	Morris Unit ARC Randolph Pre School Prog		8			8	8	8									
II	Manville	Somerset	Raritan Valley Unit ARC Somerset Activity Center		6			6	6	6									
II	Manville	Somerset	Somerset County Day Care Center		13				13	13									
				STATE TOTAL															







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APR 70	LOCATION		NAME OF FACILITY	DIAGNOSIS & EVALUATION CLINIC ONLY	TOTAL NUMBER SERVED	DAY FACILITY						RESIDENTIAL FACILITY						
	CITY OR TOWN	COUNTY				2c	4a	AVERAGE DAILY CASE LOAD IN SERVICES					TOTAL NUMBER SERVED	AVERAGE DAILY CASE LOAD IN SERVICES				
								4b	4c	4d	4e	4f		4g	5b	5c	5d	5e
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	4g	5a	5b	5c	5d	5e	5f	5g
III	New Brunswick	Middlesex	Raritan Valley Unit ARC New Brunswick Pre School Program		10			10		10		10						
III	Old Bridge	Middlesex	Raritan Valley Unit ARC Old Bridge Day Care Prog		8				8									
III	Perth Amboy	Middlesex	Raritan Valley Unit ARC Perth Amboy Pre School Program		10			10		10								
III	Piscataway	Middlesex	Raritan Valley Unit ARC Piscataway Pre School Program		8			8		8								
III	Red Bank	Monmouth	Monmouth County Unit ARC Day Care Center		73		11	25	37	73								
STATE TOTAL																		





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LOCATION		NAME OF FACILITY		DAY FACILITY		RESIDENTIAL FACILITY											
AREA	CITY OR TOWN	COUNTY	2c	4a	AVERAGE DAILY CASE LOAD IN SERVICES					TOTAL NUMBER SERVED	AVERAGE DAILY CASE LOAD IN SERVICES						
					DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	PERSONAL CARE		SHELTERED WORKSHOP	DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	4a	4b	4c	4d	4e	4f	4g	5a	5b	5c	5d	5e	5f	5g
IV	Haddonfield	Camden	The Bancroft School	393	123	142	63	30	393	10	103	103	100	75	15		
IV	Haddonfield	Camden	League to Aid the Retarded - Nursery School	35			35	35	35								
IV	Lakeland	Camden	Camden County Psychiatric Hospital-Juvenile Clinic	55													
IV	Lindenwald	Camden	Camden County Unit ARC Occupational Training Center	35	12			8	35	35							
IV	West Collingswood	Camden	Community Child Guidance Clinic of Camden County	99													
IV	Wildwood Crest	Cape May	Cape May County Unit ARC Day Care Center	6				6	6								
IV	Woodbine	Cape May	State Colony at Woodbine								1188	1167	1167	450	1167	1188	
STATE TOTAL																	













COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED  
BUREAU OF THE BUDGET NO. 83-RD-118

FISCAL YEAR. STATE

1969-70 N.J.

PROGRAMMING DATA REPORT

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AREA	LOCATION		3a	3b	SERVICES TO BE OFFERED (Check)						LEVEL OF RETARDATION TO BE SERVED (Check)					AGE GROUPING TO BE SERVED (Check)					7	8	9	
	CITY OR TOWN	COUNTY			2a	2b	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	6a	6b	6c				6d
IV	Vineland	Cumberland	G	1, 3	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	0	1902	ABCDEFG
IV	Woodbury	Gloucester	C	1, 3	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	80	200	ABCDEFG
IV	Not Decided	Gloucester	F	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	30	40	ABCDEFG
IV	Salem	Salem	B	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	20	90	ABCDEFG
IV	Not Decided	Salem	F	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	37	40	ABCDEFG
STATE TOTAL																						1552	9225	

## Chapter VII

### Determination of Priorities

#### A. Priorities by Region

Upon the recommendation of the Mental Retardation Planning Board the New Jersey State Plan for the Construction of Mental Retardation Facilities has assigned priorities for construction applications on the basis of the four service regions identified in the Plan. All projects, regardless of type, will therefore be considered for approval primarily in accordance with the priority of the region in which they are located.

#### B. Method of Determining Regional Priorities

Federal guidelines require that the following seven factors be considered in determining regional priorities:

1. Need for services and facilities.
2. Percent of families with low incomes.
3. Per capita income.
4. Education (median school years completed).
5. Health (rate of infant mortality).
6. Special needs of particular groups.
7. Availability of community resources.

It is further specified that each of the seven factors be assigned a weight based upon relative importance in determining regional needs. Factors #6 and #7 may not be weighted more than one (1) without special approval. Weights were assigned to each of the seven factors by the Mental Retardation Planning Board as follows:

<u>Factor</u>	<u>Weight</u>
Need for services and facilities	5
Families with low income	2
Per capita income	2
Education	2
Health	2
Special needs of particular groups	1
Availability of community resources	1

#### C. Ranking and Weighting of Factors

##### 1. Ranking

Data to establish the relative need (rank) in each of the four regions for each of the seven factors was gathered as follows:

1. Ranking cont'd

- a. Need for Services and Facilities - Survey data from the inventory of existing services and facilities (Chapter VI) was used to determine the present availability of services and facilities. The relative need for each region was computed by subtracting this figure from the total number estimated to need service in each region (1% of the population). Each region was then ranked in terms of relative needs as follows:

Region III	Greatest need
Region II	
Region I	
Region IV	Least need

- b. Percent of Families with Low Income - The United States Department of Commerce 1960 Census data was used to determine the percentage of families in each region with annual incomes under \$3,000. Each region was then ranked in terms of this factor as follows:

Region IV	Greatest % of low income families
Region III	
Region I	
Region II	Smallest % of low income families

- c. Per Capita Income - The United States Department of Commerce Supplementary Reports were used to establish the per capita income for each of the four regions. Regions were then ranked from lowest to highest per capita income as follows:

Region IV	Lowest per capita income
Region III	
Region II	
Region I	Highest per capita income

- d. Education - Data was developed to provide information on the median number of school years completed by residents in each of the four regions. Regions were then ranked from lowest to highest number of school years completed as follows:

Region IV	Lowest number of school years completed
Region I	
Region III	
Region II	Highest number of school years completed

- e. Health - Data provided by the Public Health Statistics Program, New Jersey Department of Health, on infant mortality per 1,000 live births was used in accordance with the requirement that this factor be based on the rate of infant mortality. Regions were ranked from high to low infant mortality as follows:

Region IV	High infant mortality
Region I	
Region III	
Region II	Low infant mortality

- f. Special Needs of Particular Groups - Regional rankings for this factor dealing with the needs of those mentally retarded individuals with additional handicaps and those beyond school age were assigned by the State Agency and the New Jersey Mental Retardation Planning Board. Planning Board members representing other departments in State government were particularly helpful in assigning the ranks which follow:

Region I	Greatest need
Region III	
Region IV	
Region II	Lowest need

- g. Present Availability of Community Resources - This factor deals with the availability to the mentally retarded of generic services providing health, welfare, education, rehabilitation and employment services, and their utilization by the mentally retarded. Rankings were jointly assigned by the State Agency and the Mental Retardation Planning Board from the region of greatest need to the region of lowest need as follows:

Region II	Greatest need
Region IV	
Region III	
Region I	Lowest need

## 2. Weighting of Factors

Once the rank of each of the four regions was established for each of the seven factors, the weights noted in section B above were applied to obtain a product (rank x weight) for each factor within each region. The regions were then ranked again on the basis of the arithmetic sum of these products. The following chart summarizes this process.

SUMMARY OF REGIONAL PRIORITIES

Factor	Region I		Region II		Region III		Region IV					
	Rank*	Weight**	Rank	Weight	Rank	Weight	Rank	Weight				
Need for Services	2	5	10	3	5	15	4	5	20	1	5	5
Low Income	2	2	4	1	2	2	3	2	6	4	2	8
Per Capita Income	1	2	2	2	2	4	3	2	6	4	2	8
Education	3	2	6	1	2	2	2	2	4	4	2	8
Health	3	2	6	1	2	2	2	2	4	4	2	8
Special Needs	4	1	4	1	1	1	3	1	3	2	1	2
Availability of Resources	1	1	1	4	1	4	2	1	2	3	1	3
Total			33	Total		30	Total		45	Total		42

\* Rank - 4 represents greatest need; 1 represents least need.  
 \*\* Weight - 5 represents greatest weight; 1 represents least weight.  
 \*\*\* Greatest need represented by highest total.

D. Detailed Data on Factors

Regional determination of rankings for each factor was made from data found in the appendix.

E. Regional Construction Priorities

In accordance with the data established in the table on the previous page, applications for construction projects of relatively equal scope and merit will be judged on the basis of the following priorities:

Region III	Highest priority
Region IV	
Region I	
Region II	Lowest priority

F. Priorities Within Regions

If there are two or more applications from within the same region, priority will be assigned to the facility offering the more comprehensive range of services taking into consideration the regional needs for service as identified in the Appendix.

Appendix

COMPARATIVE DATA ON SEVEN FACTORS  
FOR FOUR SERVICE REGIONS

Factor 1. - Need for Services and Facilities

Region I - Population 3,499,950

Counties: Bergen, Essex, Hudson, Passaic, Union

<u>Type of Services</u>	<u>Available</u>
1. Diagnostic Services	2,090
2. Treatment Services	0
3. Educational Services	
a. Pre-School	79
b. School Age	8,370
4. Day Training Services	171
5. Vocational Services	432
Total	11,142
Services required: (1% of population)	35,000
Services still needed:	23,858
% of Services not met:	68.2%

Relative Service Needs Within Region

Treatment Services	High Need
Day Training Services	
Vocational Services	
Pre-School Services	
School Age Services	
Diagnostic Services	Low Need

Factor 1. - Need for Services and Facilities (continued)

Region II - Population 748,120

Counties: Hunterdon, Morris, Somerset, Sussex, Warren

<u>Type of Services</u>	<u>Available</u>
1. Diagnostic Services	250
2. Treatment Services	0
3. Educational Services	
a. Pre-School	50
b. School Age	1,716
4. Day Training Services	77
5. Vocational Services	99
Total	2,184
Services Required: (1% of population)	7,481
Services still needed:	5,297
% of Services not met:	70.8%

Relative Service Needs Within Region

Treatment Services	High Need
Vocational Services	
Day Training Services	
Diagnostic Services	
School Age Services	
Pre-School Services	Low Need

Factor 1. - Need for Services and Facilities (continued)

Region III - Population 1,777,760

Counties: Burlington, Mercer, Middlesex, Monmouth, Ocean

<u>Type of Services</u>	<u>Available</u>
1. Diagnostic Services	100
2. Treatment Services	0
3. Educational Services	
a. Pre-School	65
b. School Age	4,574
4. Day Training Services	160
5. Vocational Services	167
Total	5,066
Services Required: (1% of population)	17,778
Services still needed:	12,712
% of Services not met:	71.5%

Relative Service Needs Within Region

Treatment Services	High Need
Diagnostic Services	
Vocational Services	
Day Training Services	
School-Age Services	
Pre-School Services	Low Need

Factor 1. - Need for Services and Facilities (continued)

Region IV - Population 1,052,570

Counties: Atlantic, Cape May, Cumberland, Gloucester, Salem

<u>Type of Services</u>	<u>Available</u>
1. Diagnostic Services	162
2. Treatment Services	0
3. Educational Services	
a. Pre-School	55
b. School Age	4,214
4. Day Training Services	71
5. Vocational Services	185
Total	4,687
Services Required: (1% of population)	10,526
Services still needed:	5,839
% of Services not met:	55.5%

Relative Service Needs Within Region

Treatment Services	High Need
Day Training Services	
Vocational Services	
Diagnostic Services	
Pre-School Services	
School Age Services	Low Need

Regional Summary of Unmet Needs for  
Services and Facilities

Region	Population (1967)	Services Needed (1% of Population)	Needs Met	Needs Not Met	Percent of Needs not Met
I	3,429,950	35,000	11,142	23,858	68.2%
II	748,120	7,481	2,184	5,297	70.8%
III	1,777,760	17,778	5,066	12,712	71.5%
IV	1,052,570	10,526	4,687	5,839	55.5%

Ranking of Unmet Needs

	<u>% Unmet Needs</u>	<u>Rank</u>	<u>Need</u>
Region III	71.5%	4	Greatest
Region II	70.8%	3	
Region I	68.2%	2	
Region IV	55.5%	1	Least

Factor 2 - Percent of Families With Low Incomes

<u>Region I</u>	<u>No. of Families</u>	<u>Under \$3,000</u>	<u>%under \$3,000</u>	<u>Ratio Region/State</u>
Bergen	210,529	13,454		
Essex	242,735	31,203		
Hudson	164,812	20,964		
Passaic	109,824	13,495		
Union	135,129	10,480		
<b>Total</b>	<b>863,029</b>	<b>89,596</b>	<b>10.3%</b>	<b>.90/1</b>
<u>Region II</u>				
Hunterdon	14,117	2,024		
Morris	65,817	4,561		
Somerset	36,623	2,880		
Sussex	12,774	1,968		
Warren	16,778	2,727		
<b>Total</b>	<b>146,109</b>	<b>14,160</b>	<b>9.7%</b>	<b>.85/1</b>
<u>Region III</u>				
Burlington	50,684	5,687		
Mercer	66,447	7,645		
Middlesex	110,156	8,847		
Monmouth	83,901	12,028		
Ocean	29,088	5,918		
<b>Total</b>	<b>340,276</b>	<b>40,125</b>	<b>11.8%</b>	<b>1.03/1</b>
<u>Region IV</u>				
Atlantic	41,825	9,635		
Camden	100,849	11,332		
Cape May	12,696	3,296		
Cumberland	27,179	5,268		
Gloucester	34,536	4,634		
Salem	14,687	2,416		
<b>Total</b>	<b>231,772</b>	<b>36,581</b>	<b>15.8%</b>	<b>1.38/1</b>
<b>State Total</b>	<b>1,581,186</b>	<b>180,462</b>	<b>11.4%</b>	

Low Income Ranking

	<u>Ratio</u>	<u>Rank</u>	<u>Need</u>
Region IV	1.38/1	4	Greatest
Region III	1.03/1	3	
Region I	.90/1	2	
Region II	.85/1	1	Least

U.S. Census Population 1960 U.S. Dept. of Commerce

Factor 3 - Per Capita Income

<u>Region I</u>	<u>Population</u> <u>1960</u>	<u>Per Capita</u> <u>Income</u>	<u>Mean</u>	<u>Ratio</u> <u>Region/State</u>
Bergen	780,255	2,721		
Essex	923,545	2,454		
Hudson	610,734	2,040		
Passaic	406,618	2,091		
Union	504,255	2,629		
Total	3,225,407		2,421	1.07/1
<u>Region II</u>				
Hunterdon	54,107	2,040		
Morris	261,620	2,531		
Somerset	143,913	2,385		
Sussex	49,255	1,911		
Warren	63,220	1,771		
Total	572,115		2,310	1.02/1
<u>Region III</u>				
Burlington	225,129	1,994		
Mercer	266,392	2,215		
Middlesex	433,856	2,074		
Monmouth	334,401	2,073		
Ocean	108,241	1,844		
Total	1,368,019		2,070	.92/1
<u>Region IV</u>				
Atlantic	160,880	1,797		
Camden	392,035	2,090		
Cape May	48,555	1,761		
Cumberland	106,850	1,755		
Gloucester	134,840	1,868		
Salem	58,711	1,892		
Total	901,871		1,934	.86/1
State	6,066,782	2,260		

Per Capita Income Ranking

	<u>Ratio</u>	<u>Rank</u>	<u>Need</u>
Region IV	.86/1	4	Greatest
Region III	.92/1	3	
Region II	1.02/1	2	
Region I	1.07/1	1	Least

U.S. Census Population 1960

U.S.D. of Commerce Supplementary Reports

Factor 4 - Education

Median School Years Completed by Counties and Sex -  
25 Years Old and Over

<u>Region I</u>	<u>Male</u>	<u>Female</u>	<u>Computed Mean</u>	<u>Median for Region</u>	<u>Ratio Region/State</u>
Bergen	11.9	11.8	11.9	10.6	1/1
Essex	10.6	10.6	10.6		
Hudson	9.2	9.2	9.2		
Passaic	9.4	9.4	9.4		
Union	11.7	11.6	11.7		
<u>Region II</u>					
Hunterdon	10.2	11.1	10.7	11.0	1.03/1
Morris	12.1	12.1	12.1		
Somerset	11.2	11.8	11.5		
Sussex	10.5	11.3	10.9		
Warren	9.5	10.3	9.9		
<u>Region III</u>					
Burlington	11.1	11.3	11.2	10.9	1.02/1
Mercer	10.3	10.5	10.4		
Middlesex	10.7	10.8	10.8		
Monmouth	11.3	11.5	11.4		
Ocean	10.5	10.9	10.7		
<u>Region IV</u>					
Atlantic	9.5	9.8	9.7	9.9	.93/1
Camden	10.3	10.3	10.3		
Cape May	9.4	10.1	9.8		
Cumberland	8.9	9.4	9.2		
Gloucester	10.0	10.4	10.2		
Salem	9.4	10.5	9.9		
Total State			10.6		

25 or older - 3,599,856

Education Ranking

	<u>Ratio</u>	<u>Rank</u>	<u>Need</u>
Region IV	.93/1	4	Greatest
Region I	1/1	3	
Region III	1.02/1	2	Least
Region II	1.03/1	1	

Factor 5 - Health

Infant Mortality by Regions Rates per 1,000 live births

<u>Region I</u>	<u>Number</u>	<u>Rate</u>	<u>Mean Rate</u>	<u>Ratio Region/State</u>
Bergen	192	15.9		
Essex	500	29.6		
Hudson	252	23.9		
Passaic	173	21.2		
Union	162	20.4		
Total	1,279		22.2	1/1
 <u>Region II</u>				
Hunterdon	16	16.2		
Morris	128	21.0		
Somerset	55	18.0		
Sussex	23	18.7		
Warren	18	15.9		
Total	240		17.9	.81/1
 <u>Region III</u>				
Burlington	102	22.2		
Mercer	120	23.3		
Middlesex	192	19.6		
Monmouth	171	23.8		
Ocean	52	17.4		
Total	637		21.3	.95/1
 <u>Region IV</u>				
Atlantic	84	29.8		
Camden	154	19.4		
Cape May	17	21.4		
Cumberland	63	27.3		
Gloucester	68	25.1		
Salem	25	23.5		
Total	411		24.4	1.09/1
State Total	2,578		22.2	

Health Ranking

	<u>Ratio</u>	<u>Rank</u>	
Region IV	1.09/1	4	High Infant Mortality
Region I	1.00/1	3	
Region III	.95/1	2	
Region II	.81/1	1	Low Infant Mortality