

DRAFT

Challenges in Camden's Social Service Delivery System

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COMMUNITY PLANNING AND ADVOCACY COUNCIL (CPAC),
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THE URBAN INSTITUTE, WASHINGTON, DC
THE FINANCE PROJECT, WASHINGTON, DC

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About the Community Planning and Advocacy Council (CPAC)

CPAC: The Community Planning and Advocacy Council is a independent non-profit organization human services planning organization located in Pennsauken, New Jersey.

CPAC provides health and human services advocacy, fund identification, grant writing, project assessment and evaluation, and contract monitoring and grants management through contractual relationships with managed health care corporations, city/state/county governments, national foundations, and health/mental health service providers located in Camden County, New Jersey.

CPAC also provides community-based health and human services planning to local consumer groups and service providers. Community priorities are then established from which private and government funds are leveraged to address the identified community needs. CPAC's planning prevents duplication of services, enables coordination of funders (e.g., United Way, State Department of Human Services, County, City) and service systems (mental health, human services, health, childrens' services). This aims to promote efficient use of limited resources, effective public policy development, and a comprehensive approach to solving community problems.

CPAC has developed an extensive database reporting system through its varied county and city health and human service grants management and project evaluation contracts. The continued data collection, storage and evaluation of community program participation and funding is currently being centralized into a public policy analysis and community grants writing arm of the organization.

CPAC presently provides assistance to community and governmental organizations through the identification of funding opportunities, technical assistance around grant writing and submission, development and reporting of consumer surveys and focus groups, and service planning and coordination. The future addition of a policy analysis capacity will allow CPAC to provide cross systems population analysis in an effort to pinpoint specific information on gaps in services, service utilization and consumer demographics. Recommendations from such analysis will enable local government and service providers and planners to coordinate service delivery and funding more effectively, as well as view the data gathered globally.

Introduction

Camden, New Jersey, is a city with great potential. Located in the middle of one of the nation's largest metropolitan areas, in the heart of important transportation and shipping networks and close to one of the most important clusters of biotech industry in the U.S., the city is well-situated to take advantage of the opportunities of the twenty-first century economy. Yet poverty, segregation, and urban deterioration have taken a grave toll on the city during the past several decades, presenting Camden and its residents with serious social and economic challenges that must be overcome before the city can take its place as a vital and growing part of the metropolitan economy.

In recent years, public officials and private-sector leaders have embarked upon a number of valuable efforts to revitalize Camden, economically and physically. So far, the emphasis of most of these efforts has been on infrastructure improvements and other investments in physical capital. Such investments are critical in attracting more middle-class residents and private-sector capital to Camden.

While infrastructure and economic development efforts are important to Camden's future, successful urban revitalization also requires significant investment in the *human and social capital* of Camden. This is not the kind of help previously given the pejorative labels of "welfare" or "income redistribution" but public and private investments that give low-income people the resources, skills, and economic opportunities that they lack because of their isolation in areas of high poverty, substandard educational background, or racial and economic discrimination. Investments in human and social capital help neighborhoods as well as helping families and children, by strengthening formal and informal community networks and increasing the economic power of places that are marginalized by private markets. Supports for low-income working families like child care, workforce preparation, and physical and mental health

services help families in their neighborhood context and integrate Camden's citizens into the metropolitan economy. **The strength and effectiveness of Camden's social service delivery system, therefore, is critical to the success of the public and private efforts to revitalize the city.**

As the two earlier reports in this series have shown,¹ the ability of the city to revitalize is also crucially important to the long-term health of the entire metropolitan area. Southern New Jersey cannot exist independently from Camden; the city's social and economic conditions have a significant effect upon the socioeconomic indicators of the region at large. These studies and other recent analyses remind us that suburban job growth rates, income levels, and housing values are affected by the health of the central city. **Thus, as the city's human service delivery system is crucial to the economic revitalization of Camden, it is also of critical importance to the economic future of Southern New Jersey.**

The current human services system, however, does not work as well as it could. There is a view, widely held by service professionals as well as the public, that program fragmentation has greatly diminished the effectiveness of social service provision. Government and non-profit services in Camden County have made important strides of late to bring more coordination and coherence to the field locally, but all realize they still have a long way to go. Perhaps the best examples of the need for coherence are the child-focused programs that have failed because they could not recognize or deal with the importance of family and neighborhood context. Even the most sensitive specialists can make little headway in helping children if parents remain under continued threat from a mix of possible personal and environmental problems: the lack of a job, the lack of adequate education, abusive relationships, the threat of eviction, mental and other health problems, high neighborhood crime rates.

This situation needs to change, but it is impossible to uncover strategic opportunities for system improvement by only looking at one narrowly defined service at a time. This report attempts to examine key aspects of the social service delivery system in Camden in a comprehensive manner and uncover opportunities for integration and increased efficiency. The report identifies the range of services currently provided, explains how the services work and interact, describes the institutions that fund and provide them, offers estimates of the amounts being spent on each service, and considers gaps and barriers in the overall delivery system. The findings of this analysis lead us to conclude that there needs to be increased infrastructure investment and systems integration across the three major areas of social service: (1)

¹ McKinsey and Company and the Annie E. Casey Foundation, *A Path Forward for Camden: Situation Analysis* (Baltimore: The Annie E. Casey Foundation, 2001); G. Thomas Kingsley and Mark Rubin, *Camden and its Region: Economic Structure and Trends in the 1990s* (Washington: The Urban Institute, 2001).

workforce development; (2) child care and other services for children and youth; and (3) services related to public health, mental health and substance abuse.

We believe this report makes an important contribution, but stress that it is only a first step. There are good reasons no attempt has previously been made to produce a comprehensive picture of Camden's social service system. Social service provision in the Camden area is extraordinarily complex. There are over 600 different service providers in the County, 125 of which offer workforce development assistance, services related to children, and health services.² A full understanding would require considerable information from all of these organizations, including program descriptions, data on workloads by location, and detailed budget information. While CPAC does not have access to this information for all service providers, we have information for many of the larger entities. This information, pieced together with state and county budget and program data, enables us to tell a much more complete story than has been possible before.

The information in this report has some important implications for public policy and indicates possible next steps local and state entities might take to improve service delivery. The analysis also identifies key information gaps that can be priorities for future data collection efforts. While this report is a first step, we hope that it can serve as a helpful foundation for a strategic planning process for improved service delivery, involving a wide range of local stakeholders, program beneficiaries, service providers, and government officials.

The report that follows is divided into five sections. The first examines the demographic and economic changes Camden experienced during the 1990s, and focuses particularly on the effect of welfare reform on low-income families in the city. Section Two analyzes the funding and budgets of various social service providers in the City and highlights where there are gaps in the available data. The next three sections examine the administrative structure and performance issues experienced in the different social service delivery areas.

We draw three major lessons from this analysis:

- 1. Many low-income residents are either not aware of the services and supports that are available in Camden or choose not to take advantage of them. The lack of trusting relationships between service providers and clients may be an important explanation for this problem.**

² Estimate from Union Organization of Social Services, *Area Community Resources, 2001: Camden County Guide* (Pennsauken, N.J.: Union Organization for Social Services, 2001). The remainder of the 600 include providers in a wide range of fields: for example, recreational services, services to the elderly, community and housing development.

- 2. Looking at activities across programs, there are many examples of the need for better coordination and for services that address the needs of individual families in a holistic manner.**
- 3. In order to remedy this situation, there needs to be much greater engagement of neighborhood residents in service planning, outreach, and implementation.**

Section One

How Camden Residents Fared in the 1990s

Before examining the state of the social service delivery system, it is important to review the social and economic context in which it operates. Recent census and evaluation data helps explain how the well-being of Camden residents changed in the 1990s. There have been improvements, but there also are severe lingering problems that need to be addressed.

Camden experienced traumatic change in the 1990s as its welfare caseload dropped by sixty percent between 1993 and 1999 under a changed welfare system that ended the universal guarantee of public assistance and focused on moving low-income parents into paid employment. This, in combination with a booming national economy, caused employment levels to increase during this period.

Despite growing employment rolls, however, a significant share of the City's families continued to face poverty and other hardships. The analyses produced as part of the evaluation of New Jersey's welfare reform program, Work First New Jersey (WFNJ), as well as 2000 U.S. Census data have provided valuable data about the demographic profile of Camden's population and the barriers that family and neighborhood circumstances may pose to residents' ability to obtain and maintain steady, fair-paying employment.³ This evidence makes one thing

³ The census data represent conditions in April 2000. The portion of the WFNJ evaluation cited here is one in a series of Community Study reports performed by Mathematica Policy Research, Inc., which drew its evidence from a series of surveys conducted in three New Jersey communities, including Camden, between February and June 2000. The survey program had three discrete components. A Resident Survey entailed telephone interviews with a random sample of 250 "modest income" parents with children (individuals in the 18-60 age group who had a child under 18 living at home and household income less than 250 percent of the poverty level). A Client Survey interviewed a random sample of 98 current and former WFNJ clients. An Employer Survey interviewed with a random sample of 434 employers in Camden and Burlington Counties. The study did not focus on WFNJ specifically, but

powerfully clear: **Low skill levels do not appear to be the major barriers in linking poor Camden parents to jobs. Rather, health problems and problems with transportation and child care arrangements seem to be the primary difficulties in improving labor force attachment in the short term.** While efforts to upgrade skills levels must continue to be a high priority for Camden's social service delivery system, these efforts should be complemented by ancillary services that enable low-income parents to obtain and retain steady employment.

DEMOGRAPHIC CHANGE AND WELFARE REFORM

Camden entered the 1990s as one of the nation's most troubled cities. With a population of 87,500 in 1990, it had an unemployment rate of 16 percent and a poverty rate of 37 percent -- both measures among the highest in the nation. Half of its population over 25 years of age did not have a high school degree, and 27 percent of its households depended on some form of public assistance. **Like many other American communities of high unemployment and poverty, Camden was also intensely racially segregated.** Eighty-five percent of its 1990 population were non-white: 54 percent African-American, 29 percent Hispanic, and two percent other non-Hispanic minorities.

By 2000, some subtle but important demographic changes had occurred. The total population had declined by 9 percent, to 79,900. A declining white population resulted in the city being 93 percent minority by 2000, but Hispanics now made up 39 percent of the population. The African American share of the population shrunk slightly, to 50 percent.⁴

Poverty and unemployment remained at high levels, however. **Camden's unemployment rate dipped to 13 percent by 2000, but remained three times larger than the state average.**⁵ Camden had a total of 24,200 households in 2000, 45 percent (10,800) of

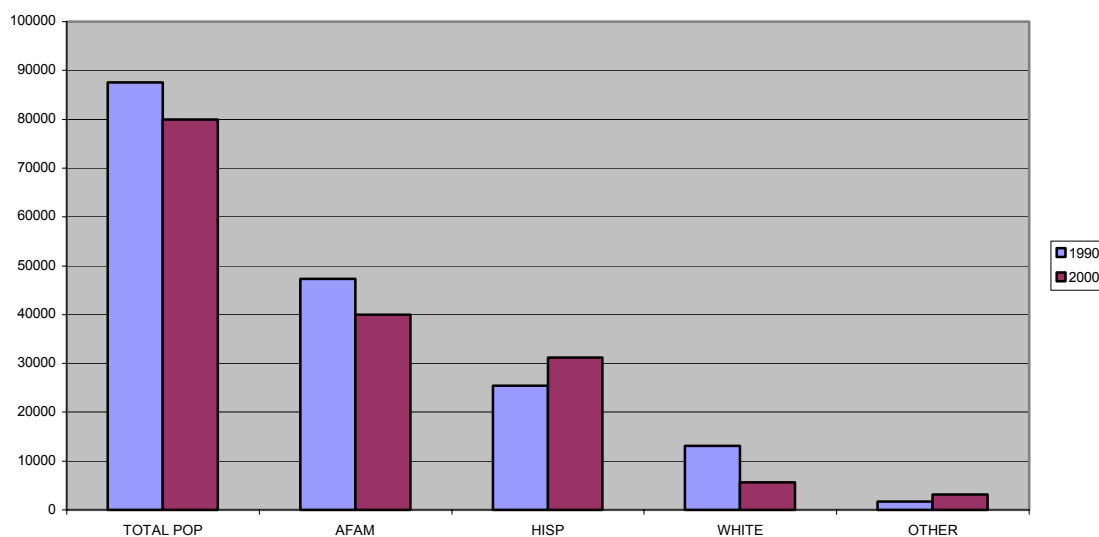
more generally addressed the challenges and opportunities encountered by low- to moderate-income families. See Joshua Haimson, Alicia Meckstroth, Linda Rosenberg, Richard Roper and Charles, Nagatoshi, *Needs and Challenges in Three New Jersey Communities: Implications for Welfare Reform* (Princeton, N.J.: Mathematica Policy Research, Inc., July 2001). The rich findings of this report have important implications for future human capital development efforts in Camden, and they are discussed in more detail in Appendix A.

⁴ United States Census SF1 files, 2000. The growth in Hispanic and other non-African-American minorities in Camden reflects broader national trends, as immigration from Latin America and Asia resulted in growing central city enclaves of these ethnic minorities. African Americans also began to move to the suburbs in greater numbers during the 1990s. For analysis of these trends, see Edward L. Glaeser and Jesse M. Shapiro, "City Growth and the 2000 Census: Which Places Grew, and Why" (Washington, D.C.: Brookings Institution Center on Urban and Metropolitan Policy, May 2001).

⁵ Hainson et al., A3. Camden did participate in the national economic boom, however. This rate is a substantial improvement from Camden's peak unemployment rate of 24.2% in 1992, which also was about three times the national rate at the time (Bureau of Labor Statistics).

whom were “modest-income” families with children – that is, households earning less than 250 percent of poverty. In these families, 62 percent of the household heads were working and another 18 percent were looking for work. Yet over half of these families (5,700) were still poor, including 2,500 households where parents had jobs. **Getting work does not necessarily mean getting out of poverty, and these statistics indicate that this group of 10,800 “modest-income” families (not just the very poor and unemployed) should be the focus of concern for social service programs in the city.**⁶

Population and Racial Change in Camden, 1990-2000



Source: U.S. Census, 1990 and 2000.

There are other important demographic statistics that have a bearing on the human capital needs and capacities in Camden. First, **the city has a high proportion of households with children**. During the 1990s, the total number of households in the city declined slightly, but the proportion of these households made up of families with children increased from 50 percent to 52 percent. This is a significantly higher share than the U.S. average, which has remained constant over the decade at roughly 36 percent. **Camden also has a remarkably high percentage of single-parent households**. Seventy percent of Camden's households with children were headed by a single person, more than double the national average of 31 percent. While many children who grow up with a single parent do not face financial hardship,

⁶Hainson et al., A3, xiv et seq. The federal poverty level for a family of four in 2000 was \$17,650 (U.S. Department of Health and Human Services Poverty Guidelines for 2001, *Federal Register*, Vol. 66, No. 33, February 16, 2001, 10695-10697).

overall statistics show that single-parent households are far more likely to be living in poverty and facing other economic and emotional disruption and distress. This is particularly true in high-unemployment, low-income communities like Camden.⁷

Table 2.1
CHANGE IN HOUSEHOLD COMPOSITION, CITY OF CAMDEN, 1990-2000

	Number		Percent	
	1990	2000	1990	2000
Total Households	26,626	24,177	100	100
Households with any children < 18	13,430	12,530	50	52
Families with any children	13,279	12,398	50	51
Married Couple with any children	4,364	3,851	16	16
Female headed HH with any child.	7,847	7,272	29	30
Male headed HH with any children	1,068	1,275	4	5
Nonfamily with any Children	151	132	1	1
Households without children	13,196	11,647	50	48
Families	5,817	5,036	22	21
Married Couple	3,121	2,468	12	10
Female headed HH	1,990	1,854	7	8
Male headed HH	706	714	3	3
Nonfamilies	7,379	6,611	28	27
Modest income families with children*		10,776		45

Source: U.S. Census, Mathematica Policy Research Inc. Survey

* Estimated by applying estimate of this group's share of all families with children to census total families with children.

While the above statistics indicate that Camden's demographics remained relatively steady during the 1990s, a major transformation occurred in the city's workforce as a result of national welfare reform. **The number of welfare cases in the city dropped from a peak of 9,300 in 1993 to 3,700 in 1999 – a decline of 60 percent in just six years.**⁸ This change paralleled county-wide trends, the City maintaining 66-68 percent share of the Camden County caseload throughout this period. Those who remained on the welfare rolls received less money,

⁷ See for example Sara McLanahan and Gary Sandefur, *Growing Up with a Single Parent: What Hurts, What Helps* (Cambridge, Mass.: Harvard University Press, 1994), 79-94. Household statistics from U.S. Census 1990 and 2000.

⁸ CPAC calculations based on welfare recipient data provided by Camden County Board of Social Services, 1992-1999. Welfare recipients are defined as those households receiving Aid to Families with Dependent Children (AFDC) and, post-reform, Temporary Assistance for Needy Families (TANF).

as the average monthly welfare subsidy (not adjusted for inflation) in the City dropped from \$373 in 1993 to \$318 in 1999.

Source: Camden County Board of Social Services

Despite this dramatic drop in caseload, many Camden residents remained on welfare. **By the end of the 1990s ten percent of Camden's total population was receiving TANF – the highest level of welfare receipt in the state.**⁹

WORKFORCE ATTACHMENT, POVERTY, AND HARDSHIPS

What has happened to those who are no longer on the welfare rolls? As implied by the data in Table 2.2, a significant share have become attached to the workforce in some way. Out of all reference group parents surveyed as part of the WFNJ evaluation in early 2000, 80 percent were either working or looking for work.¹⁰ This certainly does not fit the stereotype of a city “on the dole.” The high level of workforce attachment attests to the regional labor market improvement in the 1990s.

Gaining employment did not necessarily mean families could work their way out of poverty, however. Over half of the modest-income families in Camden lived at or below the poverty level in 2000. Education levels and language barriers undoubtedly contribute to these high poverty rates: 44 percent of Camden's modest-income parents had not completed high school, one quarter did not speak English at home. Thirty-five percent of these households still received TANF. **In Camden, as in other poor communities, many families remained in poverty even after their household heads became attached the workforce, pointing to serious barriers and hardships these workers face in obtaining and retaining steady jobs.**

Sizeable numbers of these modest-income families told interviewers they faced hardship over the past year. For example: 16 percent had sought help with problems related to mental health, substance abuse or domestic violence; 24 percent had needed help obtaining food or other material necessities; 23 percent had no Medicaid or private health insurance. **Families often encounter more than one of these hardships, and must deal with them in combination with one another – they are multi-need households.**

⁹ Hainson et al., 6, citing caseload data from New Jersey Department of Human Services.

¹⁰ Hainson et al., 21. Applying these percentages to the reference group of 10,800 modest-income families implies that around 6,700 of household heads had jobs and an additional 1,900 were looking for work.

Camden's modest-income residents also often lack the necessary supportive resources necessary for gaining and keeping a job. Lack of transportation options appears to be a huge issue for Camden's citizens. **In 1990, 43.6% of the city's residents did not have access to a car.** Although the city and its immediate suburbs are well-served by public transit, the fastest-growing job markets in the metropolitan area are in suburban areas that are not well-served by public transportation. If workers do not have access to a car, they essentially do not have access to these jobs.¹¹

These circumstances are part of the reason the working poor of Camden are not firmly on the path of financial security and self-sufficiency. Another reason is the quality of the jobs they are likely to obtain. These workers – who we estimate number 2,500 heads of households in Camden – are likely to be the first to be let go in a weakening economy, and their employment circumstances compare unfavorably to non-poor workers. Their average hourly wage rate \$7.86 versus \$11.06 for the non-poor group; they work fewer hours per week (34) and months per year (8.7) than non-poor workers (who average 40 hours per week and 10.7 months per year). In addition, the proportion of the working poor that had health benefits was significantly lower than that for non-poor workers: 39 percent versus 71 percent.¹²

MAKING THE WORKFORCE-ORIENTED STRATEGY MORE EFFECTIVE

The workforce-oriented strategy that emerged with welfare reform appears to have benefited a sizeable number of modest-income Camden parents, but it has not proved successful for all of them. The above statistics indicate that modest-income families have skill deficits and additional human service needs – often multiple needs – that affect their ability to earn a steady income.

Is it necessary to change the job mix to make a workforce-oriented strategy work for Camden? A great deal is heard about the need to gear up for the high-tech economy, and it is widely recognized that education makes more difference than ever to career advancement. Nonetheless, the fact is that the bulk of the new jobs now being produced in Camden's regional economy still do not require high levels of education.¹³ Of course, low-skill jobs are often low-

¹¹ See *Camden County Transportation Plan* (Camden, N.J., forthcoming); G. Thomas Kingsley and Mark Rubin, *Camden and Its Region: Economic Structure and Trends in the 1990s* (Washington: The Urban Institute, August 2001); Metropolitan Philadelphia Policy Center, *Fight (or) Flight: The State of the Philadelphia Region* (Philadelphia, 2001).

¹² *Camden County Transportation Plan*.

¹³ Hainson et al., 41-48.

paying, low-opportunity jobs. **Yet it is important that we also acknowledge that these jobs are not necessarily “dead-end” opportunities.** The employer survey indicated that 59 percent of all job openings in the Camden area could be classified as “low-education jobs” – that is, requiring no education beyond high school – and the majority of them offered reasonable wages and benefits.

Thirty-two percent required a high school diploma but no additional education. On average these jobs paid an average hourly wage of \$9.18; 85 percent of them offered health insurance, 89 percent offered a pension plan and 81 percent offered paid sick leave. The remaining 27 percent did not even require the completion of high school, though as would be expected the benefits they offered were less generous: average wage of \$7.41; 84 percent with health insurance but only 62 percent with a pension plan and 59 percent with paid sick leave.¹⁴

It does not appear that the absolute number of employment opportunities in these categories is or has been a constraint. Rough calculations indicate that even if the total employment in the Camden area were to decline by five percent from its 1998 level, there would still be around 57,000 “low-education” job openings in Camden per year, with 26,700 open to those who had not completed high school.¹⁵ Yet there were only 3,200 heads of reference group households in 2000 who were poor and not working.

This should not imply that it is reasonable to expect *all* low-income parents to obtain – and keep – private sector jobs. Given the recent deterioration in the private economy, a mix with more publicly-supported work may well now be necessary. Some of these parents have other hardships or responsibilities that prevent them from working. However, the analysis suggests that the job mix in the region has the capacity to accommodate Camden's modest-income household heads.

What can be done to make this approach work better? Some answers are suggested by what employers had to say in the WFNJ statewide survey about the performance of welfare recipients in low-education jobs compared to the average employee. Only 15 percent of

¹⁴ Haimson et al., 48.

¹⁵ According to the State Department of Employment Security, the total number of nonfarm payroll jobs in the Camden area (Camden, Burlington and Gloucester Counties) in 1998 was 484,100 and that total was estimated to increase by 6,200 jobs per year on average over the next decade. A reasonable estimate of the amount of turnover (quits and discharges) in existing jobs in any year is 21 percent (see Holzer 1996). Taking 21 percent of the 1998 total (101,700) and adding the annual net increase (6,200) would imply 107,900 job openings in the area annually. Suppose we assume much more conservatively that the total declines by 5 percent rather than increasing. That would still yield 96,600 openings per year from turnover alone and, at 59 percent, 57,000 of them would be low education openings.

employers said that recipients' basic skills were worse than average and 19 percent said their job specific skills were worse than average. Absenteeism was the issue on which the highest share – 37 percent – of surveyed New Jersey employers rated welfare recipients “worse than their average employee.”¹⁶

It's clear that health and human service needs are significant factors in why modest-income parents are absent from work, and prevented from getting work. Two-thirds of those employers noting absenteeism mentioned **tenuous child care** arrangements as a contributing factor. Interviews with parents who did not work showed **health problems** (including mental health and substance abuse issues) to be the most important factor preventing them from getting a job (31 percent).¹⁷ **Transportation needs** could also be significant barriers to work for modest-income persons without reliable access to a car. Many low-education jobs have inconvenient locations and schedules. In the Camden area, three-quarters of these jobs require a commute of more than 30 minutes by transit from the center of the city, 40 percent have a non-standard shift, and 87 percent sometimes require work at night and on weekends.

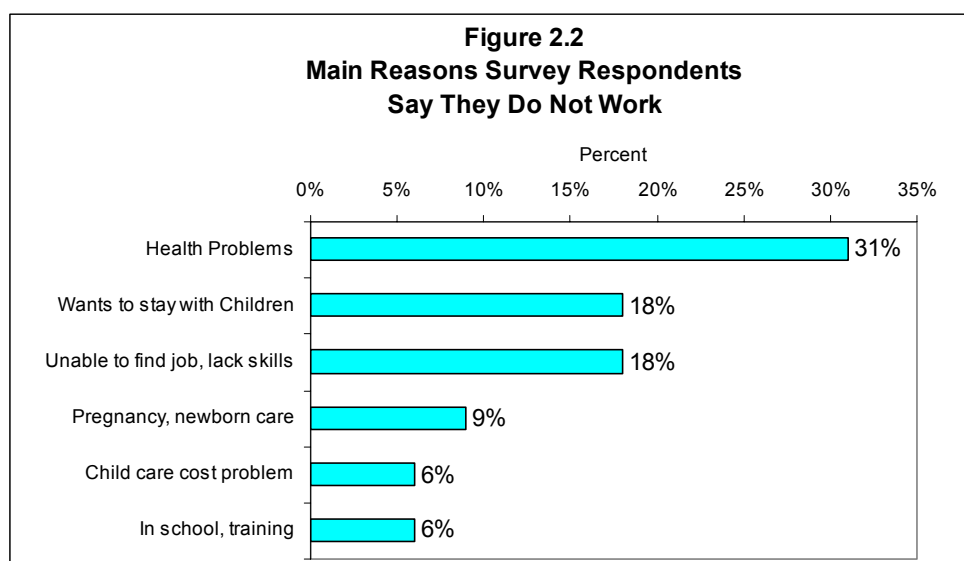


Chart adapted from Hainson et al. 30.

¹⁶ Hainson et al., 63 et seq. Note that the findings in this paragraph are derived from a pooling of Mathematica's surveys in the Camden area, the Newark area, and Cumberland County—not Camden alone. Among all employers in this group, 68 percent rated the overall performance of recipients as average, whereas 25 percent said worse than average and 7 percent said better than average. 12 percent gave them a worse than average rating with respect to mental health and drug problems, and 26 percent did so with respect to attitude problems.

¹⁷ Hainson et al., 30, 63.

CONCLUSIONS

The information presented in this section indicates that while many modest-income parents in Camden benefited from the strong economy of the late 1990s, a significant number remain poor. Of this group, 56 percent are not employed, and many of them face from one to a number of serious problems make it difficult for them to succeed in the labor market. The remaining 44 percent have jobs, but a large share of them still face hardships and their ability to hold onto and advance in their jobs is by no means certain.

The economic and demographic profile of Camden clearly shows that workforce attachment strategies must incorporate human service and health assistance. In the next section of this report, we review the services that exist in Camden, show their sources of funding, and analyze how they are currently being used (or not used) by Camden's modest-income families.

The data suggests that needs for services and supports are most pronounced in three areas. The first is **workforce development**, a mix of services that must include not only initial job linkage and transportation assistance, but also follow-up assistance that will help low-skilled workers maintain employment and move onto career paths that will lead to improved income and family economic security over the long term.

Second, there is little doubt that **services related to children** are also of critical importance in this mix. This includes not only good quality day care for younger children but also service and program opportunities for older children to keep them productively occupied.

Finally, **health care** is also critical for modest-income families in Camden. We have noted that health problems (including mental health and substance abuse issues) are the central issues for non-working parents, but they are of concern to many others in the reference group.

Section Two

Systems Components and Budgets

Human services are crucial to Camden's economic development and neighborhood well-being, but there is a dearth of coordinated and comprehensive information about the services that are available and how residents use them. Compiling its unique administrative sources with information gathered from various government agencies, CPAC has gathered a rich database of information about the county's human services system components and budgets.¹⁸ From this data, we have sought to derive city-level data, based on the numbers of modest-income families and predicted usage rates.

We find that public and private agencies budgeted \$140 million for services the three key social service categories in Camden County (workforce development, services related to children, and health services) in 2000.¹⁹ For purposes of comparison, this is 50 percent larger than the City of Camden's full operating budget (\$93 million), but significantly smaller than the School District budget (\$250 million).²⁰

¹⁸ A detailed explanation and methodology for this analysis is found in Appendix A.

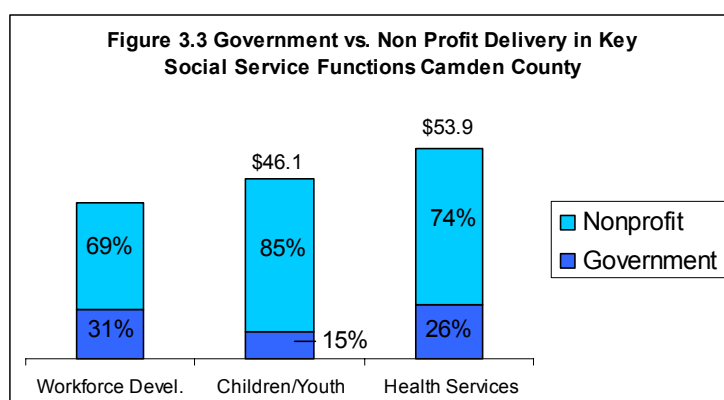
¹⁹ The items in the CPAC database cover the provision of services only, not the direct provision of cash or material assistance to needy families. We calculate the latter (income maintenance) as totaling \$72 million in 2000, just over half of the social service total. Included in this calculation are: the full \$8.2 million budget of the Camden Housing Authority (for public housing and Section 8 vouchers), TANF grants to families at \$31.1 million, and SSI, General Assistance and Food Stamps which together amount to \$17.7 million.

²⁰ Camden City Budget 2000, Camden School District Budget 2000.

Gaps in information sources make it difficult to pull out a precise estimate of how much of this \$140 million is spent on services used by Camden city residents. What we *can* estimate, however, is the share that likely goes to city residents based on welfare receipt, poverty rates, and known service needs. **Based on our estimates, if funds were distributed within the county based on the service needs of low-income people, then \$84 million – or 60 percent of the total human services funds – would be allocated to Camden city residents.**

Figure 3.1 shows that human service dollars are divided fairly evenly across the three main categories: \$40.2 million for workforce development; \$46.1 million for children and youth related services; and \$53.9 million for substance abuse, mental health, and general health services. Across all three functions, federal and state governments represent the largest source of funds (\$101 million or 72 percent). **Interestingly, private funds support a larger share of the total (\$26 million or 19 percent) than local governments (\$13 million or 9 percent).** Of the three, the federal/state share is highest for children/youth programs (84 percent). In workforce development, private funding makes a larger contribution (27 percent). For the health group, the private share is similar (21 percent) but local governments account for more (15 percent). The federal/state share is a smaller, although still dominant, 65 percent.

While government money dominates the funding of social services in Camden County, private non-profit agencies are responsible for most of the direct delivery. **Over three-fourths of the services in these categories in Camden County are delivered by non-profits.** Proportions, however, differ across functions (Figure 3.3). Workforce development has a substantially higher proportion being delivered by government directly (31 percent) than health services (26 percent) or children/youth services (15 percent).



MENDING INFORMATION GAPS

We can reasonably assume that the composition of social service funding streams in the city of Camden is similar to that at the county level. But we cannot know for sure, and **the lack of comprehensive data has some important policy implications.** Filling information gaps

and understanding local trends (and relating them to what we can learn about changes in allocations at the national and state levels) should enable Camden groups to be much better prepared to engage in budget discussions with higher levels of government in the future.

Two things are necessary to reach this goal.

First, we need to find a way to **track beneficiaries geographically**, pinpointing the municipality, zip code, or census tract in which they live. Geographic Information Systems (GIS) software makes it much easier and cheaper to sort cases for individual census tracts, which are close proxies for neighborhoods in Camden.²¹ Knowing the concentration of clients by neighborhood, and tracking how those concentrations change, should be of great help in targeting services effectively and encouraging better collaboration among providers.

Second, **providers must be given the resources and incentives to develop and release consistent data on their own performance**. Again, automated client records make this task much easier than it would have been a decade ago. It should be possible to regularly provide data on total caseloads, number of clients receiving different types of service during specified periods, information on results of service, and processing measures like waiting times between service application and provision, etc. Some performance data of this kind is already be provided to state agencies. What is missing is the ability to assemble the data locally in a coherent manner, and use it as a tool to help agencies improve the quality and cost-effectiveness of the services they provide.

²¹ CAMConnect, a new organization in the city focusing on assembling and analyzing neighborhood level data across sectors, should be able to assist in this task. It has developed model confidentiality agreements that safeguard any information it would use for these purposes. CAMConnect began working to develop a comprehensive warehouse of data back in 1999 as a collaboration of organizations committed to improving access to information.

Section Three

Workforce Development

National welfare reform thrust workforce development and attachment strategies to the center of the anti-poverty policy agenda during the 1990s. The massive effort to transform a national system of public assistance into a work-centered program highlighted the many challenges low-income urban residents face in finding work, as well as the importance of job quality and job retention.

We define workforce development services as those supports directly related to training adult workers for jobs and placing them in jobs. Transportation assistance for low-income workers also falls into this category, as these services often focus their attention on serving low-income commuters who do not have access to a car.²²

Not all the Camden citizens needing workforce development services are former welfare recipients, but the restructuring of the system in response to welfare reform has affected all those needing these kinds of supports. Thus, the story of workforce development in Camden at this point is one largely shaped by the response to new welfare laws. The fact that poverty levels in Camden have remained high even as workforce attachment has grown over the past decade points to the continued need for workforce development services that link modest-income residents with stable jobs with benefits and opportunities for further career advancement.²³

²² As we have discussed above, there are other social services, like child care and substance abuse, that have a tremendous effect upon the ability of workers to obtain and keep good jobs. These will be addressed in later sections of the report.

²³ For discussion of the evolution of welfare reform in New Jersey in the 1990s, see Susan A. Riedinger, Amy-Ellen Duke, Robin E. Smith, and Karen C. Tumlin, *Income Support and Social Services for Low-Income People in New Jersey*, Assessing the New Federalism State Reports (Washington DC: The Urban Institute. September 1998).

In Camden County, the organizing entity for welfare-reform related workforce attachment strategies has been the **Workforce Investment Board (WIB)**.²⁴ The WIB established in Camden County developed the County's welfare reform plan in conjunction with broad range of agencies and businesses. Under the County plan developed under the aegis of the WIB, the major tasks of welfare reform and workforce development implementation reside within a diverse group of **county agencies**:

- **The County Board of Social Services (BSS)** is Camden County's welfare agency and continues to be the county-level administrator for the TANF program. It is responsible for case management for recipients and for referring them to other agencies for help in securing training and finding jobs.
- **The Resource Center** is the county's workforce agency. It assesses workers' job interests and skills, helps them with job search, funds and arranges for GED and job-skills training, and manages contracts with vendors to provide direct training and related services.
- **The Improvement Authority** is the County's main economic development agency. Under the workforce development plan, its assignments include recruiting employers to participate, assisting with job placement, and providing transportation services to low-income workers without access to a car.
- **The Division of Children** is responsible for helping clients who find employment make appropriate arrangements for child care services.

The current system is an adaptation of the first welfare reform structure in Camden County. Under the original County welfare reform plan, community-based non-profits, or **community-based organizations** (CBOs) were supposed provide case management and related services to the hardest-to-serve clients. The theory was that these groups would be better able to establish trusting relationships with the clients and that their more comprehensive knowledge of neighborhood conditions and relevant service providers would enable them to assist these clients more effectively.

²⁴ This county-wide entity was established as the result of the 1998 Workforce Investment Act (P.L. 105-220), the authorizing statute for federal job training and placement programs. Workers leaving public assistance are given priority consideration by the provisions of the WIA; the The 1998 WIA stressed principles of informed consumer choice, universal access to services, more systematic accountability, strong local governance, and active private sector participation. It called for the creation of local WIBs in labor market areas to set standards, make collaborative plans for workforce development, coordinate implementation activities and see to the establishment of "one-stop centers for service delivery" (*Profile of Camden Work First New Jersey Evaluation, Needs and Challenges in Three New Jersey Communities: Implications for Welfare Reform*, [July 2001], Appendix A).

Initial “performance-based contracts” were established whereby the CBOs’ compensation was based on the number of clients they served and their progress. However, welfare rolls declined so rapidly that it quickly proved impossible for the CBOs to recruit enough clients to meet their quotas. The county tried to amend the contracts modestly to make them more feasible, but this was not enough to address the basic issue. The County eventually cancelled the CBO contracts in January 2000, six months before they were originally scheduled to be completed. **Today, the system is run by the Camden County Board of Social Services, with clients referred by caseworkers to community-based, non-profit service providers on an as-needed basis.**

The evidence gathered over the past several years indicates that Camden’s workforce development delivery system is not meeting the needs of its clients and potential clients. We observe several areas of concern about the system’s performance:

1. Lack of coordination in the welfare-to-work process

Despite the active involvement of public agencies, community-based organizations (CBOs), and private-sector entities in the process, the workforce development structure in Camden since the passage of welfare reform has already been reconfigured in an attempt to make it more effective and efficient. As the WFNJ evaluation has found, Camden’s many service delivery agencies lack a shared vision of the best way to deliver this assistance to clients. **There is a serious lack of coordination and communication between public- and private-sector service delivery agencies.**²⁵

Declining welfare rolls were part of the reason the original community-based workforce development strategy failed, but a lack of administrative coordination was also a clear problem. A part of the problem was overlapping responsibilities. Some contend that the County BSS referred a significant number of hard-to-serve clients to the Resource Center, which should have been referred to the CBOs. At any rate, **the experience has left a legacy of mistrust between the non-profit sector and County agencies.**

2. Low rates of client awareness or use of services

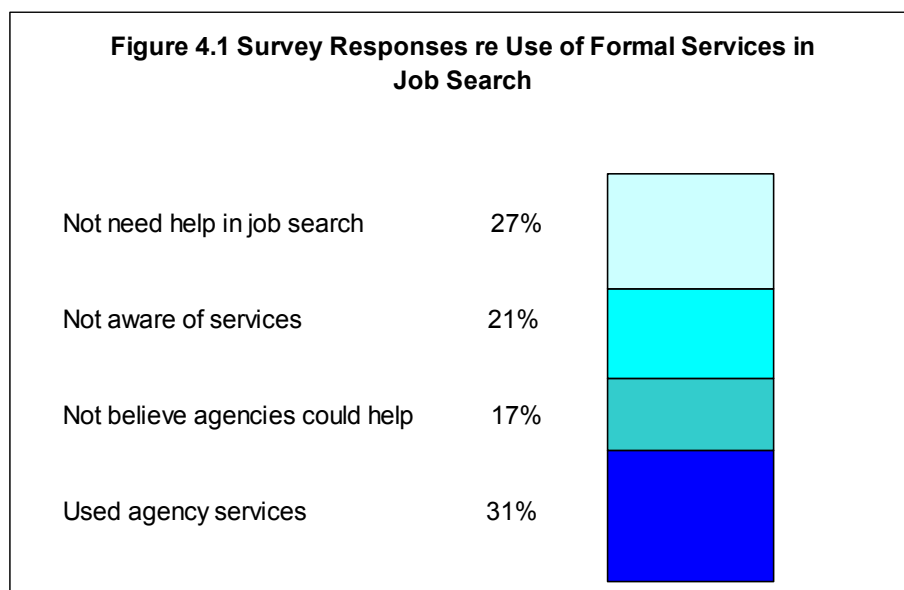
The administrative difficulties experienced in Camden’s workforce development system in turn affect the system’s ability to respond to client needs. It is likely that administrative disarray is one reason **Camden’s modest-income workers are much more likely to turn to family and friends for help before they go to public or private service agencies.**

²⁵ See Hainson et al., A-3, A-4.

Another reason for this may be the **lack of trust or comfort neighborhood residents feel in agencies that are staffed predominantly by people who live outside Camden.**

Agency staff from outside of the neighborhood may not be able to establish the trust needed to be effective, and a recent CPAC survey of 25 local social service non-profits showed that only 16 percent of their staff members actually lived in the City of Camden.

The WFNJ survey of Camden and two other high-need communities found that, among parents looking for work during the three months preceding the survey, 9 out of 10 who looked for work did so on their own initially (by responding to ads and making direct applications to employers, for example) and about 8 in 10 sought help from family or friends. **Only 31 percent of Camden's job-seekers used a government workforce agency to look for work.** As Figure 4.1 demonstrates, there is an extraordinarily high level of disconnect between job-seekers and workforce development service providers in New Jersey's high-need communities like Camden.²⁶



Source: Adapted from Hainson et al., 39.

²⁶ Hainson et al., 35. Of this group, results through the time of the survey were meager. Only 39 percent of those who used agency services had received a recent job offer through the agency, and only 10 percent had accepted a job offer via an agency. It must be remembered, however, that those looking for work in early 2000 included a higher proportion of hardship cases than was typical in the 1996-99 period, and that some survey respondents in this group had not yet had much time for the agency assistance to yield results.

There are other indications from the WFNJ surveys of low levels of connectedness between public programs and families in need in Camden. For example, only 43 percent of the parents likely to be eligible for the Earned Income Tax Credit (EITC) had actually applied for or received it, a gap which implies that families may not be aware of – or understand how to access – this tremendously beneficial federal income subsidy.²⁷

Client disconnection from the service delivery system extends to aspects of the Camden workforce development program that are, from a management perspective, quite successful. The Improvement Authority's expanded para-transit service has been an important supplement to the regional public transit system and now makes 2500 round trips per month to work locations in areas not easily accessible by existing bus routes. The WFNJ surveys found, however, that many clients were not well-informed about the service.²⁸

3. Lack of capacity in the case management system

Another challenge faced in Camden's current workforce development structure is County case managers' capacity to assess client needs and steer them to appropriate services.

Working with huge caseloads, managers do not always have the time and resources to evaluate the full range of services a client might need, and to direct the client to these services – whether they be training, vocational rehabilitation, or work-related support services like mental health. The caseworker-to-client ratio of the system also prevents clients from developing close, trusting relationships with their caseworkers and from being willing to divulge all their problems and needs.²⁹

These administrative problems are not insurmountable. Two smaller-scale, targeted programs seem to have been able to avoid them – the County Health Department's Nurse Assistant training program, and the Camden Housing Authority's "America Works" program, which prepares workers for construction jobs. In these programs, classroom instructors also supervise trainees at the work site, providing immediate feedback and relating work experience to class training.³⁰

²⁷ Hainson et al. About 79 percent of Camden's modest-income families are eligible for the EITC. This is a federal tax credit given to workers earning under a certain annual income and can function as a significant wage subsidy to modest-income households. The EITC was first authorized in 1975 but significantly expanded during the Clinton Administration. A useful summary is Pamela Friedman, "The Earned Income Tax Credit," Welfare Information Network Issue Note Vol. 4, No. 4 (April 2000).

²⁸ Ibid.

²⁹ Ibid.

³⁰ Ibid.

Section Four

Services For Children and Youth

The three major social service systems that serve children and youth in the City of Camden are child care, child welfare, and juvenile justice. In this section, we analyze these systems, identify performance issues, and, where applicable, discuss alternative policy strategies.

Child Care

Four major groups of agencies participate in Camden's child care system: state agencies, county agencies, the Camden Board of Education, and private providers. Through the WFNJ welfare reforms, the state has developed a "Unified Child Care Delivery Service System," in which the state contracts with child care agencies in each county. **State-level activity is concentrated in two agencies: the Division of Family Development (DFD) and the Division of Youth and Family Services (DYFS), both housed in the New Jersey Department of Human Services.** DFD administers child care subsidies for current and former welfare recipients and other low-income parents, and plans statewide child care services and policies.³¹ DYFS contracts with the unified child care agencies and inspects, monitors and regulates licensed child care providers throughout the state.

³¹ New Jersey's two child care subsidy programs are Work First New Jersey Child Care (for current and transitioning welfare recipients) and New Jersey Cares for Kids. Employed WFNJ child care subsidy beneficiaries are required to pay a copayment, while those who are in qualifying WFNJ programs are not. Households moving off of TANF are eligible WFNJ child care subsidies for up to 36 months, depending on income, after leaving TANF. New Jersey Cares for Kids (NJCK), the second state child care subsidy program, is targeted towards low-income families

The Camden County Division for Children and Families (CCDFC) is the county-level agency with the greatest responsibility for child care in Camden County, although the Camden County Board of Social Services also provides limited child care services. CCDFC administers the state child care subsidies, which are paid directly to child care providers, not households.

The **Camden County Board of Education** is also a participant in the child care service delivery system as a result of court rulings mandating that preschool be provided to all New Jersey children over the age of three. The state contracts with the Board of Education to provide these services, and the school board both manages these preschools directly and subcontracts with private providers. During the 2002 school year the Abbott preschool system provided preschool to 1,166 four-year-olds, 575 three-year-olds and 95 disabled children.³²

There are many other **private, non-profit child care agencies** throughout Camden. Collectively, these agencies provide such services as day care for children ages 0-5, Head Start, summer camp, after school programs, and transportation.³³ It is also important to remember that a significant number of Camden's children are served not by one of these public or private providers, but by **informal care by a parent's friends or relatives**. Such informal care is generally not regulated by the state.

PERFORMANCE ISSUES

Recent studies of child care services in Camden suggest two key areas to be addressed in improving system performance:

not eligible for WFNJ subsidies. Households with incomes up to 200 percent of the federal poverty level are eligible to participate in the NJCK program. Once in the program, households can receive subsidies until their income rises above 250 percent of federal poverty level. The provision of NJCK subsidies to eligible families is not guaranteed and, consequently, waiting lists for these subsidies are not uncommon. Priority for subsidies is first given to families with less than 150 percent of the federal poverty level and families with children under child protective services. DFD is also the primary agency for developing statewide child care policies, contracting of Child Care providers as well as providing referral services and resources to parents and providers.

³² In 1998, in response to a lawsuit regarding disparity in public school funding, the New Jersey Supreme Court mandated school reform for 30 special needs districts throughout the state, one of which was the City of Camden. Specifically, the Court required that the New Jersey Department of Education increase funding in the districts "to provide a 'thorough and efficient system of education' and to 'ensure both equity and excellence are afforded to *all* students in New Jersey" (*New Jersey Abbott Districts: Perceptions of Key Stakeholders* <http://ceee.gwu.edu/states/nj/wsr-report.pdf>, 1).

³³ Dominant providers include: Camden County Council on Economic Opportunity, Inc.; Group Homes of Camden County, Inc.; Neighborhood Center, Inc.; Respond, Inc.; and Young Women's Christian Association of Camden County and Vicinity.

1. Awareness and Utilization of Services

Similar to the situation with workforce development assistance, the WFNJ evaluations discovered a low awareness and utilization of child care subsidies among workers transitioning off of welfare. **Although 91 percent of all of Camden's modest-income families with children were eligible for child care subsidies in 2000, only 77 percent of that number were aware of them and 27 percent actually took advantage of them.**³⁴

2. Supply Problems

Welfare reform greatly increased the demand for child care services in Camden because it required so many parents of very young children to work at nearly full-time jobs. **The result has been a shortage of providers of child care for infant and toddlers.** A 2001 CPAC survey of 86 child care providers found that, of the 61 agencies that provided infant and toddler care, 36 had waiting lists for infants and 32 had waiting lists for toddlers.³⁵ Care for infants is generally a more expensive service than that for older children, which creates another barrier to quality child care for parents dependent on public subsidy.

Camden's low-income workers also need additional flexible extended-hour care. The state requires that its contracted child care centers be open for a minimum of 10 hours a day, but this schedule may not be flexible enough to meet the needs of the many parents with non-standard work schedules or special transportation problems.³⁶ Child care providers operate during the day, and are rarely available to parents working the late- or graveyard shifts – work schedules that sometimes may be the only option for low-skill parents transitioning off of welfare.

There is also a shortage of program vouchers and subsidies for child care. The WFNJ surveys indicated that child care program expansion has not kept up with the rapid rate

³⁴ Haimson et al.. Although the sample size of households was too small to analyze reasons for not using subsidies separately for each of the three areas they surveyed, Mathematica did perform this analysis for all three areas combined. Across areas, 30 percent of eligible households were unaware of the subsidies, 60 percent did not realize that they could apply the subsidies to informal care, 24 percent did not want help, 20 percent did not know how to obtain the subsidies or found the process too burdensome, and 7 percent did not think that they were eligible.

³⁵ *Camden County Child Care Plan; 2001 CPAC Child Care Needs Assessment in Camden County.* Six focus groups of childcare consumers were held in Camden County to determine existing childcare needs and demands. Three groups were held in Camden City, one in Lindenwold, Pennsauken, and one in Winslow. Additionally, questionnaires were mailed to consumers in Gloucester City. This information was gathered from January to May, 2000. A total of 91 consumers participated.

³⁶ Haimson et al.

of persons moving off welfare into entry-level jobs. The state infused more funds into this program in 1999 and that temporarily reduced waiting lists, but lists grew again, reaching 4,000 state-wide by January 2001.³⁷

A 2000 study by Camden County confirmed the findings of the WFNJ survey, adding that the child care system in the County also lacked **enough specialized care for ill children, adequate child-care-related transportation services, adequate staff compensation, and bilingual capabilities and cultural sensitivities** towards an increasingly multi-ethnic County population.³⁸

Child Welfare

While the City of Camden accounted for only 16 percent of the County population in 2000, it accounted for 49 percent of all County cases where children were referred or applied for child protection in the child-welfare system. Over 5,700 children in the City of Camden fell into this category in the year 2000, a disturbing figure that demonstrates a critical need for properly functioning family support and child welfare services in the city.³⁹

Two state and two county agencies play the dominant roles in operating this system in Camden. In addition, there are private nonprofit organizations that provide social service support to children and families involved in the system. Child welfare and protective services at the state level are provided by the **Division of Youth and Family Services (DYFS)** and the **Administrative Office of the Courts**. DYFS (part of the New Jersey Department of Human Services) is the main state agency that deals with child abuse and neglect. It regulates foster and adoptive homes and arranges services for children in its care through 900 community agencies statewide. The state courts establish, enforce, and collect child support orders and rule on family-related cases, including those involving child abuse, child support, foster-care placements, adoption, custody and visitation and terminations of parental rights. At the county level, the **Board of Social Services** and the **Camden County Superior Court** carry out these child protection and child welfare measures.

³⁷ Camden County Child Care Plan 2001.

³⁸ Ibid.

³⁹ These are cases that remained open after initial intake investigation. Child Protection includes Foster Care and Residential Placement. Statistics derived by CPAC from DYFS data, September 2001.

Private nonprofit agencies also provide child welfare services such as child advocacy, family counseling, education and outreach programs and identify and report cases of abuse and neglect, parenting skills programs, or services and support for foster and adoptive families.

PERFORMANCE ISSUES

We find that **collaboration and coordination between agencies is a chief challenge** to effective delivery of child welfare services in Camden. The large number of different entities involved in New Jersey child welfare system, and the heavy involvement of a centralized state bureaucracy, has created administrative difficulties. Once again, the system's many participants are not able or incented to communicate or collaborate with one another. The centralized and multi-part bureaucracy of the state child welfare system has a difficult time reaching high-need and multi-need communities like Camden.

Juvenile Justice

A disproportionately high proportion of the youth incarcerated statewide come from Camden County. In 1999, Camden County youth made up 21 percent of the state's incarcerated juvenile population. State surveys suggest that over half of the youth incarcerated from Camden County were from Camden City. Nearly as large a percentage of the County youth on probation were from the City of Camden.⁴⁰ The support and treatment of at-risk youth is thus a critically important component of the city's human services delivery structure.

In addition to the Chancery Division of the Superior Court of New Jersey, which provides assistance in the resolution of all family related court matters including juvenile offenses, there are other state agencies, county agencies, and private nonprofit providers involved in the system. The groups and their roles are described below.

- **The Juvenile Justice Commission (JJC)** is the state agency with centralized authority for the planning, policy development, and provision of juvenile justice services. It is responsible for the operation of juvenile justice facilities, support for local programs for at-risk youth, and supervision of youth on parole or in aftercare.

⁴⁰ CPAC; *The 2001 Camden County One-Day Detention Snapshot*; Camden County's Office of Juvenile Probation. The statewide one day Snap Shot Analysis Questionnaires were completed during the month of December 2001 by Family Court, Probation and Youth Detention Center in all 21 counties of New Jersey. In 2001, the survey found that 52.3% of the youth detained in Camden County were from the City of Camden, and 48% of the youth on probation were from the City.

- **The Camden County Youth Services Commission (YSC)** is a “privatized” county planning commission convened by CPAC, and is charged with coordinating and integrating existing sanctions and services for adjudicated and delinquent youth. The YSC collects and analyzes data on the type and geography of juvenile crimes, assesses and prioritizes needs of at-risk Camden County youth, monitors sanctions and services, and evaluates the efficiency of existing prevention programs.
- A host of **private nonprofit agencies** also provide services to at-risk and adjudicated youth such as prevention programs, employment and training services, and therapy for at-risk youth, juvenile offenders and their families.

The Camden County Youth Services Commission, with funding from the state Juvenile Justice Commission, has recently developed a “Continuum of Dispositions, Detention Alternatives and Community Based Options” that aims to provide a graduated level of services that focus on individualized services and on rehabilitation of the juvenile offender. It is clear from the statistics gathered by CPAC that many children in Camden’s juvenile justice system are also involved in the mental health system and are on child welfare caseloads.

PERFORMANCE ISSUES

We have identified two areas of concern:

1. Lack of Preventative Services

The best way to address the problems that a juvenile justice system has to handle is to prevent them. Improvements in all programs and supports for children and youth, including the childcare and child welfare services discussed above, therefore warrant priority attention. While there are still serious information gaps that prevent us from obtaining a full picture of the present effectiveness of the system, existing analyses indicate that there are service shortfalls that need to be remedied in Camden County. **A recent report by the Camden County Youth Services Commission identified a number of shortcomings, many of which were related to the all-important preventative services that could reduce the numbers of incarcerated youth and lower recidivism.** These gaps in service included a lack of specialized after-school programs for children on probation, intensive in-home supervision, a need for improved advocacy and case management systems, job referral and placement services, and substance abuse evaluation.⁴¹ **These findings show us that youth offenders need the same crucial social services as welfare recipients and other low-income workers.**

⁴¹ CPAC, *Camden County 2001 Youth Services Commission Needs Assessment*.

2. Systems Administration and Incarceration Rates

With the city's high poverty and unemployment rates, it does not seem surprising that Camden's youth make up a disproportionately large percentage of New Jersey's juvenile offenders.⁴² Yet we have found that the crimes for which Camden's youth were incarcerated were, on average, not as serious as those committed by incarcerated youth from other counties. The majority of County youth entering detention – about half of whom are from the City of Camden – are first-time offenders or have had one prior offense.⁴³ The profile of detained Camden youth might indicate that other counties are making more effective and frequent use of “station house adjustments” -- diverting youth who have committed minor offenses to other support and prevention programs rather than detaining them. Yet the average length of stay in Camden's secure juvenile detention facility is significantly shorter – 19.6 days – than the estimated average stays of between 33 and 41 days in the two New Jersey counties showing the longest length of stay. The movement out of incarceration may have less to do with rapid processing than with the lack of space in County facilities, which currently have an approved capacity of 37 and operate daily at nearly 230 percent of that.⁴⁴

These statistics indicate that the typical response to juvenile crime – however minor – is to incarcerate youthful offenders for a period in over-capacity detention facilities. The lack of alternative strategies appears to result from a shortage of resources rather than from the conviction among law enforcement authorities that detention is the best response to youth crime. CPAC surveys have found that over half of Camden County's police departments indicated that if they had more resources, more juveniles would be diverted from Family Court

⁴² In 2001, Camden County not only had the second-largest portion of New Jersey's incarcerated youth, but increases in admissions had increased 1.5% from the previous year (State of New Jersey Juvenile Justice Commission Compliance Monitoring Unit, “Statistics on Juveniles in Detention Facilities,” 2001). The County with the largest proportion of detainees was Essex, with 23 percent of the offenders; Essex showed a slight decrease in admissions from 2000. In third place was Hudson County, with 10 percent; Hudson increased admissions slightly, by 0.5%, from 2000.

⁴³ CPAC, *Analysis Report of the 2001 Camden County One-Day Detention Snap Shot*. Overall the one day Detention Snap Shot analysis identified the typical youth held in the secure detention facility and in detention alternative programs (i.e. electronic bracelets, intensive probation supervision) on December 3, 2001 was: a Camden City youth, 16 years of age, awaiting adjudication on a violation of probation charge, had not been in detention before, was not involved with DYFS and had stayed in the facility or in a detention alternative program for at least 30 days.

⁴⁴ The state's Juvenile Justice Commission's 20001 Law Enforcement Questionnaire found that that the types of juvenile cases most often diverted through station housing adjustments in Camden County were criminal mischief, school behavior and disorderly conduct. Criminal mischief cases ranked the highest with 18 of the police departments reporting this type of juvenile law violation was diverted from Family Court. School misbehavior cases at 14 were the second type of violation diverted and disorderly conduct cases were last with 10 departments reporting this juvenile law violation as a common diversion.

and provided with alternative rehabilitation services. Many of the police departments requested information on other existing station house adjustment programs and funds for personnel expansion and incentives for youth.

The Camden County Youth Services Commission has recommended important changes to the current juvenile detention system, including expansion of County facilities, strategies to address the disproportionate confinement of black and Latino males in the system, creation of gender-specific programs, and continued commitment to an alternative continuum of care that includes mental health services, education, and counseling.⁴⁵

⁴⁵ Camden County Youth Services Commisison 2001.

*Section Five***Health Services**

Because of concentrated poverty, lack of access to preventative care and medical treatment, and substandard environmental conditions that are conducive to the spread of physical illness, Camden has a high rate of health problems and a critical need for health services. **While the city accounts for 16 percent of the county's population, its proportion of persons with serious medical needs is much higher.** The city accounts for:

- 33 percent of Camden County's tuberculosis cases;
- 35 percent of its Hepatitis B cases;
- 52 percent of the its AIDS cases;
- 64 percent of infant deaths; and
- 79 percent of the County's syphilis cases.

Teenage pregnancy – which is often connected to higher rates of health problems – remains at a high level in Camden; in 1998, one-third of the children in the city were born to mothers between the ages of 15 and 19. Low-birth-weight babies are twice as likely to be born to mothers living in the city than to those in the surrounding county suburbs.⁴⁶

⁴⁶Southern New Jersey Perinatal Cooperative, *2000 Regional Perinatal and Pediatric Plan for South Jersey*. Low-birth-weight babies have a higher death rate and are more likely to develop disabilities, which create a greater need for medical services, special education, and lifetime support services. The 1998 infant mortality rate was around 2.5 times higher in the city (23.3 per thousand live births) than in the county (8.9 per thousand). The state's rate in that year was 5.8 per thousand.

In a 1995 survey of adults in the city, one-third of Camden residents reported that their own health was “fair or poor.”⁴⁷ As the WFNJ evaluation found three years later, “health problems” were cited most frequently by jobless modest-income parents when asked why they did not work.⁴⁸ **As so many of these health issues are experienced by teenagers and young adults of working age, the task of remedying Camden’s health problems is a critical part of any strategy to increase workforce attachment and economic opportunity in the city.**

We divide our discussion of the health services system in Camden into three parts: the general health care system, mental health services, and substance abuse services.

General Medical Services

The most important **governmental actors** in the local health system are the County Board and Department of Health, which monitor health outcomes and regulate the systems. The Board, through Department, has the power to pass, alter or amend ordinances and make rules and regulations in regard to the public health within Camden City. Camden City has not had its own autonomous Board of Health since 1963, although it now has an Advisory Board of Health.

As in many distressed communities, there are few independent private family doctors in Camden. **As a result, a high percentage of residents have to depend on public and publicly supported service providers.** A common concern (and indication of this problem) is the high number of individuals going to hospital emergency rooms for treatment that in most of the nation is normally provided by primary care physicians.

Most of the general health care in Camden is provided by three major hospitals: Cooper Hospital/University Medical Center, Our Lady of Lourdes, and the Virtua Health System and Virtua Hospital.⁴⁹ In addition, a number of nonprofits also provide publicly-funded health services in Camden.⁵⁰ All of these major health systems and community-based organizations provide outreach, assessment, and prevention services as well as general health care. These

⁴⁷ Health Visions, Inc., *Camden County Health Needs Assessment* (1995).

⁴⁸ Hainson et al.

⁴⁹ Virtua, however, is now in the process of closing down its operations in the city.

⁵⁰ These cover a wide range of services and organizations, who are detailed in Appendix B.

have historically included health assessment vans, neighborhood health fairs, door-to-door outreach programs, and community health clinics.⁵¹

PERFORMANCE ISSUES

Despite this array of health care services, continuing high rates of illness and disease indicate that **Camden's community health care needs are not being met, and resident surveys and usage rates show that Camden residents are not using all of the health services available to them.** Preventative services, in particular, have very low usage rates. In 1995, twenty-three percent of Camden did not receive dental care when they needed it, 36 percent did not have a yearly physical, and 48 percent did not have a regular dental check-up. Camden's older population also is not getting the services it needs. Fifty-nine percent of the men over 50 had never had a test for prostate cancer, and 49 percent of residents aged 65 and over did not have an influenza vaccination.⁵²

We identify three crucial performance issues behind this deficit in care: patient costs and lack of insurance; service availability; and coordination between health and human service providers.

1. Cost of Services

Cost is an important reason why Camden residents are not taking advantage of the health services that are available to them. A 1997 survey found that, among all adults living in the city, 18 percent did not receive needed health care and 20 percent did not fill a prescription because they could not afford it. This fact is not surprising when we consider that only 38 percent of the city's modest-income families have employer-provided, private health insurance. Another 39 percent receive Medicaid or another public program. **Twenty-three percent of Camden families have no medical insurance coverage.**⁵³

2. Availability of Services

While the cost of care is an extremely important factor in patient behavior, Camden residents are also face serious access problems when it comes to general health care services. **Despite the variety of available community-based services, the existing network of**

⁵¹ Detailed discussion of these services is found in Appendix B.

⁵² Health Visions 1995.

⁵³ Hainson et al.

general and preventative care has many gaps. A 1995 analysis by community health planning committees identified a number of problems with the local system, including:

- limited primary care facilities in neighborhoods and schools;
- a long wait time for appointments;
- a lack of 24 hour on-call physicians and a lack of evening and weekend office hours;
- poor transportation to facilities;
- limits on Medicare and Medicaid payments and slow reimbursement by Medicare and Medicaid to providers, which has caused more providers to leave the city.⁵⁴

Access to transportation is also an issue in the degree to which Camden residents are able to receive needed health care services. In the 1997 survey, 19 percent of residents said that transportation problems had prevented them from going to a doctor or dentist.⁵⁵

3. Coordination Among Providers

A lack of coordination among health care providers and between the health care system and the social services system seems to be a significant reason that Camden residents are not getting the health services they need.

These performance issues are not new, and public and private leaders have formulated a number of plans over the years to address these problems. While there have often been calls for higher funding levels for health services, reformers have emphasized the need to shift more of the system's focus from treatment to prevention, better coordination across health and other social services, and neighborhood involvement in service planning and delivery.

Mental Health Services

This service cluster includes services designed to provide treatment for individuals experiencing either chronic mental health problems or emotional disorders that disrupt activities of daily living. Services in Camden County range from 24-hour crisis stabilization to partial care/outpatient services, and include two inpatient facilities. The key players in the system are:

- **The New Jersey Division of Mental Health Services (DMHS)**, which is the primary funder of mental health activities in the county. The Division uses a combination of

⁵⁴ Health Visions 1995, page 101

⁵⁵ Information provided by Virtua Health Systems.

Federal Community Mental Health Services Block Grant funds, State and other public and private grants to contract with county providers to provide services. DMHS also contracts directly with eleven Camden County Community Mental Health Agencies to provide outpatient and residential services, as well as with two inpatient facilities in the County.⁵⁶

- **The County Mental Health Board**, which is administered by CPAC. Our experience with the county mental health board has shown us that this sort of private administration enhances the ability to plan and coordinate with other county mental health planning bodies.⁵⁷
- Camden County contracts directly with **community mental health providers** to provide adult wrap-around services, emergency housing, a consumer personal budget program, and a county boarding home outreach and socialization program. The County also provides operational funds to the Camden County Health Services Center for in-patient psychiatric services.⁵⁸

During fiscal year 2000, Camden City accounted for 25 percent of the county's admissions to State-contracted mental health facilities – or 2,148 patients. Twenty-eight percent of the mental health service cases in the county were from the City of Camden.⁵⁹

PERFORMANCE ISSUES

We identify four key issues:

1. Lack of services in the city.

⁵⁶ These agencies are also approved Medicaid providers of outpatient mental services, and can bill directly to Medicaid as well as private insurance companies. DMHS also provides additional funding for specific mental health projects within Camden County through Federal Community Mental Health Block Grant funds.

⁵⁷ In 1977, New Jersey's *Community Mental Health Services Act (NJSA 30:9A)* authorized the establishment of state and county level mental health boards. These county level boards are to be organized as volunteer citizen bodies, with members appointed by locally elected officials, called Freeholders in New Jersey. These mental health Boards are responsible for developing plans and, with Freeholder approval, for recommending funding for local mental health services.

⁵⁸ A list of nongovernmental service providers is found in Appendix B.

⁵⁹ New Jersey State Division of Mental Health Services, data analyzed by CPAC. The admissions were fairly equally divided across the city's three planning districts: 783 from City Planning District #1 (Northwest); 744 from City Planning District #2 (Northeast); and 621 from Planning District #3 (South).

As shown in the figure above, the majority of the city's mental health services were provided by two agencies: the Steinger Center and South Jersey Behavioral Health Resources. The disproportionate number of admissions at these two facilities likely reflects the fact that they are two of the only three major state-contracted mental health providers located within the city limits. **The lack of providers in the city is a serious shortcoming, since one-fourth of the county's mental health population resides in the city.**

2. Limited free or publicly-subsidized care

The dependence of the majority of Camden residents on free or publicly-subsidized mental health services exacerbates these shortages. Current state and county mental health contracts provide limited funds for psychiatrists and/or psychiatric nurses, which means that agencies provide for no more than ten to fifteen hours of service per week. The shortage of subsidized care may also be a factor in another crucial gap in mental health services in the city: the **shortage of housing services for the mentally ill**, from supervised group homes to independent living facilities.⁶⁰

3. Long waits for care

The large demand for services and the shortage of accessible treatment facilities results in patients being denied services or being forced to wait for them. The primary community mental health provider, South Jersey Behavioral Health Resources, has a long waiting list for initial psychiatric evaluations. Camden's 24-hour Mental Health Crisis Screening Unit continues to be unable to match the current demand for psychiatric evaluations, and because of a lack of 24-hour substance abuse facilities in the city, this unit must handle those cases as well. **Disparities between the city and other parts of the county have become serious. During calendar year 2000, the waiting periods for psychiatric appointments inside Camden City averaged 3.5 weeks; in contrast to an average of only 1.5 weeks in the rest of the county.**⁶¹

4. Services for Children and Youth

The recent Camden Mental Health Plan, developed by CPAC, identified a number of gaps in mental health service provision in the city, particularly in **service for troubled children and youth**. In a city with a large population of children and a disproportionate number of at-

⁶⁰ *Camden County Mental Health Plan 2000*. The report also found that Camden also too few counseling and group support services that help people of limited means deal with daily stress.

⁶¹ *Camden County Mental Health Services Referral Survey 2001*.

risk youth, there is inadequate capacity in therapeutic programs for children, alternative education program for troubled youth, and support services like mentorship initiatives.⁶²

Substance Abuse Prevention and Treatment

Substance abuse remains a pressing problem for residents of Camden. Although there are numerous treatment facilities, an estimated 8 percent of the adult population of Camden County needs treatment for alcohol abuse or dependence. Alcohol abuse leads to other problems in both the county and the city. Alcohol involvement alone accounted for 30 percent of the total domestic violence offenses reported in the city in 1997.⁶³ It also leads to arrests. In Camden County there were there were 2,590 people arrested in 1997 for driving while under the influence, causing Camden County to be ranked second in this category among all counties in New Jersey.⁶⁴ During 1999 Camden City residents accounted for 28 percent of all drug and alcohol service admissions among state and county contracted substance abuse providers in Camden county.⁶⁵

A 1997 survey found that Camden County's substance abuse treatment population was 72 male and 48 percent minority. Thirty percent of admissions were between the ages of 35 and 44; six percent were under 18. Twenty-eight percent had legal problems, and forty-five percent did not have health insurance.⁶⁶

Government services in this area focus primarily on prevention, education, and environmental approaches that enhance the skills of individuals to avoid addictions. These services are primarily funded through the **New Jersey Department of Health and Senior Services (DMHS)** and overseen by the **Camden County Division of Addictions**. The latter develops standards and takes other actions to influence the prevalence of alcohol, other drugs, and gambling problems in the general population. The Division of Addictions is responsible for negotiating all grant applications, monitoring all program services, assessing needs, monitoring grant performance, and coordinating activities with other agencies serving the same populations.

⁶² *Camden County Mental Health Plan 2000*.

⁶³ Uniform Crime Report, Camden County.

⁶⁴ Department of Health and Human Services, Division of Alcohol and Substance Abuse, *2001 County of Camden Comprehensive Alcoholism and Drug Abuse Plan*.

⁶⁵ NJ ADADS (Automated Drug and Alcohol Data System). This is a statewide database containing service provider and patient data.

⁶⁶ Data provided by the Steinger Center.

PERFORMANCE ISSUES

We see three key issues:

1. Lack of coordination between mental health and substance abuse services

The substance abuse treatment and prevention system needs to work in a coordinated, complementary way with the mental health system. **The overlap between mental health cases and substance abuse cases is significant, and has important implications for service delivery.** A 1996 state survey conducted at mental health screening centers in Camden and two other New Jersey counties found that nearly half of the mental health clients were involved with drugs and/or alcohol in a clinically significant way.⁶⁷ The Camden Mental Health Plan recognizes that Camden City residents would benefit substantially from a combined mental health and addictions services case tracking and 24-hour screening and referral system.⁶⁸ In order to create such a system current “funding silos” at the county and state level would have to be joined together.

Kennedy Health Systems administrators have reported to CPAC that in the past year there have been an increasing number of cases admitted for inpatient detoxification who present in an acute physical state and that their inpatient length of stay is prolonged, often by several days, due to medical conditions other than substance abuse. This point further emphasizes the need for better coordination among health-related services.⁶⁹

2. Service cutbacks

The current policy environment has been characterized more by cut-backs than expansions. As a recent Camden County report noted, the only residential treatment facility in

⁶⁷ K. Bedard, *Survey of the Impact of Drug and Alcohol Use on Screening in Three Counties*, Department of Mental Health Services, 1997. A preliminary report from the NJ Division of Addiction Services (DAS) and NJ Division of Mental Health Services (DMHS) Joint Screening Center Task Force for April 2001 through December 2001 shows that from a total of 634 screened patients identified as substance abusers, 319 were determined to have a primary treatment need of only substance abuse services. Of which 231 needed outpatient services, 181 needed detoxification services and 83 screened patients were in need of immediate addictions services for which their was no treatment resources available at the time they presented to the mental health crisis screening unit. SOURCE.

⁶⁸ *Camden County Mental Health Plan 2000*, Community Planning & Advocacy Council Mental Health Needs Focus Group Study and Services Survey.

⁶⁹ Data provided by Kennedy Health Systems Addictions Department.

the city closed in August 1996, the only inpatient detoxification closed in 1998. The city lacks halfway houses and long-term residential treatment facility for adolescents.⁷⁰

3. Inflexibility of funding streams

The service shortage is exacerbated by the inability to shift funds between programs. For example, substantial funding has been dedicated to the Substance Abuse Initiative (SAI) which provides treatment for welfare clients under the state's WFNJ program. SAI, however, is markedly underutilized while other substance abuse programs are overloaded with clients and strapped for funds. In Camden County, only two percent of the year 2000 TANF caseload had been referred to SAI and about one percent had entered treatment.⁷¹ The distressingly low usage rates for this service is a powerful example of the service delivery problems created by separate funding streams that have neither the ability nor the incentive to coordinate with one another.

CASE STUDY: OREGON'S AGENCY REVAMPING

It is clear that Camden can benefit from better coordination between mental health and substance abuse services, as there is so often overlap in clientele. A model for broad-based reform, instigated at the state level, is Oregon's State Department of Human Services, where the mental health and alcohol and substance abuse programs have been combined. While driven in part by cost-cutting and government efficiency concerns, this reform has given the state the opportunity to provide services tailored to individual clients with these problems and helps build places to serve those who have both. The system provides an integrated system of care for individuals with a dual diagnosis of mental illness and substance addiction. The merging of these two agencies did not result in significant job cuts (as some public employees had feared), as the only jobs eliminated were several deputy administrator positions that had become redundant. With the merger, however, came increased efficiency and effective provision of care. Clients who are not dual-diagnosis receive services for mental illness or addictions through existing county and community providers. As state officials put it, "While it is imperative that the substance abuse and mental health communities develop a shared perspective and speak the same language, both must maintain a clear and distinct vision of their individual roles to best serve the needs of all clients."⁷²

⁷⁰ The Camden County Dept. of Health and Human Services Division of Alcohol and Substance Abuse: *Comprehensive Alcoholism and Drug Abuse Plan 2001*

⁷¹ Haimson, et al, 2001, p. 82. State-wide, 5.2 percent had been referred and 1.8 percent had entered treatment.

⁷² For more information about the Oregon reforms, see SOURCE.

Section Six

Policy Implications and Promising Reforms

The challenges faced in the effective delivery of social services in Camden are significant. Providers are serving a high-need population, are faced with too few resources, and have to negotiate a system that can be bureaucratic and administratively complex. Yet there are positive signs that it may be possible to overcome these challenges. Some of the most promising indications of this are in new, small-scale programs that are seeking to provide integrated service delivery that is rooted in the needs of the community and the client. We would like to discuss a few of them here.

COORDINATED AND COMPREHENSIVE SERVICES

As we have seen in the previous sections, Camden has many social service programs, each of which have their own separate case managers. Any one family may be in contact with several different case managers at the same time. Each is prepared only to offer assistance limited to his or her own professional or agency specialties. No one is looking at the family's overall needs, helping them to set priorities, and referring them to a mix and sequence of types of assistance that fits their real requirements. For example, the workforce development case manager who is helping a parent find employment also ought to be looking for health problems in the family, and be prepared to make connections with appropriate health care providers and financial assistance packages that may be needed.

But there are some promising efforts to blend the "silos" of service delivery and provide comprehensive service delivery to clients. These initiatives are usually small in scope and targeted to a particular population. They include:

- **The Learning Collaborative**, created in 1993 as one of ten demonstration programs in the United States and Canada aimed towards the development of new, collaborative health care delivery models. Partners in the Collaborative included local government, religious leaders, health care institutions, and members of the community. Targeting women of child-bearing age and their families, the Learning Collaborative works with neighborhood health care councils to inform the community of primary care resources that are available, and to administrative issues.⁷³
- The **Multi-Agency Life-Line**, a juvenile justice initiative which links at-risk youth to life-skills training, therapy, and other needed supports. The substantial expansion of this kind of approach might be able to remedy the high rates of juvenile incarceration. The most frequent offense that takes Camden City youth down the path toward arrest is drug offenses. Substance abuse treatment was the top service intervention needed – but not available – for youth held in the Camden County Detention Center. This initiative attempts to wrap in these necessary services.
- **The Screening Center Project**, a joint initiative of the Division of Addiction Services (DAS) and the Division of Mental Health Services (DMHS). The goal is to improve the delivery and coordination of services to persons with primary drug and/or alcohol problems who have presented at any of three selected mental health screening centers.

NEIGHBORHOOD-LEVEL SERVICES

We also recognize that service delivery works effectively only if it happens in the **neighborhood context** and mobilizes the involvement and support of many neighbors along the way. Providers have so far failed to establish enough trust to really help families deal with some of the most serious barriers to self-sufficiency, like substance abuse. Engaging neighborhood residents in education, planning, and social service delivery may well be essential to establishing the level of trust that is needed to actually affect behavior.

An example of a promising step towards reform is:

- The **New Jersey Children's Initiative**, which aims to restructure the state's system that serves children with emotional and behavioral disturbances by increasing funding, reducing direct state functions, and transferring service delivery to more private, local

⁷³ System coordination also has been attempted by the Camden City Health Futures Committee initiative, being mobilized by UMDNJ and others. However, there has never been sufficient funding to spread this approach to a sufficient number of other neighborhoods.

vendors. The objective of this effort is on preventative care through increased family and community support, as well as to establish a single process for entry into the system.⁷⁴

SHARED DATABASES AND INFORMATION TECHNOLOGY IMPROVEMENT

It is clear from our analysis that Camden's human services system could greatly benefit from the development of a shared information system containing data on client circumstances, needs, and program involvement that is integrated across health and social service programs. If given access current technologies that allow for comprehensive information-sharing over the Internet or Intranet – and that also are able to protect client privacy – providers would have the tools to rectify some of the coordination problems that reduce efficiency and alienate the community. Local providers and citizens strongly agree that an integrated data system could do much to support truly coherent case management for Camden's troubled families.

CPAC is taking the lead on improving these information systems with new pilot programs including:

- The **Workforce Investment Board Web-Based Reporting System** will soon allow the tracking of clients involved in outreach and recruitment, Welfare-to-Work and all state- and county-funded human services programming. This system will allow for basic querying and for exporting data to third party software for advanced analytical work. It is projected that there will be multiple satellite sites in human services agencies providing welfare-to-work outreach and programming. In this database, clients will be identified by a unique and secure Client ID number to ensure the confidentiality of all information within the data management system. A Web-based interface system will allow all organizations to input coded information for delivery to a single CPAC-administered databas, which will then enable us to track client demographics and geographic distribution, and anticipate service needs.
- The **Healthy Mothers/Healthy Babies** web-based information management tracking system, developed by CPAC in partnership with the Camden City Healthy Start Initiative and the Camden County Welfare-to-Work Project. The system allows for the collection of data by grantee organizations as well as individual case tracking of services provided

⁷⁴ The New Jersey Children's Initiative was established in 2000 by then-Governor Christine Whitman. These reforms are just now beginning to be implemented in Camden County, so it is too early to address their effectiveness. CPAC experience suggests, however, that they are designed to address the most important problems with the overall system in the past by streamlining services and bringing them closer to the community level.

by community service providers, and allows for basic querying and exporting of data to third-party software for advanced analytical work. The data can be used for reports and data sets for funders, partner organizations, and the community.⁷⁵

The Camden County Department of Health & Human Services has recently expressed an interest in having CPAC develop a similar web-based information management tracking system for its Camden County Community Human Service Grants.

⁷⁵ Another initiative along these lines is One-Easy Link, developed initially as part of a statewide effort to allow different local networks to exchange compatible information. However, the system includes records from only a small number of service providers so far. Additional funding is being sought to expedite its expansion.

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Appendix A: Approach and Methodology

Obtaining information on the budgets of the entities that deliver social services in any community is a difficult assignment because so many agencies are involved and they are not required to report budgetary or other performance data to any central agency in a comprehensive manner.

In Camden County, however, CPAC does offer important advantages in this regard. It is an independent nonprofit organization that, under agreements with the State and County governments and others, administers and oversees a number of initiatives that cut across the many programs in the human service delivery system. These include the Human Services Advisory Council (HSAC), the Mental Health Board (MHB), the Youth Services Commission (YSC) and the Youth Empowerment System (YES). In this capacity, CPAC prepares planning documents and evaluations for a large share of the health and human services programs that operate in the county.

In this analysis, CPAC took advantage of our knowledge base in two basic steps. First, CPAC assembled the budgetary data on non-profit service providers that CPAC collect as a part of the Management Assistance Program (MAP). Second, we collected budgetary data from federal, state, and local government agencies and then compared it to the MAP data to fill gaps and eliminate overlaps.

ANALYSIS OF MAP DATA

CPAC's regular administration of MAP includes collecting and analyzing program performance and budgetary data for most of the County's non-governmental service providing agencies. The first step in this work was to put MAP data into a coherent framework. We entered the data on the 2000 budgets (by source of funds) of all MAP agencies into a new Access Database according to the relevant programs they operate. A benefit of the MAP data

is that it includes information on program activities supported by foundations and other private grants as well as those supported by government agencies. Data on the former are seldom available in studies of this sort.

The database contains descriptive information for all of the 125 service agencies identified earlier as working in our areas of interest. It contains budgetary information for only 107 of them, but these are generally recognized as the largest and account for the bulk of the activity in these fields. For these purposes we classified programs into the following groupings:

A. WORKFORCE DEVELOPMENT

1. Job linkage services
2. Support services

B. SERVICES FOR CHILDREN AND YOUTH

1. Child care
2. Child welfare
3. Juvenile Justice
4. Youth residential
5. Youth activities

C. HEALTH

1. Substance abuse
2. Mental health
3. General health
4. Child health and perinatal services

ANALYSIS OF GOVERNMENT BUDGETS

To gain a better sense of total expenditures, we supplemented the above analysis by examining relevant government budgets. These include:

- The budget of the City's Department of Human Services for 2000.
- Elements of Camden County's budget for 2000.⁷⁶
- The budget of the Camden Board of Education for 2000.
- The budget for the State of New Jersey Department of Human Services (portions allocated to Camden County) for 2000.

⁷⁶ Specifically, the budgets of the Board of Social Services (which incorporates Federal and State as well as County funds for TANF and other major income maintenance programs); the Department of Health and Human Services; and other County agencies responsible for workforce development.

- 2000 budgets for individual Federal programs allocated directly to local non-governmental entities (i.e., not passing through State or County budgets).⁷⁷
- 2000 budgets for related agencies like the City Housing Authority and School District, for comparative purposes.

Once the government budget data were assembled, we examined the overlap between them and the data in the MAP analysis and added government allocations to the data base that were not already recorded.

COVERAGE

Table A.1 explains what is included in the database. In the first row (where government agencies provide services directly) all data comes from the various government budgets noted above. We have no data on government service provision funded from private sources—not impossible but clearly a small category. In the second row (where services are provided by the 107 CPAC/MAP agencies), budgetary information came from CPAC's MAP files, checked against allocations in government budgets.

The third row—covers all other service provision. In some cases, information is provided in the database, such as when a state or local budget identifies an allocation to a private entity not covered under the MAP program. However, many items are not. One example is the health programs provided by one of Camden's major private hospitals (not in the MAP system) that are funded by a private foundation, or police and corrections costs related to juvenile justice. All in all, however, we judge that we have obtained data on the bulk of the budget allocations relevant to this inquiry.

Table A.1 Social Service Budget Data: Availability and Sources

Provider	Source of Funds			
	Federal	State	Local Govt.	Private
Government	State & Local Budget	State Budget	Local Budget	No
CPAC MAP Agencies (private nonprofit)	MAP & Budget	MAP & Budget	MAP & Budget	MAP

⁷⁷ An example is the budget for the Healthy Start program in Camden County.

Other private	No	Some	Some	No
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In making these estimates, CPAC made a distinction between service-based and cash-based assistance. Cash assistance was not included in our estimates, but the breakdown of this funding is as follows:

**Table A.2
BREAKDOWN OF ESTIMATED INCOME MAINTENANCE
BUDGETS, 2000 (\$ MILLIONS) - CAMDEN COUNTY**

	Total	State & Federal	City & County
County Board of Social			
TANF	31.1	25.8	5.3
SSI	4.5	3.4	1.1
General Assistance	3.1	-	3.1
Food Stamps	10.1	5.0	5.0
Child Support and Paternity	3.7	2.4	1.3
Medical Assistance	7.7	4.0	3.6
Administrative	3.3	1.7	1.7
Total	63.4	42.4	21.1
City Housing	8.2	8.2	-
Total	71.6	50.5	21.1

DERIVING CITY-BASED DATA

CPAC staff familiar with the providers first sorted them into three categories: (1) serves the City only; (2) serves outside the City only; and (3) serves both. For groups in the latter category, funding amounts were split based on available workload or need data. For example, funds for a program that primarily serves the welfare population were split 68 percent to the City and 32 percent outside the City, since it is known that 68 percent of County welfare recipients are City-based.

Appendix B: Health Service Providers in Camden

COMMUNITY-BASED OUTREACH AND ASSESSMENT SERVICES

The following entities provide general medical services at the neighborhood level:

The Camden Area Health Education Center (AHEC) Neighborhood Health Van offers on-site HIV screening aimed at reaching women, youth, and minorities in at-risk situations for HIV/AIDS. The van is staffed to conduct HIV counseling and testing, and it makes referrals to other HIV/AIDS providers for support services and related resources. The van also provides additional health care services such as screening for hypertension, cholesterol, and diabetes. It also serves as a source of information on immunizations, the federal Women, Infants, and Children Program (WIC), and other health-related programs of interest to families with children.

Cooper Hospital Mobile Unit. Robert Wood Johnson Medical School faculty provide services aboard a 48-foot mobile home that brings family medicine, pediatric and prenatal/women's care directly to Camden's neighborhoods.

The Our Lady Of Lourdes Outreach Van provides screening for hypertension, cholesterol, diabetes, and other conditions. The van also provides information about immunizations, WIC and other programs.

Cooper Hospital/Camcare Neighborhood Health Centers provide a primary care system spanning twelve clinical delivery sites located throughout the city. Sites include the Bergan Lanning Health Care Center, Women's Care Center, Ambulatory Care Center, Cooper Pediatrics Clinic, Cramer Hill Family Practice Center, and four other Camcare sites.

Camcare Health, Inc. provides comprehensive primary care health services at three neighborhood sites in different sections of the city. Services include pediatric, adolescent and adult care, Ob/Gyn, geriatric, and special needs. Dental services are also provided at Camcare's Northgate I site, located at Seventh and Linden Streets, as well as at their East, South, and Central sites.

The Bergan Lanning Health Center, located in East Camden, began as a cooperative effort of the Camden Area Health Education Center (AHEC) and the Camden Community Health Care Consortium (CCHCC).⁷⁸ It specializes in women's care, family planning, pediatrics, primary care, internal medicine, and family practice. The Center houses:

3. Project H.O.P.E (Homeless Outreach Program Enrichment), which provides comprehensive health care and social services for individuals and families who are homeless;
4. The Community Health Practice of Our Lady of Lourdes Medical Center (OLLMC), which has a once-a-week evening primary care clinic for persons without health insurance and the working poor population.
5. A WIC program, sexually-transmitted diseases clinic, and special child care provided by the Camden County Department of Health and Human Services.

The Osborn Family Health Center, part of Our Lady of Lourdes Healthcare Systems and located across the street from its Medical Center. The clinic provides medical care for acute and chronic illnesses. Special emphasis is placed on health prevention and maintenance.

Camden Optometric Eye Center provides low-cost eye and vision services to poor, uninsured, low- and moderate-income residents.

MENTAL HEALTH SERVICE PROVIDERS

There are a number of organizations providing inpatient, outpatient, and other services to Camden County residents with mental health problems:

⁷⁸ The CCHC is a coalition of seven health providers, neighborhood residents, the Camden City Office of the Mayor, and the Camden County Department of Health and Human Services. Today the center has become a joint service of Our Lady of Lourdes Medical Center (OLLMC) and the Camden County Department of Health and Human Services.

Inpatient Services: Ancora State Hospital; Camden Community Mental Health Center; Camden County Health Services Center; Kennedy Health System.

Outpatient Services: AIDS Coalition of Southern New Jersey; Archway Programs; Beacon Counseling Services; Behavioral Concepts; Catholic Charities-Camden; Crossroads Programs, Inc.; Day Break Treatment Center; Delaware House; Family Counseling Service/Center for Family Service; Genesis Counseling Center, Inc.; Harmony Place; Hispanic Family Center of Southern New Jersey; Nueva Vida; South Jersey Behavioral Health Resources, Inc.; Steinger Center; Unity Place; University of Medicine & Dentistry New Jersey MICA Club; Youth Consultation Services.

Therapeutic Residential Services: Family Counseling Service/Center for Family Service; Group Homes; University of Medicine & Dentistry New Jersey MICA Club; South Jersey Behavioral Health Resources, Inc.; Steinger Center; Youth Consultation Services.

Case Management & Crisis Screening Services: Steinger Center.

Information & Referral/Community Education Services: Mental Health Association of Southwestern New Jersey; Contact Community Services.

Outreach /Assessment And Prevention: Steinger Center's Integrated Case Management; Steinger Camden County Programs of Assertive Community Treatment (PACT); Mental Health Association of Southwestern New Jersey Self Help Center of Voorhees; Camden Work Experience, Rehabilitation, and Collaborative Services.

Employment/Vocational Outreach and Assessment for Consumers: Mental Health Association of Southwestern New Jersey; Camden Work Experience, Rehabilitation, and Collaborative Services; Work Rite.

SUBSTANCE ABUSE SERVICES

Camden County operates several key initiatives that are physically located within Camden City:

6. **The Intoxicated Driver Resource Center**, which provides education and assessment to persons with serious alcohol problems and runs prevention and education programs;
7. **The Step-Up Program**, an outpatient treatment initiative that also provides alcohol and drug education, counseling, and various support groups;

8. **Alcohol and Substance Abuse Programs for Youth**, an early intervention program, provides prevention strategies, counseling, and referral services.

A county program not physically located in the City of Camden is the **Municipal Alliance**, which provides services to expand the prevention and education components of the county's substance abuse plan. The program coordinates the County's D.A.R.E. Program, Project Prom/Graduation, consults with municipalities on the development of local programs.

The **non-governmental organizations** that provide substance abuse services to residents of Camden include:

Alcove at Virtua/West Jersey Hospital
Arway Recovery Incorporation
Camden County Council on Alcoholism and Drug Abuse, Inc.
Camden County Council on Economic Opportunity, Inc.
Catholic Social Services Regional Counseling Center
Contact Community Services
Cooper Hospital/University Medical Center
Genesis Counseling Center, Inc.
Integrity, Inc.
New Horizons Counseling
Office of Alcohol and Substance Abuse, Camden County
Rancocas Hospital
Reality House, Inc.
Seabrook House
Sikora Center, Inc.