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Mentally Retarded Adolescent Delinquent Project
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A STUDY OF THE CHARACTERISTICS AND

TREATMENT OF MENTALLY RETARDED

ADOLESCENT OFFENDERS IN NEW JERSEY

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INTRODUCTION

The Department of Pediatrics of Rutgers Medical School (CMDNJ) has been funded by the Developmental Disabilities Office of HEW Region II to address, on a systemic basis, the needs of mentally retarded juveniles accused of breaking the law. The role of the project is to determine the needs of the target population and identify, coordinate, or create services to meet those needs.

This report constitutes a point of departure. It delineates the current treatment of mentally retarded youthful offenders in New Jersey and is meant to serve as a base upon which the project will design future programs. The report is a summary of the findings of research undertaken by project staff in an effort to identify the size and characteristics of the target population and to explore how that population is treated by the relevant service systems.

At this point it should be stressed that the condition of mental retardation and the fact of criminal behavior are not one and the same. Retardation is a condition occurring at birth or during the individual's early developmental years which affects the learning and maturation process. Criminality on the other hand is not a condition but rather an act of illegal behavior.

The definitions of retardation and criminal behavior offered above are difficult to relate to concrete situations. According to Santamour and West (1977).

"To understand better the nature of retardation it might be easier to contrast it with normal growth and development. The effects of retardation are soon evident.

"Contrary to general public understanding, a retarded person's maturation process is not arrested at any one stage of development. Rather, it lags behind normal maturation rates and is adversely affected by the social environment. Rejections by others and lowered expectations of persons associated with the retarded person have a significant inhibiting impact. Although a retarded person will never reach normal levels of mental development, growth always remains a possibility. Numerous studies of the effects of well-designed programs on the functioning of retarded persons have documented this fact, and phenomenal changes in the abilities of retarded persons have been recorded. The conclusion is that retardation reveals a lag in the development of the individual.

"Having elaborated upon the earlier definition of retardation, it is important to develop that of criminal behavior, that is, behavior adjudicated as being in opposition to established legal codes. To understand better criminal behavior it is necessary to identify the major factors involved in most illegal behavior which we have divided into five general classifications: (1) a misunderstanding of how to use institutions in society to attain desired goals in a legally sanctioned fashion, (2) a striking out against society in frustration stemming from one's own limitations or feelings of rejection, (3) mental illness causing irrational criminal behavior, (4) socio-pathology or criminal behavior based upon a calculated disregard for other people's rights, and (5) naivete or an inability to appreciate the consequences of one's own behavior.

"The causes relating to each factor are many and varied, depending upon each individual offender's situation and the circumstances relating to each illegal act.

"In relation to the retarded person who commits a crime, the factors offered above are applicable, however, certain of these factors are more often the source of criminal behavior in such cases, i.e., a misunderstanding of how to use social institutions to attain desired goals, a striking out in frustration..., and naivete. All three factors can be directly related to the condition of retardation. Although retarded persons, like persons of 'normal' intelligence, can become mentally ill, such illness is not a major factor in their criminality. Their lack of sophistication would also make retarded offenders less likely to be classified as sociopathic offenders. This is to say that the data, to date, would indicate only occasionally that the criminal behavior of a retarded individual is attributable to a calculated disregard for the rights of others."

The target population is defined as juveniles 18 years of age and younger who became involved with the courts and who meet the American Association on Mental Deficiency (AAMD) definition of mental retardation or who are perceived as mentally retarded by the relevant systems.

"The AAMD defines retardation as the condition which exists when there is 'significantly subaverage general intellectual functioning concurrent with deficits in adaptive behavior which is manifested during the developmental period.' In clarifying this definition, the AAMD defines 'significant subaverage performance' as existing when an individual scores two standard deviations below the mean or average score using standardized tests. On the most commonly used standardized tests, the Stanford-Binet and Wechsler, this represents an I.Q. score of approximately 70.

"The AAMD defines 'adaptive behavior' as 'the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.'"

None of the relevant systems use the current AAMD classification. The variation among definitions, as well as the fact that definitions have changed over the years (e.g., in 1973 the AAMD deleted the behavioral category of borderline retardation) leads to confusing and arbitrary decisions in many instances as to who is and who is not mentally retarded.

The Department of Human Services uses the New Jersey Statute definition "Mental Retardation shall mean a state of significant subnormal intellectual development with reduction of social competence in a minor or adult person; this state of abnormal intellectual development shall have existed prior to adolescence and is expected to be of life duration." See N.J.S.A. 30:4-23. There is no accompanying clarification of the word significant leaving it open to varying interpretations.

The Special Education Provisions of the New Jersey Administrative Code cites mental retardation as a condition of significant deficits in intellectual capacity combined with deficits in adaptive behavior. In a sub-chapter "educable" is defined as a "level of retardation which is characterized by intellectual capacity, as measured by a standardized clinical test of intelligence, within a range encompassing approximately one and one-half to three standard deviations below the mean and a low level of ability to think abstractly." Interpreting a standard deviation as 15, the New Jersey Department of Education currently considers 77 as the approximate ceiling level for classification of mental retardation. See N.J.A.C. 6:28-1.2.

The relevant systems impacting on the target population in New Jersey are Division of Mental Retardation (DMR); Division of Youth and Family Services (DYFS), the Department of Corrections and the Juvenile Justice System.

The population is further defined according to behavior and/or disposition as follows:

1. status offenders
2. children charged but diverted to community programs
3. children charged and committed or referred to DMR facilities
4. children committed to juvenile correction facilities
5. any of the above who exhibit severe management problems regardless of placement

JUVENILE JUSTICE SYSTEM

Because the juvenile justice system in New Jersey operates substantially on a county basis, there is little statistical data on how many children are involved at the various points in the system on a state-wide basis. No statistics are kept on whether or not children passing through the system are handicapped or otherwise impaired. There is a notation in the Criminal Justice Plan for New Jersey (1977) that an estimated 330 cases were diverted from the courts to the Division of Mental Retardation; however, according to the Administrative Office of the Courts, these data are unreliable.

Attachment one is a model flowchart of the New Jersey Juvenile Justice System taken from the aforementioned Criminal Justice State Plan. The flowchart will serve as a basis for consideration of the points in the system that are most crucial in the handling of mentally retarded youngsters whether they are actually adjudicated delinquents or Juveniles in Need of Supervision (JINS) or merely alleged to be so. The information was obtained in interviews in which juvenile justice professionals were asked their perceptions of each step in the system as applied to a child who is perceived as mentally retarded. It must be emphasized here that with few exceptions the professionals addressed had little or no knowledge about mental retardation.

The Juvenile Intake Unit

A major emphasis in the New Jersey Juvenile Justice System has been on alternative dispositions to formal adjudication. The intake process is initiated upon receipt of a complaint. The complaint is most often received through the police but may also come from social agency referrals, probation or parole, schools, parents or individual complaints. Thus, any party seeking to take legal action against a youth must go through intake prior to a court hearing.

When the Juvenile Intake Unit receives the formal complaint against a juvenile, the child can be referred to the Juvenile Conference Committee, to a Prejudicial Conference, to the informal court calendar (no counsel) or for placement on the formal court (counsel mandatory) calendar.

Juvenile Conference Committees are committees of six to nine community members appointed by the court to meet once or twice a month (there are 8 to 10 committees in Middlesex County.) Generally, minor complaints of the first offender, such as vandalism, trespassing, malicious damage, shoplifting and creating a disturbance will be referred to Juvenile Conference Committee. The purpose of the committee is to express community disapproval of the behavior and to recommend behavior limits and community resources to the youngster and his guardians.

Juvenile intake officers interviewed stated that they would not knowingly refer a retarded child to a Juvenile Conference Committee because they feel that (1) the committee would lack the expertise to deal with the child and (2) the committee would feel discomfited in the presence of the retarded child and his family.

Prejudicial Conferences are held by the intake worker and are frequently counseling sessions which can take many forms according to the perceived needs of the child. For instance, the child might be shown the courtroom or the jail as a warning. Cases referred for prejudicial conferences generally are those involving status offenses such as incorrigibility, truancy or runaway, where there is a likelihood that services to the juvenile and family are needed. The Prejudicial Conference often involves referral to available community resources. The case can also be dismissed.

Intake officers questioned responded that they do not feel that they possess sufficient expertise to handle a mentally retarded individual and would not knowingly schedule such an individual for a Prejudicial Conference.

Most of the retarded youngsters who come to the attention of juvenile authorities are mildly retarded; there is usually nothing in their physical appearance that would mark them as different. If the juvenile intake officer becomes aware of the possibility of retardation it is because of a notation made on the formal complaint according to information supplied by the complainant or by a review of the school records.

Court Assignment. When presenting factors are such that the juvenile is processed on to court for adjudicatory hearing, assignment is made by Intake to either Informal (no counsel) or Formal (counsel mandatory) Court for adjudicatory hearing.

In New Jersey, the Gault decision is translated into the provision of counsel, by Court Rule, for only those juveniles for whom institutional commitment may result. The provision of counsel, therefore, apparently turns on the interpretation of "institutional commitment." In most jurisdictions the interpretation of institutional confinement is commitment to a state correctional facility. However, the comment to Rule 5:3-3 in the Juvenile and Domestic Relation Court section of Pressler, Current New Jersey Court Rules is as follows:

"Pursuant to the (1974) Act, the formal-informal verbiage has been eliminated, and it is the possibility of institutional commitment which is the stated standard for determining the juvenile's right to counsel. This represents no change in concept, but, when read with the Act, does provide clarification of the meaning of "commitment" - namely a transfer of custody to any institution, whether correctional, treatment or diagnostic." (*Italics added.*)

The practical result of the existing practice (using the narrow interpretation of institutional commitment to correction facilities) is that the juvenile is scheduled for Formal (counsel mandatory) Court if the behavior is of such a severe nature that removal from the community is almost inevitable regardless of contributing factors such as handicapping conditions or family disintegration. In a like manner, the juvenile is scheduled for Informal (no counsel) Court for less severe behavior even if the presence of handicapping conditions or family disintegration make placement outside of the home a likelihood. The most questionable aspect of the aforementioned is that juveniles in all but the most serious cases may be committed or referred to DMX facilities as a result of their alleged offenses but without representation by counsel.

Adjudicatory Hearing. At the time of the adjudicatory hearing, there are three alternatives open to the court. (1) The complaint can be dismissed immediately. (2) The judge can withhold formal adjudication for up to 12 months and then dismiss charges if the juvenile makes a satisfactory adjustment. *There is evidence to support a finding that one condition for dismissal of charges against a retarded child may be institutional placement.*

The third alternative resulting from the adjudicatory hearing is a finding of the court that a juvenile is delinquent, or is in need of supervision. A dispositional hearing is then scheduled in order to administer the most suitable dispositional alternative for the juvenile and society.

Prior to the dispositional hearing the judge will order a presentence investigation to be conducted by probation on the juvenile to assist in his determination of disposition. This will include the youth's background, prior record and other pertinent information. The judge may also request that diagnostic testing be done or ask that other involved agencies submit reports to assist in making the most appropriate decision. This often includes the Division of Youth and Family Services, or local school child study teams.

The Woodbridge Emergency Reception Center, administered by DYFS, is a diagnostic center where juveniles may be referred for a period of 30-90 days. During their stay, an educational and psychological evaluation is made for each child to determine the best course of treatment. Children who are known to be mentally retarded are not accepted by the center for evaluation. Such exclusion is detrimental to the child. A retarded child gets into trouble for the same reasons as other children. The problems may be primarily family generated or situational and he is as likely to be socially maladjusted and/or emotionally disturbed as his non-retarded cohorts.

As will be noted in the section of this report dealing with DMR, the problems of a number of youngsters with court involvement are compounded by family disintegration. In the case of a handicapped youngster, the fact that he has gotten into trouble is frequently the final straw for the school authorities and community agency personnel, as well as family members who are overwhelmed with just trying to survive.. Whether or not the family wants to retain the child in the home, (and a survey of the relevant records shows that most families don't), it takes little persuasion to convince the family to make "voluntary" application for services of the Division of Mental Retardation.

Dispositional Hearing. Among the options open to the court are:

1. commitment to a juvenile correctional facility
juveniles (delinquents or JINS) represented by counsel
2. commitment to an institution for treatment of mental illness
Juveniles (delinquents and JINS) who are committed to institutions for treatment of mental illness are most frequently not represented by counsel but are protected by court review of the placement within 30 days.
3. placement under the care of DYFS
Juveniles (delinquents or JINS) who are placed outside of the home under the care of the Division of Youth and Family Services are most frequently not represented by counsel but do receive protection under the Child Placement Review Act.
4. placement under the care of the Division of Mental Retardation of children deemed by DMR to be "eligible" for services
Juveniles (delinquents or JINS) who are placed under the care of the Department of Human Services, Division of Mental Retardation are most frequently not represented by counsel nor are such placements subject to either the Child Placement Review Act or to periodic review as in mental health institutions.

DIVISION OF YOUTH AND FAMILY SERVICES

The Division of Youth and Family Services (DYFS), of the Department of Human Services, is the primary state agency responsible for the delivery of social services to children and families in New Jersey. In instances in which the child is handicapped, however, that primary responsibility transfers to the agency mandated by law to provide services: the Division of Mental Health and Hospitals (DMH) for the mentally ill child and the Division of Mental Retardation (DMR) for the retarded child. DYFS retains responsibility for handicapped children for whom no separate agency exists, such as those who are emotionally disturbed or physically handicapped.

There has been increasing recognition on the part of both DMR and DYFS that a child who is mentally retarded has many needs, some of which can best be met by DYFS. In February of 1977 a formal Agreement of Cooperation between DYFS and DMR was signed by the Directors of both agencies. In essence that agreement assigned DMR responsibility for children whose primary problem is retardation and DYFS responsibility for children who are emotionally disturbed/mentally retarded; are functioning on a higher level of retardation; are multiply handicapped; or who have need of the wider range of services and facilities offered by DYFS. Provisions are made for inter-agency liaison and procedures set for coordination of services and for referrals between agencies.

Because of differences in interpretation of the agreement, lack of relevant communication about the agreement, and a continued paucity of resources, the above mentioned agreement does not have much practical application for the delivery of services to the target population. This lack is especially crucial because of the position of DYFS as the arm of the Department of Human Services which is designated to provide social services to juvenile offenders.

Such information as project staff were able to learn about DYFS involvement with the target population was gained through interviews. Services to delinquent children and status offenders are not separated from the Division's general child welfare services, therefore, information is not regularly compiled on the number of children who are placed by the Division by order of the court. The Division does not maintain records in such a way that one could ascertain the number of mentally retarded children currently receiving DYFS services. Staff were not able to obtain statistics about the number of children referred to DMR by DYFS caseworkers.

In cases of neglect or family disintegration most caseworkers prefer to provide services such as a homemaker or foster care to keep the child in the community. However, it is difficult to find foster parents willing to take a retarded child, especially one who is an adolescent.

Foster home placements are also scarce for adolescents who are not retarded but the caseworkers have greater flexibility in placing the non-

retarded child according to his needs in a wide range of public and private group homes and public and private residential treatment centers. Of the approximately 56 New Jersey based facilities, only 2 specifically accept retarded children. According to interpretation of the DYFS-DMR agreement, DYFS workers may not place a child in either of those 2 facilities (Bancroft and AIMS) unless they can document that efforts to place the child in a DMR operated facility have been unsuccessful.

The Division's two primary responsibilities in the juvenile justice system are placing juvenile offenders in treatment oriented facilities as an alternative to incarceration and providing parole supervision of children under age 14 released from correctional facilities, or those between 14 and 16 who can benefit from the social services offered by DYFS.

A number of district offices in the larger counties designate a DYFS court liaison to work with the Juvenile Intake Unit and to be available for consultation with the judge concerning appropriate disposition and placement for both status offenders and adjudicated delinquents. The DYFS liaison also consults on a regular basis with the JINS shelter staff.

A child may be removed from the home because he is neglected by his parents or out of their control, because he is socially maladjusted or as an alternative to incarceration in one of the training schools. If there is question about the cause of the child's problems or the type of treatment required, the judge may commit him for testing and evaluation at the Woodbridge Emergency Reception (Diagnostic) Center which is administered by DYFS. Criteria for admission to the facility specifically exclude mentally retarded children.

As previously noted, few residential facilities used by DYFS are willing to accept a retarded child. Though his problems may be multiple, if the retardation is identified that factor becomes paramount and he is denied evaluation at the Woodbridge Diagnostic Center. If the child cannot remain with his family either because of their inadequacy or because of his own unacceptable behavior and if his retardation is recognized, the only option currently available in New Jersey is Johnstone Training School.

Juvenile offenders who are committed to juvenile correction institutions are represented by counsel. They may be committed to an institution for an indeterminate time but that time may not exceed three years unless the offense is homicide if committed by an adult. In the majority of cases, if he is under 16, DYFS will continue to provide services to maintain family ties during confinement and will provide supervision and social services when the youngster is paroled.

Juvenile offenders who are placed by the court under the care and custody of DYFS are protected by the Child Placement Review Act. The Child

Placement Review Act of 1977, effective October 1, 1978, mandates a periodic review and recall before the court or court sponsored body for all juveniles who are in residential placement by DYFS. The Act calls for an initial review within 15 days of initial placement and mandates a follow-up review within 45 days following initial placement and at least every 12 months thereafter.

DYFS personnel at all levels stressed the fact that most caseworkers lack knowledge about mental retardation. That lack of knowledge is a two-edged sword in the case of a retarded juvenile offender. If the caseworker does not recognize the retardation the juvenile may be denied the habilitation services he so desperately needs. If the retardation is recognized he may be denied the protection and services offered by DYFS to all juvenile offenders.

DIVISION OF MENTAL RETARDATION

In an effort to identify the size and characteristics of the target population accepted by DMR and admitted to DMR operated State Schools, project staff conducted an indepth survey of individual records.

The intent of project staff was to survey the records of all youngsters aged 8-18 (with the exception of those who are blind, non-ambulatory or profoundly retarded) admitted to DMR facilities during the three year period between January 1st, 1975 and December 31st, 1977. The computer printout provided by DMR, however, included individuals born July 1, 1959 and also covered admissions up to June 1, 1978. Therefore, the data include some nineteen year olds and cover a three and a half year, rather than a three year, period.

The search was conducted at the Johnstone Training and Research Center, New Lisbon State Colony and North Jersey Training School for Girls which are the three facilities admitting individuals of the ages and mental levels defined. Project staff visited the institutions and read the complete records to discover residents to be included in the survey and to record data concerning those residents. The survey was not limited to adjudicated delinquents but also included youngsters whose social histories indicated delinquent behavior or status offenses. The data were recorded directly from the records by project staff.

In order to maintain a degree of consistency in data collection from both DMR and Correction records, the survey forms include a broad range of offense categories.

Truancy	Malicious Mischief	Manslaughter
Incorrigibility	Arson	Murder
Runaway	Motor Vehicle Theft	Violation of Parole
Curfew-Loitering	Larceny	Escape
Disorderly Conduct	Breaking and Entering	Trespassing
Alcohol Abuse	Assault	Possession of Weapon
Substance Abuse	Robbery	Shoplifting
Sex Offenses	Rape	Possession of Stolen Property

Size of Population

Of the 217 records surveyed, a total of 103 fit within project parameters. There were none of the target population at North Jersey Training School, 7 at New Lisbon and 96 at Johnstone.

	<u>Number of Records Surveyed</u>	<u>Target Population</u>
North Jersey	19	0
New Lisbon	59	7
Johnstone	139	96
	<u>217</u>	<u>103</u>

There are a total of 305 residents at Johnstone including the 32 individuals in the Hayes Unit for the Blind.

Characteristics of the Population

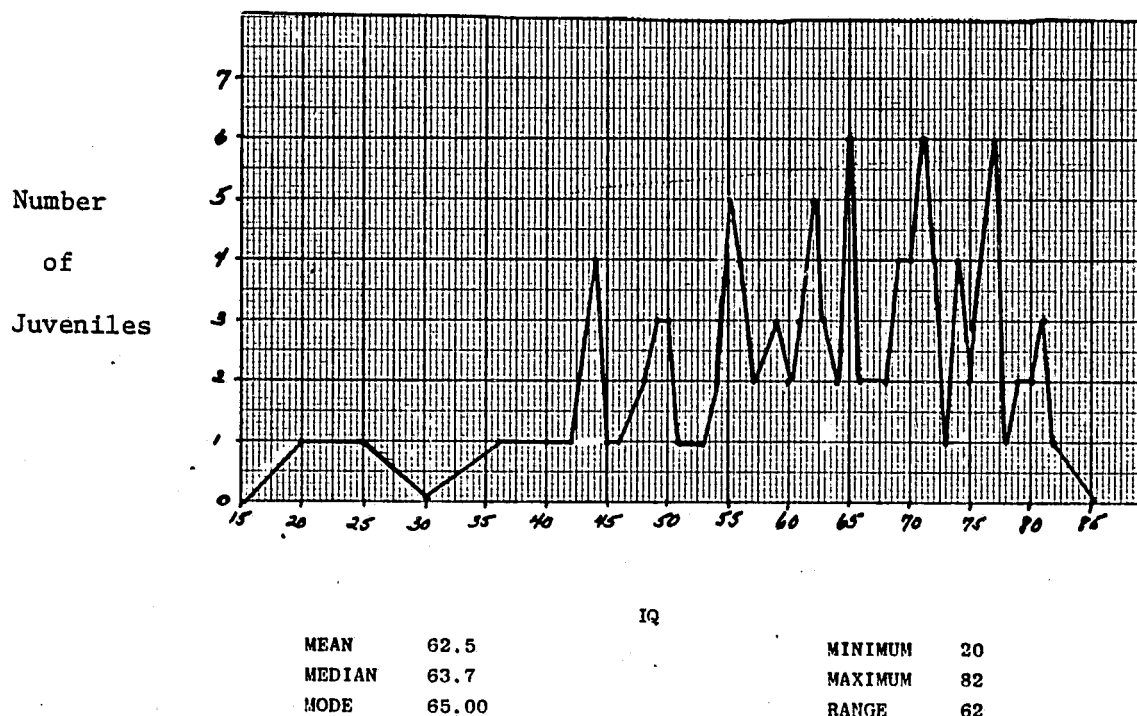
Levels of Retardation

DMR reports use of the AAMD classification in the interpretation of mental levels. Mental levels in the first column are as reported for the target population. The second and third columns are the corresponding scores according to the Stanford-Binet and the Wechsler.

<u>Target Population</u>			<u>Standardized Tests</u>	
<u>Individuals</u>		<u>Percentage</u>	<u>Stanford-Binet</u>	<u>Wechsler</u>
1	Normal	(1%)		
31	Borderline	(31%)		
47	Mild	(46%)	52-67	55-69
20	Moderate	(20%)	36-51	40-54
2	Severe	(2%)	20-35	25-39

Since omitting the borderline category in 1973, AAMD has considered an I.Q. of approximately 70 to be the ceiling above which one should not be characterized as mentally retarded. DMR has not chosen to accept exclusion of the borderline category; the explanation being that some persons so diagnosed clinically function as retarded and can benefit from services offered by DMR.

I.Q. Distribution



(Figure 1)

Sex

The study group included 77% males and 23% females which corresponds roughly to the general Johnstone population of 74% males and 26% females.

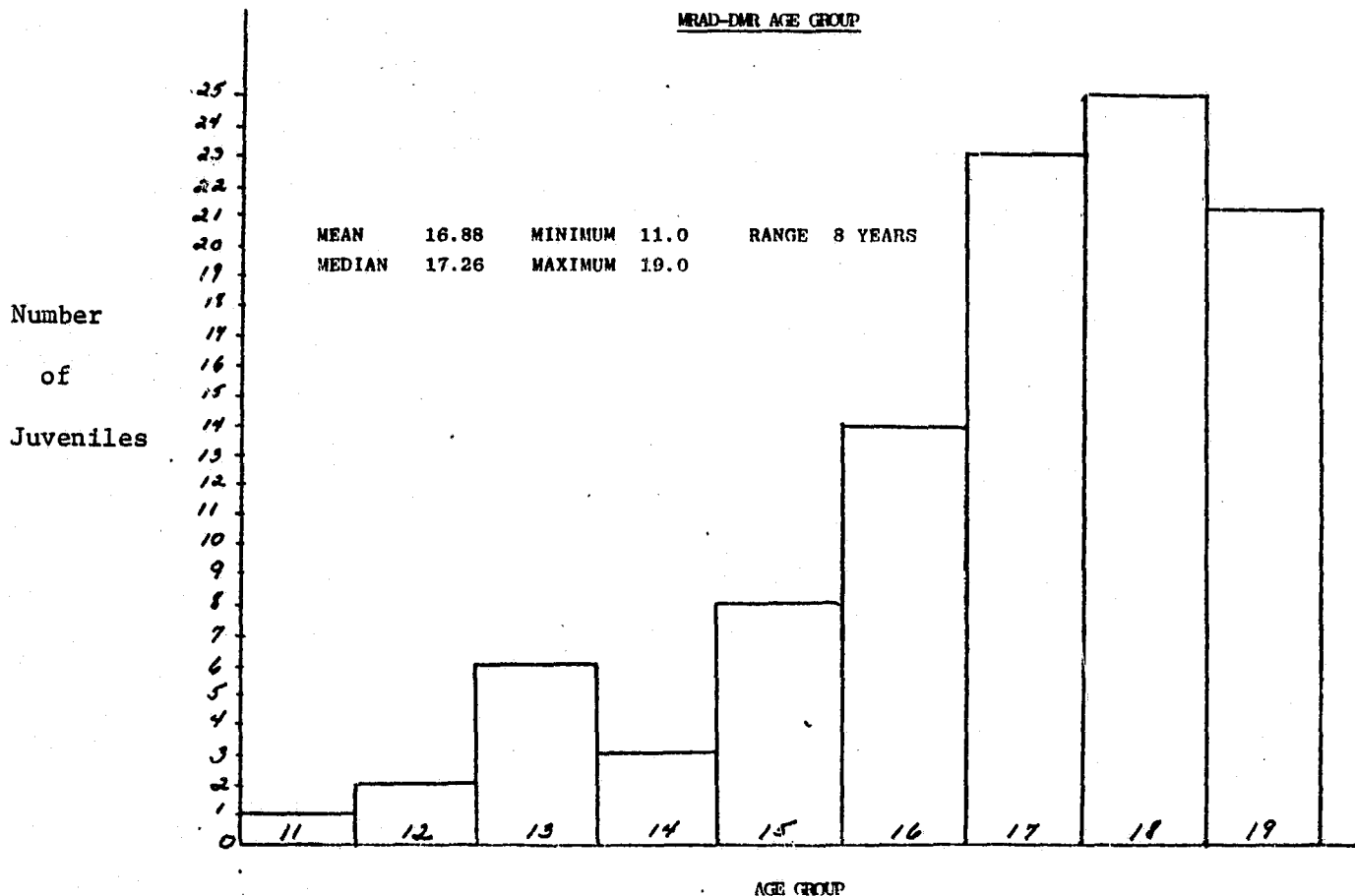
Ethnicity

The study group showed a marked contrast in the representation of minority groups in comparison with the general Johnstone population.

<u>Target Population</u>		<u>Johnstone Population</u>	
63%	Black	37%	Black
30%	White	56%	White
7%	Hispanic	4%	Hispanic
		1%	Other

Age

The data as shown in Figure 2 are somewhat misleading because, as previously noted, 19 year olds born between July and December are included in the study. If the entire group of nineteen year olds had been included, both the mean and the median would have been somewhat higher.



(Figure 2)

Comparable data for the general population at Johnstone are:

Mean	20.49	Minimum	11.0
		Maximum	41.0
Median	20.6	Range	30 years

Family Structure

16% Both Parents
 53% Mother Only
 4% Father Only
 12% Other Relatives
 9% Foster Care
 6% Public Care

The above data are inadequate indicators of the degree of family disintegration. A review of the records showed numerous instances in which the children were victims of abuse and serious neglect, in which one or both parents were reported to be alcoholic or drug addicted, in which parents and one or more siblings had been convicted and/or imprisoned for offenses ranging from prostitution to murder. A number of the families have seven or more children. Most of the families have a long history of involvement with DYFS.

Family Income

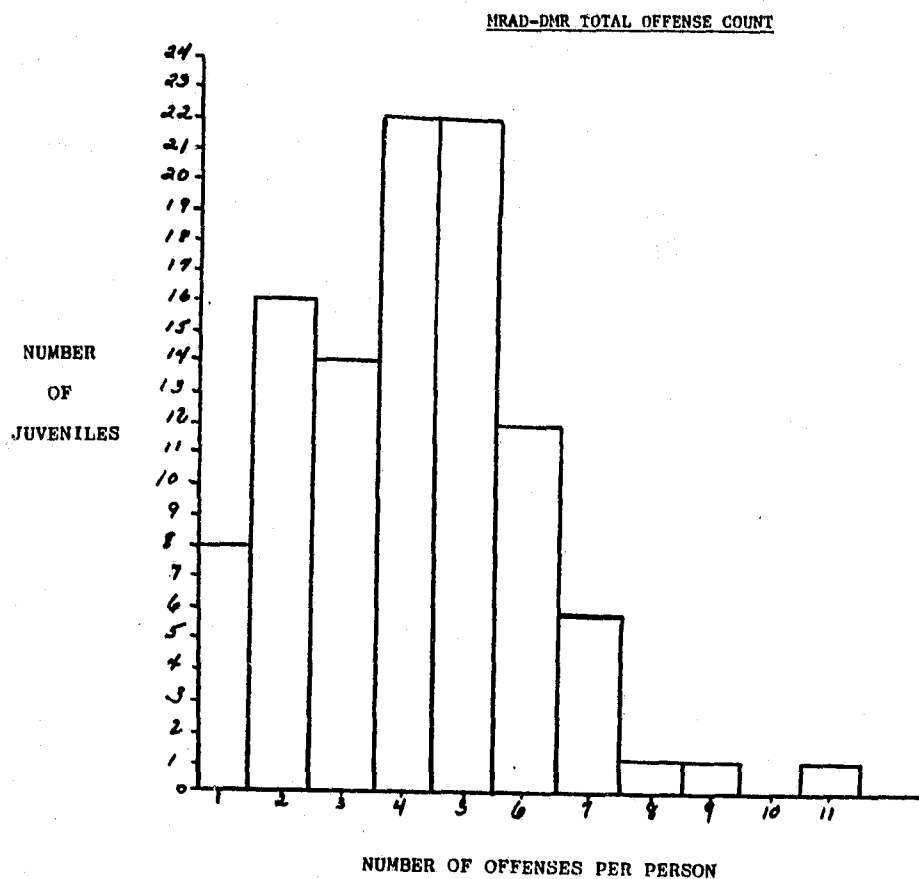
77% under \$5,000 or public funds
 8% over \$5,000 earned income
 15% source and amount of income not specifically recorded but a review of the living conditions outlined in the social history would indicate public support or an income below \$5,000.

Offenses

"Status offense" as used here refers to acts or behavior that might bring a juvenile under the jurisdiction of the juvenile court but would not constitute a crime if engaged in by an adult, such as truancy, running away or being excessively disobedient at home or school (incorrigible). We stress might because in a number of cases the parents were told by either school personnel or a DYFS worker that they could avoid going to court by making a voluntary application for admission to DMR.

"Delinquent offense" refers to an act committed by a juvenile which would be a crime if committed by an adult.

Figure 3 combines status offenses and delinquent behavior to show the total number of offenses for the target population. Five youngsters had solely status offenses; the others were in combination with delinquent offenses.



(Figure 3)

The offenses were recorded on the basis of notations in the social history and/or official communications with referring agencies such as DYFS or the court.

Status Offenses - DMR

Incorrigibility is the most frequently recorded status offense. As previously noted, many of the study families are in a state of turmoil with a minimum of parental control over the children. A number of the children were reported as "on the streets." When the behavior of the children became sufficiently annoying to school officials or other public authorities and the parents could or would not exert control, the retarded child was referred to DMR and his siblings to foster care or group homes.

<u>Offenses</u>	<u>Percentage of Juveniles</u>
Incorrigibility	40%
Runaway	35%
Truancy	29%
Curfew-Loitering	1%

Crimes Against Public Policy - DMR

Many of the youngsters were reported as admitting to use of beer and/or marijuana; however, alcohol and marijuana were not reported as offenses unless a complaint against the abuse had been filed, or the social history indicated the use of alcohol or drugs as a problem. Substance abuse was always noted in the cases of paint or glue sniffing or if the youngster was said to be under the influence when an offense was committed.

<u>Crime</u>	<u>Percentage of Juveniles</u>
Malicious Mischief	48%
Alcohol and Substance Abuse	28%
Escape	0%
Disorderly Conduct	16%
Possession of Weapon	3%
Violation of Parole/Probation	3%
Trespassing	2%

Crimes Against Person

The greatest number of offenses in any category is that of assault which occurred a total of 56 times.

<u>Crime</u>	<u>Percentage of Juveniles</u>
Assault	54%
Sex Offenses	15%
Rape	0%
Manslaughter	0%
Murder	0%

Crimes Against Property

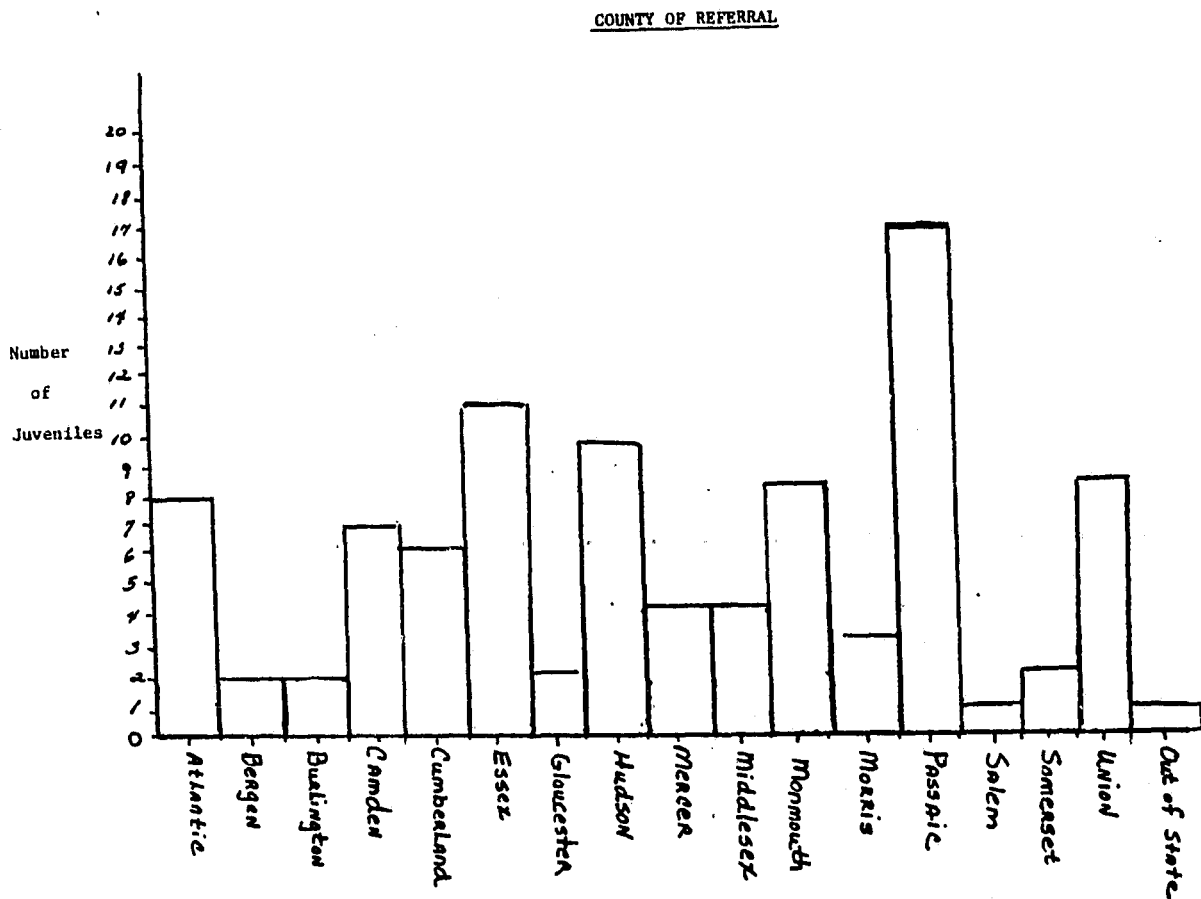
With few exceptions, all of the offenses in this category were committed when the retarded youngster was in the company of one or more youths.

<u>Crime</u>	<u>Percentage of Juveniles</u>
Larceny	41%
Breaking and Entering	30%
Motor Vehicle Theft	17%
Shoplifting	17%
Robbery	16%
Arson	14%
Possession of Stolen Property	0%

County of Referral - DMR

The proportion of referrals by county is roughly equal to that reported in the Criminal Justice State Plan.

Informed sources state that the large number of referrals from Passaic might be less indicative of a high crime rate than of a reluctance on the part of the city of Paterson to fund special education placements.



(Figure 4)

Origin of Referral

In most instances the agency which initiated the referral can be identified through correspondence and other documents in the child's record. The parent is listed by project staff as the referral source unless there is substantial evidence that the referral was initiated elsewhere. However, with the exception of the applications through juvenile courts having jurisdiction and some miscellaneous transfers, all applications were signed by the parent or guardian.

Court	53
DYFS	21
Parent	18
Other	11

The following policies govern admission of eligible individuals to DMR functional services:

Minors, Under Age 18

1. Voluntary admission, Class F. DMRA-1's and DMRA-3's are signed by parent, guardian or the agency or person having care and custody. In this instance, release from services can be affected by the parent, guardian or the person or agency having care and custody submitting 48 hour prior notice.
2. Application by juvenile court having jurisdiction, Class H. DMRA-1's and DMRA-3's are signed by the judge. This is not a commitment and for all practical purposes has the same effect as #1, voluntary admission, above.
3. Class H application, but accompanied by Order of Commitment to care and custody of the Commissioner, signed by judge. In this instance, judge retains jurisdiction until client attains majority at age 18 or as otherwise stated by the court. Judge may issue a separate order of commitment, or the DMR form integrating the order with the request for admission may be used.

Though 53 children were found to be referred by the courts, only 24 of the applications were signed by the judge. It is not apparent to project staff whether or not an order of commitment accompanied each application.

According to the Chief of the Bureau of Field Services at DMR, Juvenile Court Judges are unclear as to their power and limitations in relation to the Division of Mental Retardation. If the judge makes a formal commitment, (and if the child is deemed eligible for functional services by DMR) he can specify a minimum and maximum length of stay. In the absence of the Formal Commitment, the parent or guardian can remove the child or the individual himself may leave on attaining majority at age 18 unless he has been declared mentally deficient. (See NJSA 30:4-23.)

Under Formal Commitment a notice is sent to the court by DMR approximately 6 months prior to the individual's birthday so that the Court may issue a recall if necessary. What frequently happens is either the court fails to respond or else gives DMR the option of letting the person go. Frequently DMR feels the individual is in need of further programming but cannot retain the person without a declaration of mental deficiency.

All minors receiving functional services are evaluated prior to age 18 and if they are determined by DMR to be mentally deficient, a notification is sent to the family to ask if a family member will assume guardianship. Few of the families of children cited in this report can deal with either the concept or the effort and expense involved in going through the court process for guardianship. However, if someone does agree to act as guardian, that person is expected to plan with DMR for the future of the individual. If no family member steps forth a referral is made to the DMR Bureau of Guardianship and a "guardianship worker" is assigned to the individual. The guardianship worker then plans with DMR for further programming and eventual transfer of the individual to community placement and to the supervision of the Bureau of Field Services of DMR.

Behavior Management Problems

In literature relevant to the population there are reports that mentally retarded offenders, because of their relative degree of sophistication and aggressive behavior are disruptive and create management problems when mixed with the general population in mental retardation facilities.

Project staff noted over 60 incidents in which members of the target population exhibited behavior of sufficient severity to warrant a disciplinary hearing and subsequent confinement for periods of 2 to 7 days. The most frequent infractions were assault on a staff member or resident and running away (AWOL).

Males who exhibit severe management problems which constitute danger to themselves or others are said to be transferred to the more secure environment at the Yepsen Unit of Johnstone. There is no similar facility for girls. According to DMR officials and Johnstone staff, there have been incidents in which the stronger, more aggressive girls in the target population have not only threatened, but actually disabled, staff members.

Length of Confinement

At present, the average length of stay at Johnstone Training School is 3.2 years. One could surmise from the records that those youngsters whose families are able and willing to provide a structured and stable environment would be returned to the community at the earliest opportunity. However, such families are few and in the absence of a home to which to return an appropriate community placement must be arranged by DMR. The degree of structure, programming and supervision required by the bulk of the population is currently non-existent in New Jersey.

Department of Corrections

In an effort to determine the size and characteristics of the target population in facilities operated by the Department of Corrections, project staff obtained a court order authorizing a search of juvenile correctional records. The search was conducted on records of youngsters who were housed in the facilities at the time of the search and who were under age eighteen at the time of admission retroactive to 1975.

The Division of Policy and Planning of the Department of Corrections provided a computer printout of the total population. Staff selected and read records on the basis of the coding system utilized by the Department of Corrections.

Code 5 - mentally retarded mild 70-79
Code 6 - mentally retarded moderate 50-69
Code 7 - mentally retarded severe 49 and below
Code 8 - mentally retarded unclassified

According to the Division of Policy and Planning the above coding system is for statistical purposes only and the information is neither shared nor used in the classification and programming of youngsters. In instances in which the mental level code was absent, staff read the record and selected the individual on the basis of a recorded I.Q. of 79 or below. The data were recorded directly from the records by project staff.

The offense categories are identical to those used in the DMR survey. It must be remembered, however, that only adjudicated delinquents are admitted to correction facilities; a child is not admitted solely on the basis of status offenses. The offense categories are as follows:

Truancy	Malicious Mischief	Manslaughter
Incorrigibility	Arson	Murder
Runaway	Motor Vehicle Theft	Violation of Parole
Curfew-Loitering	Larceny	Escape
Disorderly Conduct	Breaking and Entering	Trespassing
Alcohol Abuse	Assault	Possession of Weapon
Substance Abuse	Robbery	Shoplifting
Sex Offenses	Rape	Possession of Stolen Property

The search was conducted at all Department of Correction facilities which house juveniles: Skillman, Jamesburg and the Youth Correctional Institutions Complex (YCIC) which includes Annandale, Bordentown and Yardville and satellite units. The Department also operates four residential group centers (Highfields, Warren and Ocean for boys and Turrell for girls) in which the youngsters retain legal status as probationers and are responsible directly to the juvenile courts. The criteria for admission to the residential centers, however, specifically excludes mentally retarded children as well as those who are psychotic or sexually deviant.

The printout provided by the Department of Corrections contained both resident and nonresident inmates to include those on parole and recall status. It is for this reason that the number of records surveyed exceeds the total resident census of some institutions.

SKILLMAN TRAINING SCHOOL FOR BOYS

General Profile

Skillman, designated for boys 8 to 13, has a total census of 122. Eighty percent of the boys emanate from urban areas such as Paterson, Jersey City, Newark, Camden and Atlantic City.

Skillman is seen as a last resort in placing boys in the stated age group; prior to placement the family may be provided with DYFS support in the home or the child may be placed in foster or in residential care. The crucial factor influencing the judge's decision is usually the absence of a responsible adult in the home to provide a structured environment.

DYFS stays involved with the child after admission, working with the family to prepare them for the child's return to the community and providing parole supervision for the child upon release. The maximum stay is 3 years with 12 to 20 months the average. 1977 statistics show that 80% of the boys released returned to their own homes, 4% went to live with relatives, 8% were placed in a residential facility and 8% were placed in foster care.

According to the facility administrator it has rarely been necessary to initiate transfer of a youngster from Skillman to a DMR placement. The programs are geared to individual need; the academic classes are ungraded and limited to 12 and the staff to child ratio is adequate to deal with most problem situations. The majority of boys admitted to Skillman are age 12 with a reading level of 2nd and 3rd grade.

Target Population

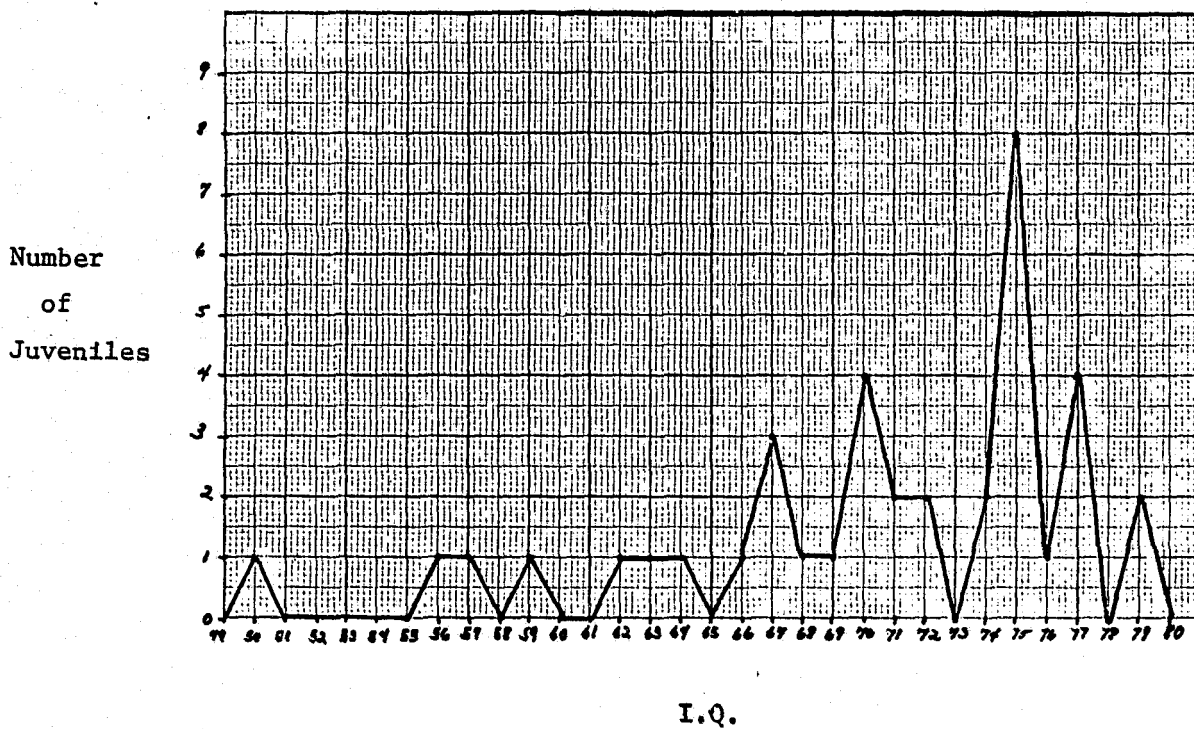
Mental Level (Figure 9)

As all children admitted to Skillman are administered a full scale individualized standard intelligence test we feel that the following data are accurate. Two sets of figures will be given: one for the Correction coding of retardation which uses an I.Q. of 79 as the ceiling level and the other for the AAMD classification using an I.Q. of 70 as the ceiling.

Percentage of Skillman Residents
Classified as Mentally Retarded

<u>I.Q. Scores</u>	<u>Target Population</u>	<u>% of Total Population</u>
I.Q. 79 and Below	38	31%
I.Q. 70 and Below	17	13%

IQ - TRAINING SCHOOL FOR BOYS - SKILLMAN



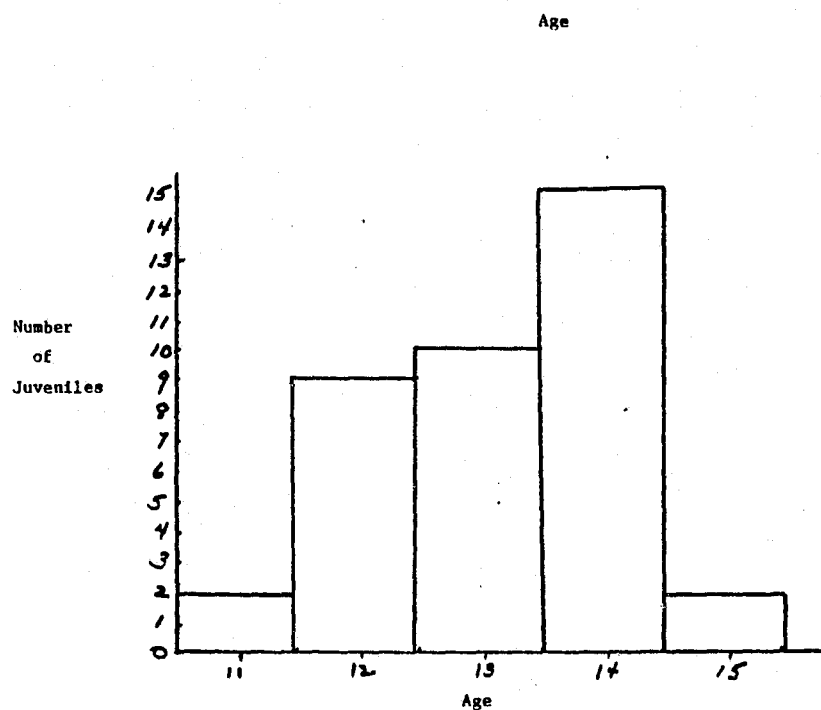
(Figure 5)

Ethnicity (I.Q. 79 and Below) - Skillman

White	4	10%
Black	25	66%
Hispanic	9	24%

Age (Figure 6) (I.Q. 79 and Below) - Skillman

Though the maximum age range for admission to Skillman is reported as 13, the age range for the group of 38 is 11 to 15 years.

MRAD - Skillman (I.Q. 79 and Below)

Mean 13.1

Minimum 11

Range 4.0

Maximum 15

(Figure 6)

Family Structure - SkillmanI.Q. 79 and Below

29% Both Parents
 60% Mother Only
 3% Other Relatives
 5% Foster Care
 3% Public Care

I.Q. 70 and Below

30% Both Parents
 70% Mother Only

Family Income - (I.Q. 79 and Below) Skillman

90% under \$5,000 or public funds
 10% \$5,000 - \$9,999

JAMESBURG TRAINING SCHOOL FOR BOYS AND GIRLS

Jamesburg is a cottage type facility designed for the admission of boys between the ages of 13 and 16 and girls between the ages of 8 and 17. There are a total of 195 boys and 20 girls.

Programming is said to be provided on a cottage to cottage basis with children grouped functionally according to levels of aggression, age and whether or not academics are at or below age level.

Target Population

Mental Level (Figure 7)

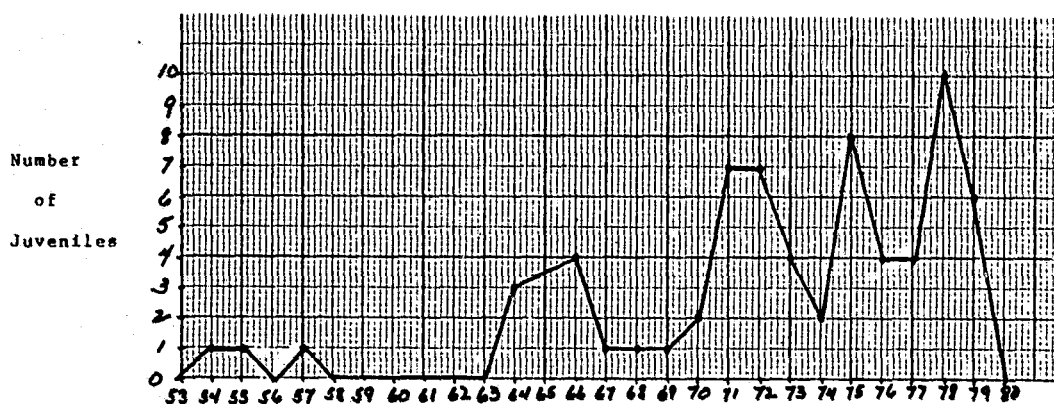
A pro-rated or abbreviated form of the WISC is reportedly used for routine psychological testing with more thorough testing for children who exhibit severe problems or who score below 60.

Percentage of Jamesburg Males Classified as Mentally Retarded

<u>I.Q. Scores</u>	<u>Target Population</u>	<u>% of Total Population</u>
I.Q. 79 and Below	67	34%
I.Q. 70 and Below	15	8%

Jamesburg - Boys

I.Q. Distribution



I.Q.

Mean 72.7
Range 25

Minimum 54
Maximum 79

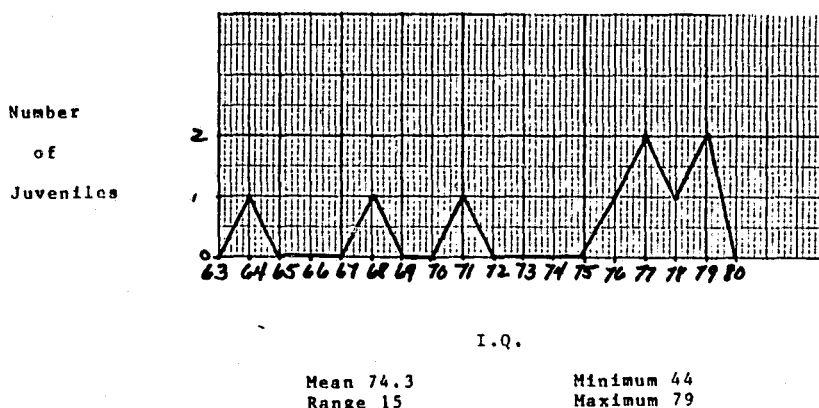
(Figure 7)

Percentage of Jamesburg Females
Classified as Mentally Retarded

<u>I.Q. Scores</u>	<u>Target Population</u>	<u>% of Total Population</u>
I.Q. 79 and Below	9	45%
I.Q. 70 and Below	2	10%

Jamesburg - Girls

I.Q. Distribution



(Figure 8)

Ethnicity - Jamesburg

Males (I.Q. 79 and Below)

White	7	10%
Black	52	78%
Hispanic	8	12%

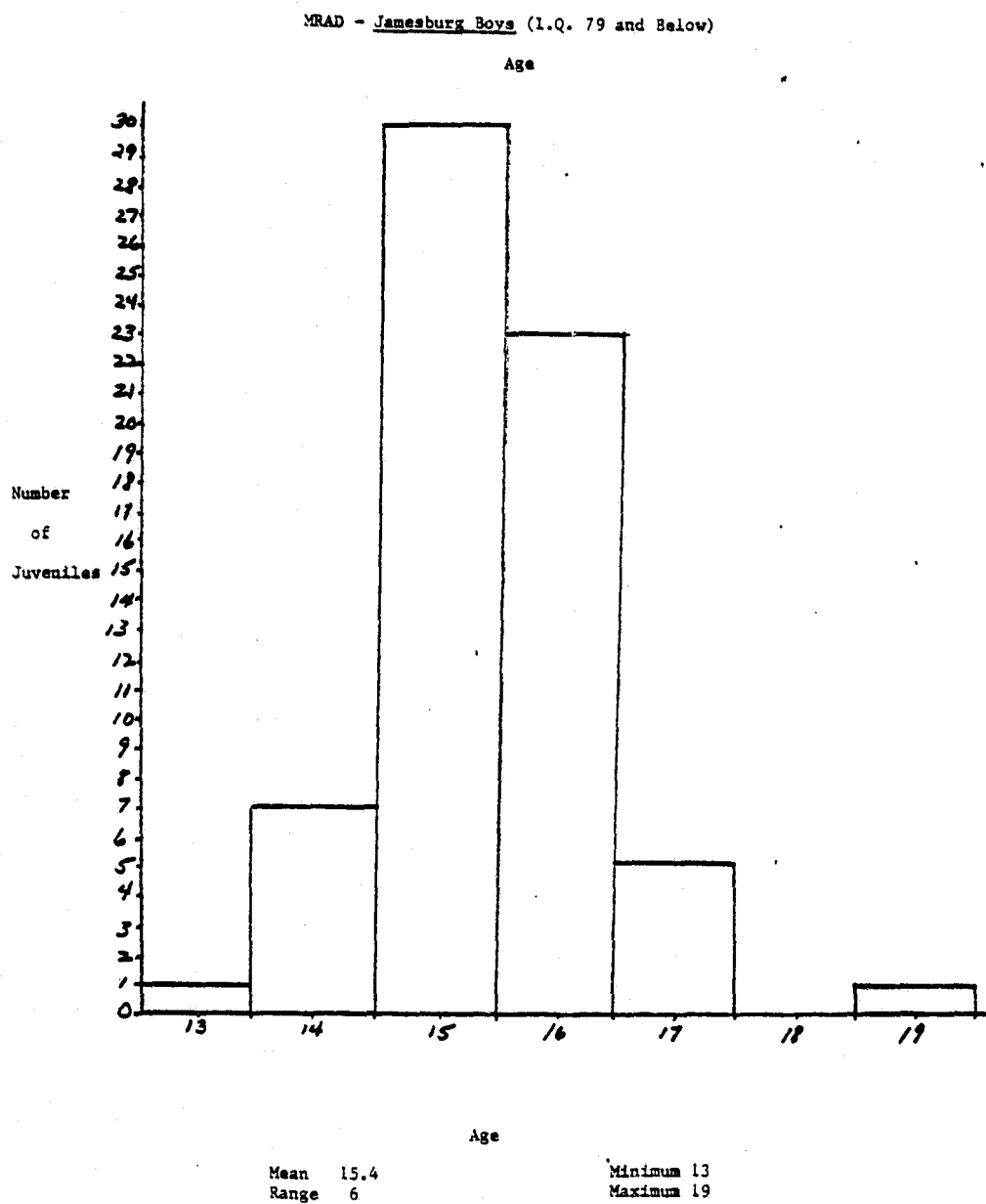
Females (I.Q. 79 and Below)

White	2	22%
Black	7	78%

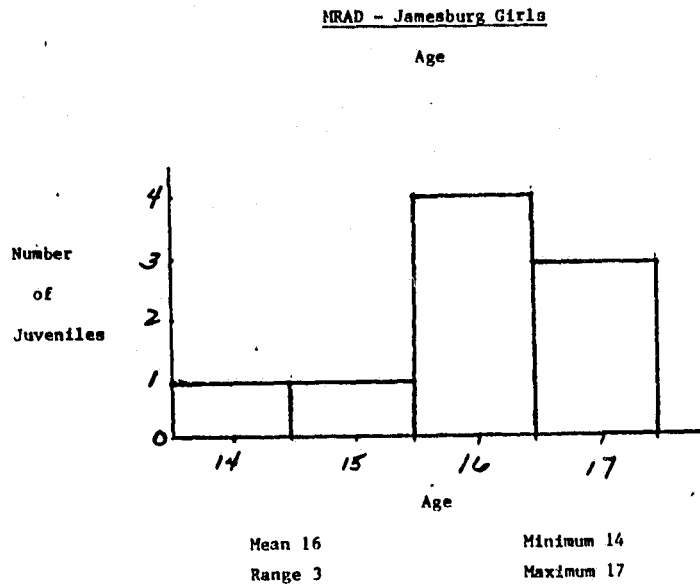
Age - Jamesburg

Research was conducted on records of youngsters who were housed in the facilities at the time of the search and who were under age eighteen at the time of admission retroactive to 1975. It is for this reason that there are individuals included in the following statistics for both Jamesburg and YCIC whose ages are above the original age parameters established for the MRAD target population (age 18 or younger).

The age range for boys at Jamesburg is 13 to 19 (Figure 9); for girls at Jamesburg 14 to 17 (see Figure 10).



(Figure 9)



(Figure 10)

Family Structure - JamesburgMales (I.Q. 79 and Below)

21% Both Parents
69% Mother Only
3% Father Only
4% Other Relatives
1% Foster Care
1% Public Care

Males (I.Q. 70 and Below)

20% Both Parents
67% Mother Only
13% Father Only

Females (I.Q. 79 and Below)

44% Both Parents
56% Mother Only

Females (I.Q. 70 and Below)

100% Mother Only

Family Income - JamesburgMales (I.Q. 79 and Below)

85% under \$5,000 or Public Funds
7% \$5,000 - \$9,999
4% \$10,000 - \$14,999
1.5% \$15,000 - \$19,999
1.5% \$20,000 - \$24,999

Females (I.Q. 79 and Below)

78% under \$5,000
11% \$10,000 - \$14,999

YOUTH CORRECTIONAL INSTITUTIONS COMPLEX

General Profile

By law juveniles age 15 and older may be committed to the Youth Correctional Institutions Complex (YCIC) which includes Yardville, Annandale and Bordentown and satellites. All male offenders committed to the complex are received and classified at the Youth Reception Center at Yardville. Following classification they can be retained at Yardville or placed in a variety of programs or units throughout the state.

Except in rare instances the intelligence test used for classification of admissions is the revised Beta. The following information about the aforementioned test is taken from Santamour and West, 1977.

"The Revised Beta Examination. This test is designed for group testing and therefore is not as comprehensive nor as valid and reliable an instrument as the Stanford Binet or the WAIS. It is a non-language group test developed initially for testing foreign speaking and illiterate soldiers during the First World War. It was restandardized again in 1947 and now consists of six subtests, including a) mazes, b) symbol-digit substitution, c) pictorial absurdities, d) paper-form board, e) picture completion and f) perceptual speed. Some language is used in giving instructions, although explanations rely heavily on practice exercises that precede each subtest. Ideally the Revised Beta should be used as a screening device to be followed by the individually administered and longer Binet or WAIS.

If an individual scores below 80 on any standardized group test, he should be subjected to an individualized standardized test to determine the true level of his intelligence. Ideally these tests should be administered to anyone suspected of being of borderline retarded intelligence prior to sentencing, but in any case they should be administered before entrance into the correctional system."

The Youth Correctional Institutions Complex serves adult youthful offenders as well as juveniles. In instances in which total population figures are cited in the following data the population referred to is the total juvenile (as indicated by a J number) population.

Except for statistics relating to the percentage of retarded individuals in each segment of YCIC, all inmates committed to YCIC will be treated as a group. The total population of designated juveniles in YCIC is 613.

Target Population

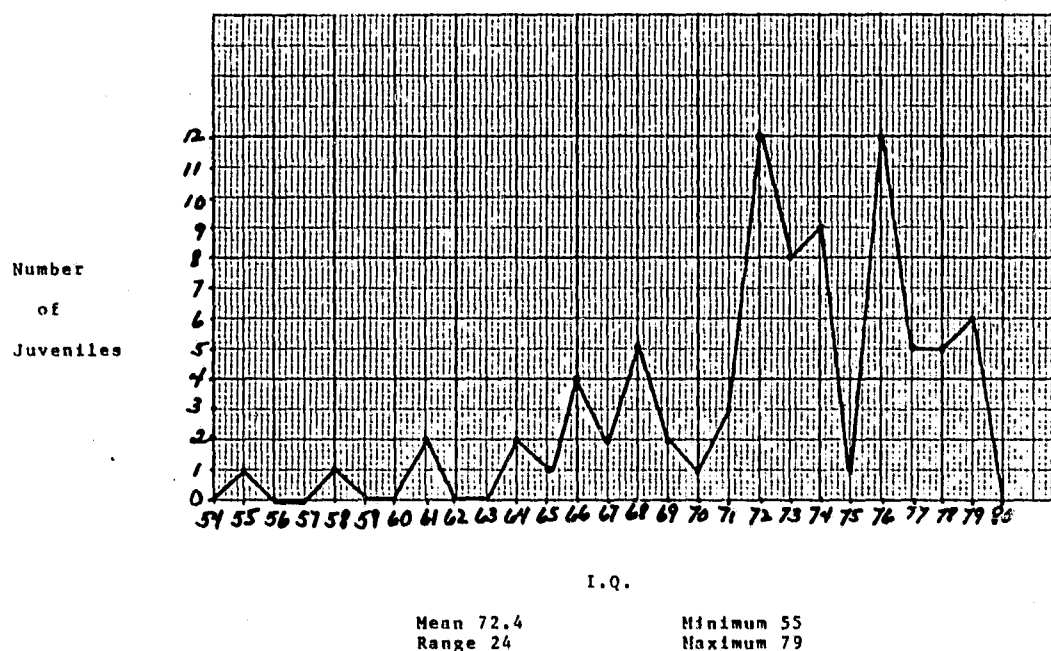
Mental Level (Figure 15)

Percentage of YCIC Residents
Classified as Mentally Retarded

<u>I.Q. Scores</u>	<u>Target Population</u>	<u>% of Total Population</u>
I.Q. 79 and Below	81	13%
I.Q. 70 and Below	20	3%

MRAD - Youth Correctional Institutions Complex

I.Q. Distribution



(Figure 11)

Percentage of YCIC inmates classified as mentally retarded according to placement.

<u>Facility & Total Juvenile Pop.</u>		<u>Target Population</u>		<u>% of Total Unit Pop.</u>
Yardville Correction Unit	174	I.Q. 79 and Below	24	13.2%
		I.Q. 70 and Below	6	3%
Yardville Reception Unit	92	I.Q. 79 and Below	1	1%
		I.Q. 70 and Below	0	0%
Wharton Tract	49	I.Q. 79 and Below	8	16%
		I.Q. 70 and Below	2	4%
PIE Program	58	I.Q. 79 and Below	10	17%
		I.Q. 70 and Below	3	5%
Annandale Main	186	I.Q. 79 and Below	24	13%
		I.Q. 70 and Below	5	3%
Stokes Forest Unit	44	I.Q. 79 and Below	10	23%
		I.Q. 70 and Below	4	9%
Bordentown Main	10	I.Q. 79 and Below	4	40%
		I.Q. 70 and Below	0	0%

Ethnicity (I.Q. 79 and Below) - YCIC

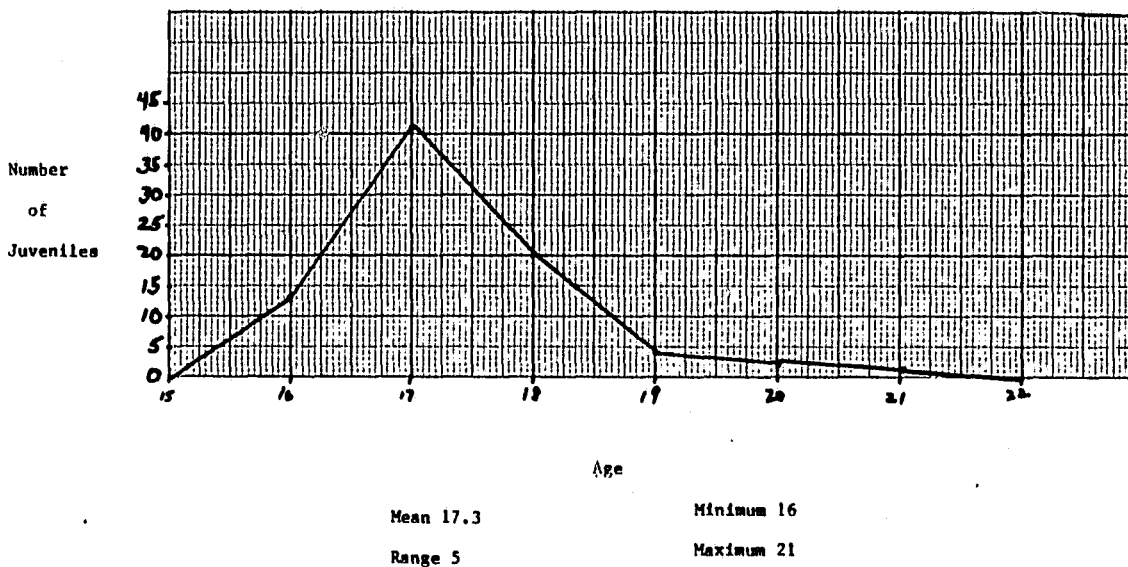
White	12	15%
Black	58	72%
Hispanic	11	14%

Age

As noted elsewhere in this report the following data are related to the total population designated "juvenile" and therefore exceed MRAD parameters. The age range is 16-21.

MRAD - Youth Correctional Institutions Complex

Age - (I.Q. 79 and Below)



(Figure 12)

Family Structure - YCICI.Q. 79 and Below

22% Both Parents
 54% Mother Only
 9% Father Only
 5% Other Relatives
 5% Foster Care
 2% Public Care
 3% Information Not
 Available from
 Records

I.Q. 70 and Below

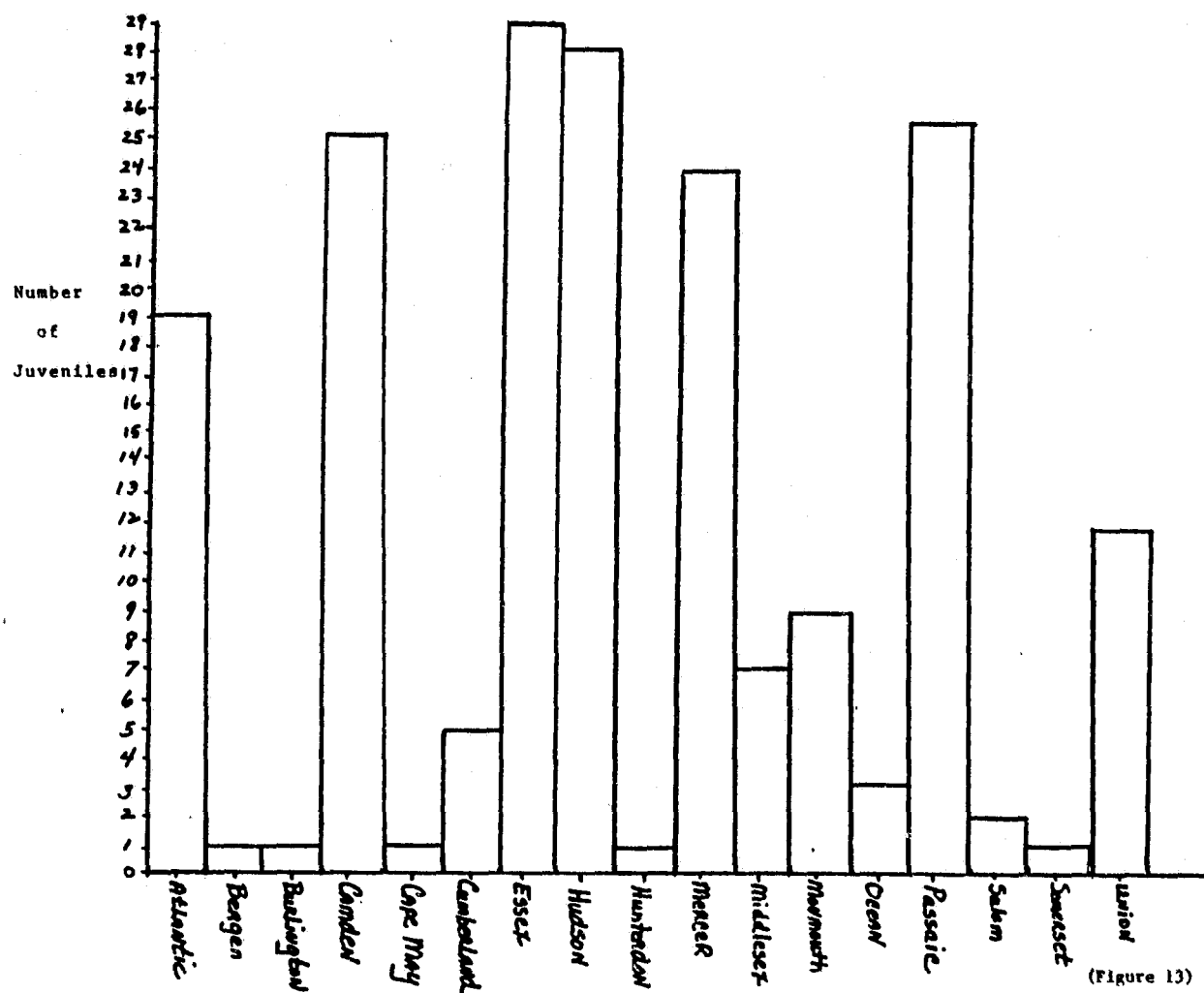
25% Both Parents
 60% Mother Only
 5% Other Relatives
 5% Foster Care
 5% Information Not
 Available from
 Records

Income (I.Q. 79 and Below) - YCIC

79%	Below \$5,000 or Public Funds
6%	\$ 5,000 - \$ 9,999
6%	\$10,000 - \$14,999
6%	\$15,000 - \$19,999
1%	\$20,000 - \$24,999
1%	\$25,000 +

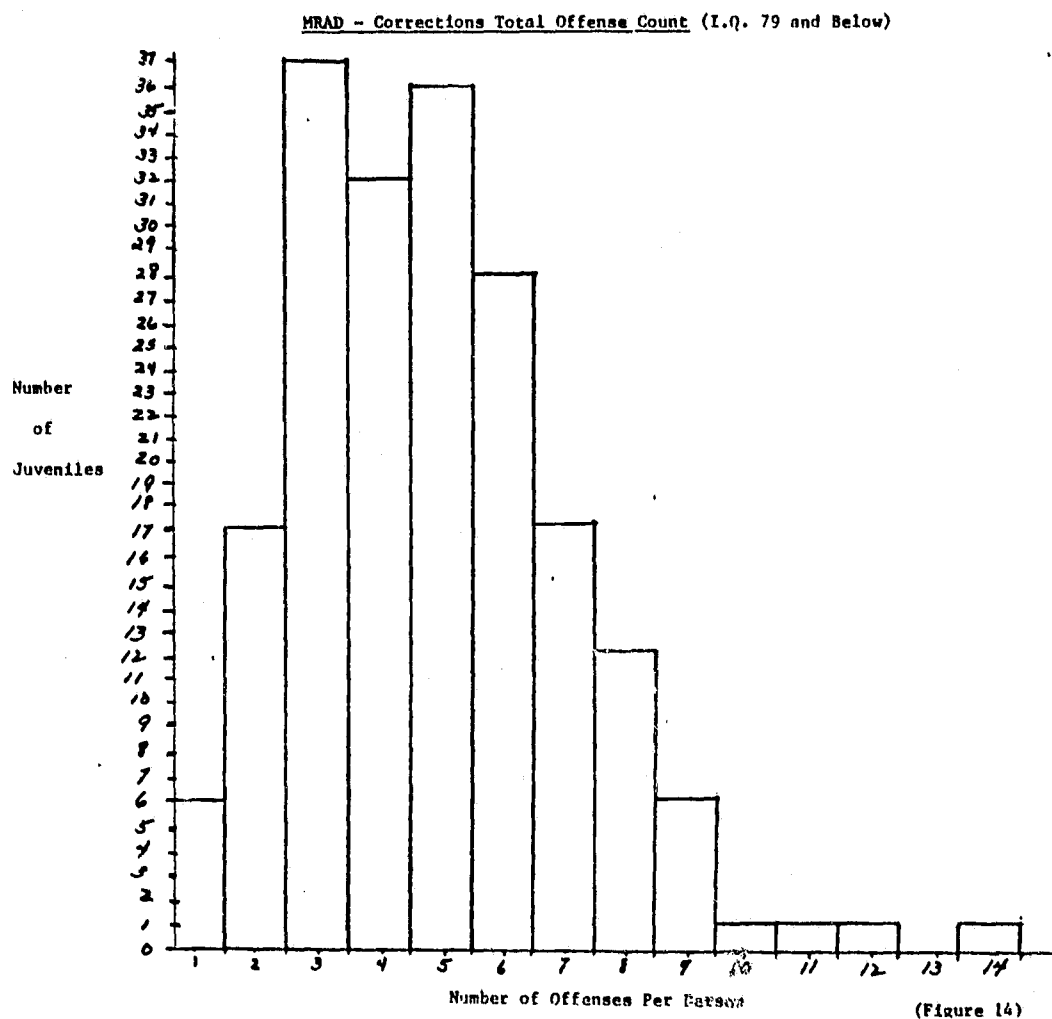
County of Commitment

MRAD - Department of Corrections - County of Commitment



Essex, Hudson, Passaic and Camden ranked highest in county of commitments.

Offenses



Status Offenses

No youngsters are committed to a correctional facility on the basis of status offense alone. The following were committed in addition to the delinquent behavior for which they were adjudicated.

	<u>% of Juveniles</u> <u>I.Q. 79 and Below</u>	<u>% of Juveniles</u> <u>I.Q. 70 and Below</u>
Truancy	28%	28%
Incorrigibility	15%	15%
Runaway	13%	7%
Curfew-Loitering	2%	2%

Crimes Against Public Policy

<u>Crime</u>	<u># of Juveniles</u> <u>I.Q. 79 and Below</u>	<u># of Juveniles</u> <u>I.Q. 70 and Below</u>
Alcohol and Substance Abuse	33%	26%
Violation of Parole	25%	20%
Malicious Mischief	25%	18%
Possession of Weapon	21%	16%
Trespassing	19%	17%
Disorderly Conduct	10%	9%
Escape	9%	9%

Crimes Against Person

<u>Crimes</u>	<u># of Juveniles</u> <u>I.Q. 79 and Below</u>	<u># of Juveniles</u> <u>I.Q. 70 and Below</u>
Assault	37%	31%
Sex Offenses	5%	7%
Rape	5%	7%
Murder	1%	4%
Manslaughter	0%	0%

Crimes Against Property

<u>Crime</u>	<u>% of Juveniles</u> <u>I.Q. 79 and Below</u>	<u>% of Juveniles</u> <u>I.Q. 70 and Below</u>
Larceny	66%	61%
Breaking & Entering	57%	63%
Robbery	37%	33%
Possession of Stolen Property	25%	24%
Motor Vehicle Theft	23%	28%
Shoplifting	18%	24%
Arson	8%	9%

SUMMARY

The Department of Pediatrics of Rutgers Medical School - CMDNJ has been funded by the Developmental Disabilities Office of HEW Region II to address, on a systemic basis, the needs of mentally retarded juveniles accused of breaking the law. The role of the project is to determine the needs of the target population and identify, coordinate, or create services to meet those needs.

This report is a summary of the findings of research undertaken by project staff in an effort to identify the size and characteristics of the target population and to explore how that population is treated by the relevant service systems.

The target population is defined as juveniles 18 years of age and younger who become involved with the courts and who meet the American Association on Mental Deficiency (AAMD) definition of mental retardation or who are perceived as mentally retarded by the relevant systems.

The relevant systems impacting on the target population in New Jersey are Division of Mental Retardation (DMR), Division of Youth and Family Services (DYFS), the Department of Corrections and the Juvenile Justice System.

None of the relevant systems use the current AAMD classification. The variation among definitions, as well as the fact that definitions have changed over the years (e.g., in 1973 the AAMD deleted the behavioral category of borderline retardation) leads to confusing and arbitrary decisions in many instances as to who is and who is not mentally retarded.

The Juvenile Justice System in New Jersey operates substantially on a county basis, therefore, there is little statistical data on how many children are involved in the various phases of the system or on how many of the children involved are handicapped or otherwise impaired.

The points in the system deemed most crucial in relation to mentally retarded offenders are 1) Court Intake Unit; 2) Adjudicatory Hearing; 3) Pre-judicial Conference; 4) Juvenile Conference Committee; 5) Dismissal of Complaint; 6) Pre-dispositional Hearing; 7) Pre-dispositional Reports and 8) Disposition Hearing. The end result of recognition of the retardation at any of the aforementioned stages may be that the options are narrowed to a choice of dismissal of charges or institutional placement of the child. If the institutional placement is a facility operated by the Division of Mental Retardation the child might not be represented by counsel nor will he serve a sentence with the possibility of being paroled to the community with DYFS supervision. If the placement is in a facility operated by the Department of Corrections he is unlikely to receive the needed habilitation programs.

The Division of Youth and Family Services (DYFS), of the Department of Human Services is the primary agency responsible for the delivery of social services to children and families in New Jersey. In instances in which the child is handicapped, however, that primary responsibility transfers to the agency mandated by law to provide services; the Division of Mental Health and Hospitals (DMH) for the mentally ill child and the Division of Mental Retardation (DMR) for the retarded child.

There has been increasing recognition on the part of both DMR and DYFS that a child who is mentally retarded has many needs, some of which can best be met by DYFS. In February of 1977 a formal Agreement of Cooperation between DYFS and DMR was signed by the directors of both agencies. In essence that agreement assigned DMR responsibility for children whose primary problem is retardation and DYFS responsibility for children who are emotionally disturbed/mentally retarded; are functioning on a higher level of retardation; are multiply handicapped; or who have need of the wider range of services and facilities offered by DYFS.

Because of differences in interpretation of the agreement, lack of relevant communication about the agreement, and a continued paucity of resources, the above mentioned agreement does not have much practical application for the delivery of services to the target population. This lack is especially crucial because of the position of DYFS as the arm of the Department of Human Services which is designated to provide social services to juvenile offenders.

The Division's two primary responsibilities in the juvenile justice system are placing juvenile offenders in treatment oriented facilities as an alternative to incarceration and providing parole supervision of children under age 14 released from correctional facilities, or those between 14 and 16 who can benefit from the social services offered by DYFS.

DYFS personnel at all levels stressed the fact that most caseworkers lack knowledge about mental retardation.

Project staff conducted an indepth survey of individual records in order to learn the size and characteristics of the target population. Records surveyed included those of all youngsters aged 8 to 18 (excepting children who are blind, non-ambulatory or profoundly retarded) who were admitted to DMR facilities over a three year period and those of all juveniles housed in correction facilities at the time of the search who were under 18 at the time of admission retroactive to 1975. DMR residents were considered members of the target population if the social history recorded court involvement because of status offenses or delinquent behavior. Juveniles in correction facilities were considered to be members of the target population if their I.Q. was recorded as 79 or less.

Project staff read 217 DMR records to identify 103 members of the target population. The bulk of the population functions in the mild or borderline range of retardation with a mean I.Q. of 62.5. Black children (63%) are more heavily represented than white children (30%). The mean age is 16.8 with a range of 8 years. Few of the children resided with both parents (16%) and there are numerous references in the records to child abuse and neglect and family disintegration. Only 8% of the families report earned income of over \$5,000.00.

The greatest number of offenses in any category was assault which occurred 56 times; the next most frequent offense was malicious mischief which occurred 50 times. The largest number of referrals originated in the counties with the most concentrated urban areas with Passaic County accounting for more than any other county.

The average length of stay at Johnstone Training School (in which most of the children are housed) is 3.2 years. Discharge from the facility is hampered by the absence of community residences with the degree of structure, programming and supervision required by members of the population.

Of the 950 juveniles housed in correction facilities at the time of the search, 21% (195 individuals) had an I.Q. of 79 or below. (The coding system utilized by corrections cites 79 as a ceiling for mild retardation.) Using the AAMD classification of an I.Q. of 70 as the ceiling level, 6% (54 individuals) of the population is classified as retarded with the greatest concentration (10.5%) among residents 17 years of age or below.

The 195 individuals (I.Q. 79 or below) included 95% males and 5% females with an ethnicity of 73% Black, 13% White and 14% Hispanic. Ages ranged from 11 to 21 with a mean of 15.8. 24% of the children resided with both parents at time of arrest. Of the remainder, 60% lived with mother only, 9% with other relatives and 5% in foster or other public care.

Only 17% of the families of the target population in correctional facilities earned an income of \$5,000 or more.

Skillman Training School for Boys, designated for admission of boys ages 8 to 13 has a total census of 122. In a standardized I.Q. test 17 (13%) of the boys scored below 70 and a total of 38 (31%) scored below 79. Of the target population 25 are Black. The mean age is 13.1 with a range of 4 years.

Jamesburg Training School for Boys and Girls which is designated for the admission of boys between the ages of 13 and 16 and girls between the ages of 8 to 17 houses a total of 195 boys and 20 girls. In a pro-rated or abbreviated form of the WISC 15 (8%) boys and 2 (10%) girls scored below 70. A total of 67 (34%) of the boys and 9 (45%) of the girls scored below 79. The predominant age for boys is 15; for girls 16. 80% of the target population is Black.

The Youth Correctional Institutions Complex houses adult offenders as well as juveniles. Except in rare instances the intelligence test used in the classification of YCIC inmates is the Revised Beta which is a group test which should be limited to screening purposes.

Out of a total juvenile population of 613 in the YCIC, 20 (3%) tested below 70 and a total of 81 (13%) tested below 79. 72% of the target population is Black, 12% White and 11% Hispanic. The mean age is 17.

The greatest number of offenses in any category for the target population in Corrections was larceny which occurred 128 times. Breaking and entering ranked second followed by assault. Similar to the DMR statistics the largest number of commitments originated in the counties with the most concentrated urban areas with Essex, Hudson, Passaic and Camden counties accounting for the highest numbers.

Comparative Analysis of MRAD Target Population in

DMR and Corrections

Sex

<u>DMR</u>	<u>Corrections</u>
77% Males	95% Males
23% Females	5% Females

Mean Age

<u>DMR</u>	<u>Corrections</u>
16.8	15.8

Mean I.Q.

<u>DMR</u>	<u>Corrections</u>
62.5	64.1

Ethnicity

<u>DMR</u>	<u>Corrections</u>
63% Black	73% Black
30% White	13% White
7% Hispanic	14% Hispanic

Family Structure

<u>DMR</u>	<u>Corrections</u>
16% Both Parents	24% Both Parents
53% Mother Only	60% Mother Only
4% Father Only	5% Father Only
12% Other Relatives	4% Other Relatives
9% Foster Care	4% Foster Care
5% Public Care	2% Public Care

Family Income

<u>DMR</u>	<u>Corrections</u>
77% under \$5,000 or Public Funds	83% under \$5,000 or Public Funds
8% over \$5,000	17% over \$5,000
15% not recorded	

Highest Ranking County of Referrals/Commitments

<u>DMR</u>	<u>Corrections</u>
16% Passaic	13% Passaic
11% Essex	15% Essex
10% Hudson	15% Hudson
8% Atlantic	10% Atlantic
7% Camden	13% Camden
4% Mercer	12% Mercer
8% Union	6% Union

Total Offense Count

For the total number of offenses per person in DMR the mean is 4. For the total number of offenses per person in the Department of Corrections the mean is 5.

<u>DMR</u>		<u>Corrections</u>	
<u># of Offenses</u>	<u>% of Juveniles</u>	<u># of Offenses</u>	<u>% of Juveniles</u>
1	8%	1	3%
2	15%	2	9%
3	14%	3	19%
4	21%	4	16%
5	21%	5	18%
6	12%	6	14%
7	6%	7	9%
8	1%	8	6%
9	1%	9	3%
10	0%	10	.5%
11	1%	11	.5%
		12	.5%
		13	0%
		14	.5%

Highest Ranking Crimes

<u>DMR</u>	<u>Corrections</u>
54% Assault	37% Assault
40% Larceny	66% Larceny
30% Breaking & Entering	57% Breaking & Entering
17% Motor Vehicle Theft	23% Motor Vehicle Theft
16% Robbery	37% Robbery

Project Update

The MRAD Project is currently operating under the guidance of a Task Force which is composed of representatives of the Department of Corrections, the Division of Mental Retardation, the Division of Youth and Family Services, the Department of the Public Advocate, the President's Committee on Mental Retardation, the New Jersey Association for Retarded Citizens, the Office of Developmental Disabilities, the New Jersey Administrative Office of the Courts and the State Law Enforcement Planning Agency, State Department of Education and the Mental Health Law Project.

Subcommittees of the Task Force have formed to address three substantive problem areas:

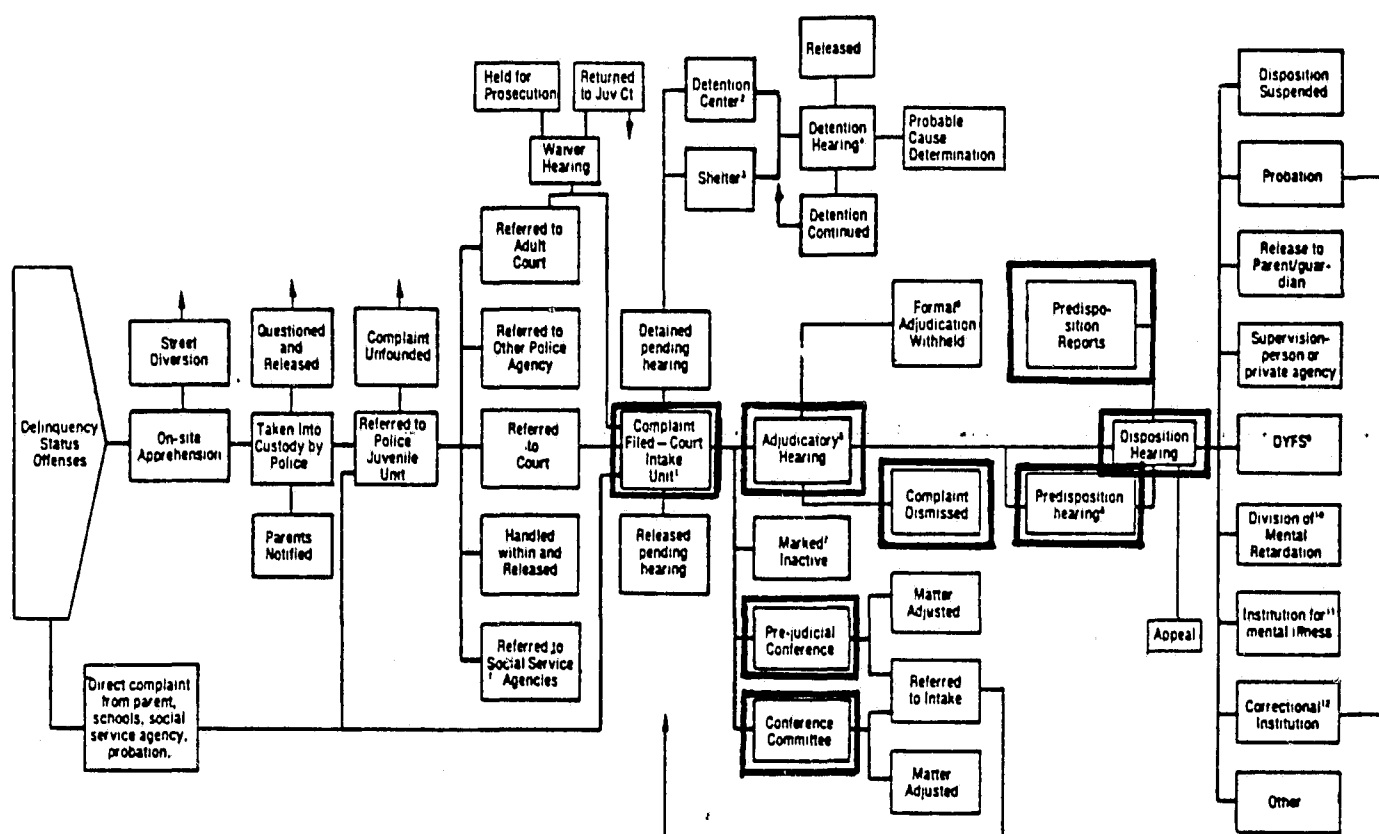
1. Review of statutes and regulations and recommendations for change.
2. Training of law enforcement, juvenile justice and social service professionals.
3. Development of dispositional alternatives.

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Attachment I

Flow Chart of The Juvenile Justice System



Attachment II

Mentally Retarded Adolescent Delinquent Project

Task Force Members 1979

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END