New Jersey Child and Family Services Plan 2015 - 2019

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Annual Progress and Services Report 2014

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Department of Children and Families

June 30, 2014

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
P.O. BOX
729 TRENTON, NJ 08625-079

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

ALLISON BLAKE, PH.D., L.S.W.
Commissioner

June 27, 2014

Alfonso Nicholas, Regional Program Administrator
Administration for Children and Families
U.S. Department of Health and Human Services
26 Federal Plaza, Room 4114
New York, NY 10278

Dear Mr. Nicholas,

On behalf of the State of New Jersey, I am pleased to submit a CD-Rom containing the New Jersey 2014 Annual Progress and Services Report (APSR), final summary for the Child and Family Services Plan covering the years 2010 through 2014, and a new Child and Family Service Plan addressing the years 2015 through 2019 with all the required targeted plans, Assurances and certifications as well fiscal documents CFS 101-Parts I, II and III.

This submission contains detailed progress reports and plans for services covered under the Child and Family Services Plan, including Title IV-B subparts 1 and 2, the Chafee Foster Care Independence Program, the Child Abuse Prevention and Treatment Act, the Children's Justice Act Program and other related state child welfare initiatives.

Please note that the three Citizen Review Panel reports will not be available before June 30, 2014 and will be forwarded to you under separate cover.

We trust that this report satisfactorily addresses all federal requirements and we look forward to your response to this document. As always, we thank you for your continuing support of our efforts to improve outcomes for children and families of New Jersey.

Sincerely,

Allison Blake

Allison Blake, Ph.D., L.S.W.
Commissioner

c: Evelyn Torres-Ortega
Elizabeth Bowman
Dawn M. Leff

Child and Family Services Plan 2015 - 2019
Annual Progress and Services Report - 2014

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Child and Family Services Plan 2015-2019
Annual Progress and Services Report 2014
Introduction

As the New Jersey Department of Children and Families (DCF) moves into its 9th year as a State Department, it continues to focus on integrating best case practice throughout its service structure in order to improve outcomes and to sustain the progress already made on behalf of the state's most vulnerable children and families. DCF has remained focused on safety, permanency, and well-being while continuing to strengthen families and ensure a better today and even a greater tomorrow for every individual we serve over the next five year Child and Family Services Plan Period. As required by the Administration for Children and Families, this volume contains the following documents:

- The Year in Review - Annual Progress and Services Report (APSR 2014)
- Five Year Summary- Five Year Action Plan Results and Updates - Child and Family Services Plan (CFSP 2010 - 2014)
- Framing the Next Five Years- Child and Family Services Plan 2015-2019

Child Welfare System Structure

Legislation was signed on July 11, 2006, establishing the New Jersey Department of Children and Families (DCF) as New Jersey's first cabinet-level department with responsibility for child welfare, child behavioral health, child abuse prevention, and community support programs for children and their families. The legislation transferred the administrative arms responsible for these programs from the Department of Human Services (DHS) to DCF. In June of 2012, legislation was signed that reorganized DCF into a single point of entry for all families with children with developmental disabilities and renamed the four divisions within DCF. The former Division of Youth and Family Services is now known as the Division of Child Protection and Permanency (DCP&P); the Division of Prevention and Community Partnerships is now the Division of Family and Community Partnerships (DFCP); and the Division of Child Behavioral Health Services is now the Children's System of Care (CSOC). Additionally, the Division on Women has been transferred to DCF from the Department of Community Affairs. The programs and services administered by each Departmental component are outlined below. A Table of Organization for DCF, depicting all functional units and responsibilities, is reflected in Figure 1. The structure of DCP&P field operations is depicted in Figure 2.

DCF Structure and Mission

Division of Child Protection and Permanency (DCP&P)

DCP&P is New Jersey's lead child welfare and protection agency. Its mission is to ensure the safety, permanency and well-being of children and to support families.

- **Investigation and Assessment:** DCP&P operates a State Centralized Registry which is a 24 hour, seven day a week, centralized call center to receive all reports of child abuse and neglect, and investigates these allegations through a network of 46 Local Offices.
- **Placement:** Children in DCP&P protective custody may require temporary placement in out-of-home settings in order to preserve their safety.
- **Family Support Service:** Includes services provided to strengthen families and children in their own homes as well as foster and adoptive families and those in out-of-home placement.
- **Permanency:** Services are designed to achieve and maintain permanency - a sustained, stable family who will care for and nurture the child - through reunification, adoption, or Kinship Legal Guardianship. Permanency also includes supporting youth in making a successful transition to independent adulthood.

Division of Family and Community Partnership (DFCP)

DFCP administers a continuum of community-based child abuse prevention and intervention programs that are culturally competent, strengths-based, and family-centered with a strong emphasis on child abuse prevention.

Early Childhood: Services focus on children under 6 years of age, including:

- Home Visitation
- Nurse Family Partnership
- Healthy Families
- Parents as Teachers
- Strengthening Families Initiative (NJSFI)
- Evidence-Based School Linked
- Children's Trust Fund

School-linked Services: Program services include:

- School Based Youth Services
- Family Empowerment Program
- Family Friendly Centers
- Adolescent Pregnancy Prevention Initiative
- Parent Linking Program
- NJ Child Assault Prevention Project
- School Based Medical Centers

Family Support: Resources are focused on meeting the unique needs of families before child maltreatment becomes an issue.

- Family Success Centers

Domestic Violence

- 24-hour hotline, emergency shelter, and related support services are available in each county.

- Peace: A Learned Solution (PALS) offers intensive therapeutic interventions for children exposed to domestic violence**.**

Service Integration within and across counties: DFCP works with local entities and organizations, such as the Task Force on Child Abuse & Neglect Prevention Subcommittee; Child Welfare Agencies and Human Service Advisory Councils to create a network for planning, prioritizing, and implementing effective prevention efforts that are county-focused and county-driven.

Children's System of Care (CSOC)

CSOC serves children and adolescents with emotional and behavioral health challenges and their families; and children with developmental and intellectual disabilities. Services are based on the needs of the child and family and are provided in a family-centered, community-based manner. Perform Care is the point of entry into the CSOC system.

- **Mobile Response and Stabilization Services (MRSS):** Services are available 24/7 to help children/youth experiencing emotional/behavioral crises. Services are designed to defuse an immediate crisis, keep children and their families' safe, and maintain children in their own homes or current living situation.
- **Residential Services:** CSOC continues to provide residential services. As more and more community alternatives are made available, the overall percentage of children receiving residential care has decreased.
- **Family Support Organizations (FSO's)**: FSO's are family-run, county-based organizations that provide direct family-to-family peer support, education, advocacy, youth partnership, and other services and support to families of children with emotional and behavioral problems.
- **In-Community Behavioral Assistance:** CSOC supports 46 community-based outpatient and partial care providers across the state and authorizes the enrollment with Medicaid of more than 300 intensive in-community providers and approximately 400 Behavioral Assistants statewide.
- **Care Management Organizations (CMO's):** CMO's provide a full range of care management, treatment and support services to children with the highest level of needs.
- **Youth Case Management (YCM):** YCM's provide case management services to children with less severe needs.

Division of Women

The New Jersey Division on Women (DOW) is a pioneering state agency that advances public discussion of issues critical to the women of New Jersey and provides leadership in the formulation of public policy in the development, coordination and evaluation of programs and services for women. DOW evaluates the effectiveness of program implementation and plans for the development of new programs and services.

The Division is also charged with establishing a liaison with state departments and other public and private agencies involved with laws, regulations and program development affecting women in joint efforts to expand opportunities for women. In this capacity, DOW collaborates with other state departments to understand and address the changing needs and concerns of women. DOW oversees Sexual Assault Direct Services, Sexual Assault Prevention Services and Displaced Homemaker Services.

- Funds, monitors and evaluates programs for the advancement of women;
- Develops new programs to serve women;
- Develops and analyzes policies that affect women;
- Educates and trains the public;
- Refers women to direct service providers;
- Provides information on women's issue to the general public;
- Provides technical assistance to agencies representing women;
- Represents women on boards, commissions, councils, committees and task forces

Department Units and Central Operations

DCF administers a number of functional offices and units that directly impact the department's broad delivery of protective and supportive services to children and families

- **Office of Performance Management and Accountability:** Manages the Qualitative Review Process, as well as the CFSR and the APSR, including the Program Improvement Plan development and monitoring. In addition, the office oversees Research, Evaluation and reporting (RER), the Child Fatality and Near Fatality Review Boards, Domestic Violence Fatality Near Fatality Review Board, Institutional Abuse Investigation Unit and the Office of Child Care and Youth Residential Licensing.
- **Office of Adolescent Services:** The Office of Adolescent Services (OAS) supports adolescents in the transition to adulthood to achieve economic self-sufficiency, independence, and engage in healthy life-styles.
- **Office of Child and Family Health:** The Office of Child and Family Health are charged with providing support, guidance and leadership across DCF on child and family health related matters.
- **Office of Education:** The Office of Education provides intensive 12 month educational services to children and young adults ages 3 through 21. The severity or uniqueness of their needs requires removal from the public school setting for a period of time.
- **Information Technology (IT):** Manages the NJ Spirit Application (SACWIS) and provides over 100 reports on DCF performance.

- **Office of Licensing:** The Office of Licensing (OOL) is the licensing and regulatory authority of the Department of Children and Families. OOL licenses and regulates child care centers, youth and residential programs, resource family homes and adoption agencies.
- **Institutional Abuse Investigation Unit (IAIU):** IAIU investigates allegations of child abuse and neglect in out-of-home settings such as foster homes, residential centers, schools, detention centers, and child care centers.
- **Office of Advocacy:** The Office of Advocacy supports families by providing information, referral and advocacy services.
- **Oversight Boards:** DCF is responsible for coordinating boards and taskforces including:
  NJ Child Fatality & Near Fatality Review Board
  Staffing Oversight and Review Committee
  NJ Task Force on Child Abuse and Neglect and Management of Children's Justice Act funding
  NJ Children's Trust Fund
  NJ Domestic Violence Fatality Near Fatality Review Board

Figure 1

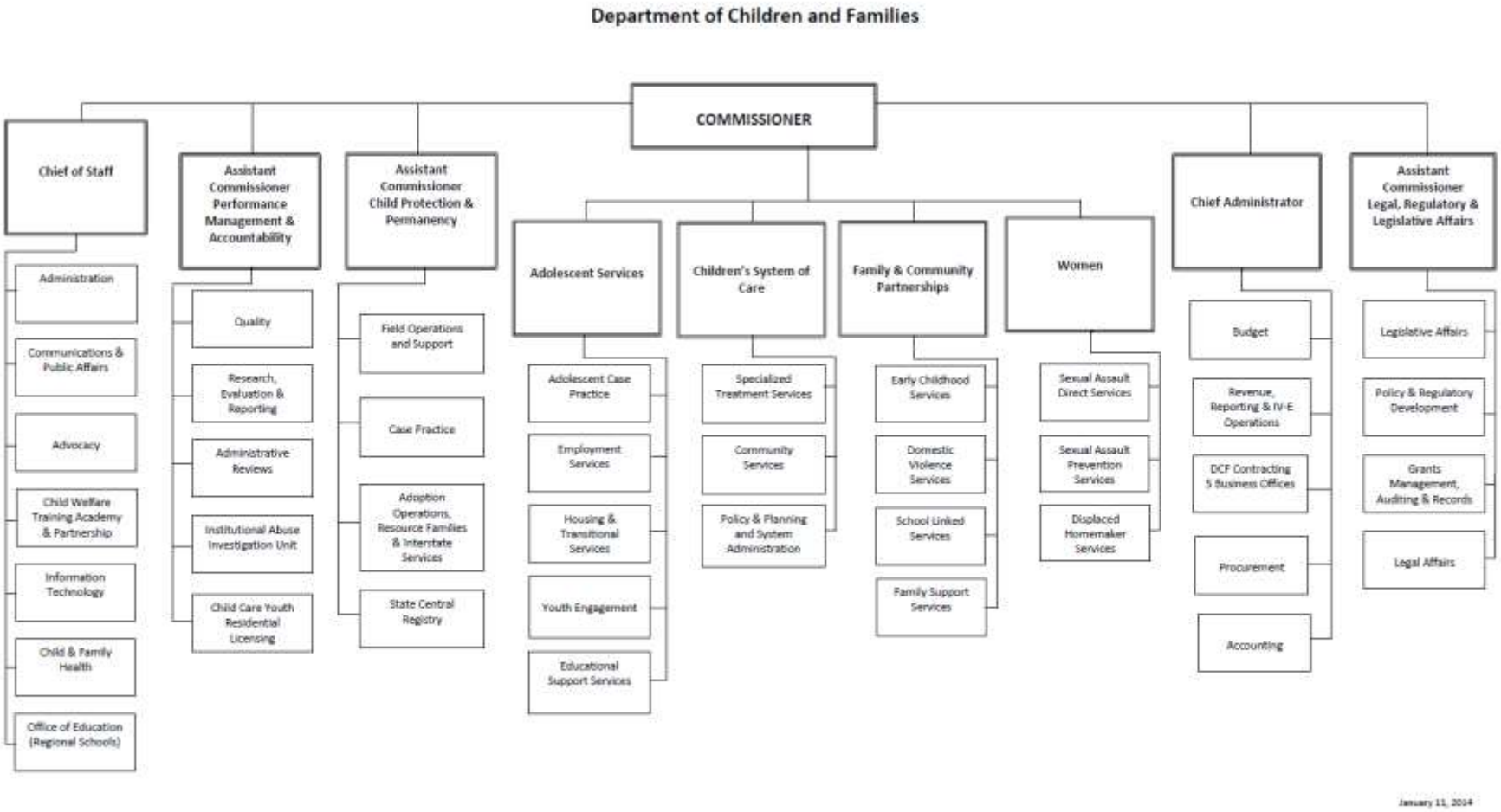
Department of Children and Families
COMMISSIONER
Chief of Staff
Administration
Communications & Public Affairs
Advocacy
Child Welfare Training Academy & Partnership
Information Technology
Child & Family Health
Office of Education (Regional Schools)
Assistant Commissioner Performance Management & Accountability
Quality
Research, Evaluation & Reporting
Administrative Reviews
Institutional Abuse Investigation Unit
Child Care Youth Residential Licensing
Assistant Commissioner Child Protection & Permanency
Field Operations and Support
Case Practice
Adoption Operations, Resource Families & Interstate Services
State Central Registry
Adolescent Services
Adolescent Case Practice
Employment Services
Housing & Transitional Services
Youth Engagement
Educational Support Services
Children's System of Care
Specialized Treatment Services
Community Services
Policy & Planning and System Administration
Family & Community Partnerships
Early Childhood Services
Domestic Violence Services
School Linked Services
Family Support Services
Women
Sexual Assault Direct Services
Sexual Assault Prevention Services
Displaced Homemaker Services
Chief Administrator
Budget
Revenue, Reporting & IV-E Operations
DCF Contracting 5 Business Offices
Procurement
Accounting
Assistant Commissioner Legal, Regulatory & Legislative Affairs
Legislative Affairs
Policy & Regulatory Development
Grants Management, Auditing & Records
Legal Affairs
January 11, 2014

Figure 2

Division of Child Protection and Permanency – Area and Local Office Structure

Area	County	Local Offices
Atlantic/Burlington/Cape May	Atlantic	Atlantic East Atlantic West
	Burlington	Burlington East Burlington West
	Cape May	Cape May
Bergen/Hudson	Bergen	Bergen Central Bergen South
	Hudson	Hudson Central Hudson South Hudson North Hudson West
Camden	Camden	Camden Central Camden East Camden North Camden South
Cumberland/Gloucester/Salem	Cumberland	Cumberland East Cumberland West
	Gloucester	Gloucester East Gloucester West
	Salem	Salem
Essex	Essex	W. Essex Central W. Essex North W. Essex South Newark Center City Newark Northeast Newark South
Hunterdon/Mercer/Somerset/Warren	Hunterdon	Hunterdon
	Mercer	Mercer North Mercer South
	Somerset	Somerset
	Warren	Warren
Middlesex	Middlesex	Middlesex Central Middlesex Coastal Middlesex West
Monmouth/Ocean	Monmouth	Monmouth North Monmouth South
	Ocean	Ocean North Ocean South
Morris/Passaic/Sussex	Morris	Morris East Morris West
	Passaic	Passaic Central Passaic North
	Sussex	Sussex
Union	Union	Union Central Union East Union West

Department of Children and Families
Mission, Values, Priorities, Goals and Objectives

The Department of Children and Families (DCF) is the state agency charged with serving and safeguarding the vulnerable children and families in the state. DCF's vision is to ensure a better today and even a greater tomorrow for every individual we serve. DCF's mission is to ensure the safety, well-being, and success of New Jersey's children and families in partnership with New Jersey's communities. The Department's strategic priorities, strategic goals and objectives are focused on:

- **Seamless System of Care:** To provide ease of access to care for children, youth and families
    - Ensure excellent customer service so that anyone can easily find and access services when needed.
    - Provide strengths-based services that result in positive experiences for children, youth and families
    - Align services with local and regional needs
    - Ensure that services are provided in a culturally competent manner and evolve based on family need
    - Include providers / partners in efforts to improve navigability and accessibility of services

- **Performance Management & Accountability:** To ensure the integrity and quality of DCF's system of care
    - Ensure that services are informed by outcomes and aligned with community needs and the DCF mission to promote healthy, safe and stable children and families
    - Use data outcomes to inform decision making and to support DCF as a Learning Organization, self-correcting as needed
    - Foster transparency and accountability
    - Continue to improve the significant progress made by DCF under the Modified Settlement Agreement
    - Sustain and enhance system reform through self-directed initiatives that support the Department's vision and mission

- **Partnerships**
  To collaborate with stakeholders and community partners to improve outcomes for New Jersey children, youth and families
    - Foster a mutual understanding of the roles and competencies of DCF and its external stakeholders
    - Ensure DCF and external stakeholders have a shared sense of trust, respect and responsibility to the accomplishment of DCF goals
    - Strengthen and broaden DCF's stakeholder base
    - Ensure sustainability of partnerships

- **Communication**: To enhance the effectiveness of communication with employees, partners, the media and the general public

  - Ensure the accuracy and timeliness of communication
  - Identify strategies to increase public awareness of DCF services and how these can be accessed
  - Ensure communication efforts are multi lingual and culturally informed
  - Provide mechanisms for two-way communication

- **Organizational Development**: To continually examine and prepare the organization structurally, in alignment with the mission and strategic plan
  - Provide training and employee development designed to produce employees capable of delivering organizational goals and objectives
  - Expect and plan for change within the organization
  - Evaluate the organizational structure on an on-going basis and modify as needed

DCF's work is guided by the values and principles that are articulated in the strategic plan.

Core Values

- We value the unique strengths, needs and abilities of all individuals.
- We achieve positive outcomes through individualized, family-oriented, child and youth centered services.
- We foster healthy relationships that promote safety and well-being for children, youth, adults and families.
- We are ethical, fair and transparent in all that we do.
- We are culturally aware, informed and responsive; we value and respect diverse traditions, heritages, and experiences.
- We work in partnership with individuals, families and the community, as well as with other state departments and within DCF, to build connection, strength and success.
- We are professional, highly-trained and committed to the communities we serve.
- We provide excellent customer service so anyone can easily find and access services when needed.
- We provide innovative solutions aligned with community needs.
- We are accountable to our partners, ourselves and the communities we serve.
- We are good stewards of the resources entrusted to us.
- We continually seek to learn and correct ourselves when needed to provide the very best solutions for children, youth, individuals and families.
- We recognize and respond to the impact of traumatic stress on those who have contact with our system.
- We listen to and communicate openly and honestly with the community and with our partners.

Reform Efforts

Since the settlement in 2003 of a class-action litigation (Charlie and Nadine H. v. Christie), New Jersey has undertaken broad reaching reform efforts in the public child welfare system. In 2006, when the State of New Jersey and Children's Rights, Inc. reached agreement on a Modified Settlement in the class-action litigation, as approved in the United States District Court, the Center for the Study of Social Policy (CSSP) was appointed to independently monitor the State's compliance with the goals and principles of the Modified Settlement Agreement (MSA). While New Jersey has experienced changes in administration and leadership since that time, system partners continue to forge ahead collaboratively in the on-going transformation of DCF. In the Monitor's assessment, DCF has continued to move toward compliance with the performance measures established in the MSA. Notable achievements include training of the workforce, recruitment of resource family homes, placement of children in family-like settings, appropriate use of shelters, timeliness of adoption finalization, access to health care and the implementation of multiple quality assurance processes.

As we look to the future, DCF is committed to sustaining the progress already made on behalf of the state's most vulnerable children and families. DCF will continue to focus on strengthening families and achieving safety, well-being and permanency for all New Jersey's children. With the realignment of services from the Department of Human Services (DHS), DCF is now in a position to support children and youth with developmental disabilities, behavioral health challenges and addiction service needs through its existing infrastructure of services and programs; and better serve children and families where child abuse and domestic violence co-exist. This realignment will help end fragmentation of services, create a seamless system of care and enhance our capacity to serve children and families through a more family centered, holistic approach. In addition, DCF has launched a Strategic Plan that will chart the path for the Department over the next several years as depicted in Figure 3.

Figure 3

http://nj.gov/dcf/about/strategic.html

Collaboration

DCF endorses the practice of involving a wide variety of state and local partners in all aspects of its work to ensure the safety, permanency and well-being of children. Programs and services reflect a rich array of information and ideas that were developed with system partners and stakeholders through a variety of routine and specific collaborative efforts.

As part of the collaborative efforts, DCF embarked on a developing a comprehensive strategic plan over the past several years. This comprehensive process included the input and recommendations of many stakeholders to include community partners, child welfare system partners, service providers, Citizen Review Panels, parents, resource parents and youth to help guide and steer the course for DCF. Through formalized engagement opportunities and informal consultations, this ambitious process took over a year to complete and helped spawn the 2014-2016 DCF Strategic Plan that is seen in Figure 3. It is a natural progression that the DCF Strategic Plan influence the 2014-2019 Child and Family Services Plan. The CFSP contains core strategies that are aligned with the DCF strategic plan and mimic the goals and objectives necessary to carry out the principles of the Mission, Vision and Priorities of DCF.

Moving forward, DCF will embark on strategic bi-annual meetings with these system partners with the exclusive priority of gathering on going feedback as it relates to the progress of the implementation of the CFSP. Meetings will include but not limited to the Citizen Review Panels, the Administrative Office of the Courts, County Human Service Directors, NJ Association of Mental Health and Addiction Agencies (NJAMHAA), NJ Alliance for Children Youth and Families as well as statewide Youth Advisory Board meetings. The specific agenda at these meetings will be to illicit input on the progress and continuance of the identified Priority Strategic Goals for the Annual Progress and Services Reports.

Partners include but not limited to:

Children's System of Care

- The New Jersey System of Care for children's mental health services has continued to grow. Perform Care, a private entity, continues to provide one point of entry into the Department's Children's System of Care. Services have been provided to 40,000 youth annually. 94% of these services are delivered while youth are maintained in their own homes.
- DCF and UMDNJ will collaborate on the New Jersey Youth Suicide Prevention Project that will target individuals who work with youth and young adults from 10 to 24 years of age.

Division of Family and Community Partnership

- DCF continues to collaborate with its network of public/private partners to provide relevant prevention services targeted to at-risk children and families, including Family Success Centers, Home Visitation Programs, Strengthening Families through Early Care and Education, and School Based Youth Services.
- DCF continues to collaborate with the Nicholson Foundation in the development of the Family Success Initiative, which includes funding for the enhancement of the work of

Family Success Centers, the development of new Family Success Centers, outcome measurement work and local systems development for a continuum of prevention approaches, supports and programs.

- DCF continues to collaborate with the NJ Coalition for Battered Women (NJCBW) to strengthen coordination and communication between the child protection and domestic violence service systems. The purpose is to: increase safety, stability and improve outcomes for children and their non-offending parents when child abuse and domestic violence co-occurs; to strengthen DCF/DCP&P capacity to respond effectively to families in domestic violence situations; and, promote best practices and safe interventions.
- The DCF Domestic Violence Case Practice Protocol was adopted in October 2009, representing the work of dozens of DCF staff, the New Jersey Coalition for Battered Women and the Child Welfare Working Group on Domestic Violence that included victim advocates, DCP&P and court staff. New DCP&P staff is trained on this Protocol as a part of their New Worker basic training.
- The Violence against Women Certificate program for DCF staff was designed with Rutgers University to complement the work being done by our Domestic Violence liaisons, and help to sustain the refinements in practice created by the Domestic Violence Protocol. The first cohort of staff completed their training in June 2012 and a second cohort began their training in September 2012.
- DFCP has developed a strong collaborative working relationship with County Human Services offices; County Human Service Advisory Councils and the County Welfare Agencies, specific to the work of the Family Success Centers and how all can best serve and partner with their children, youth and families. DFCP has developed a strong collaborative relationship with the Department of Education and its Office of Early Childhood Services, as well as with the New Jersey Office of Head Start, creating connections with our Home Visitation work and our Family Success Centers.
- DFCP is the lead agency in a new early childhood collaborative grant awarded by the Help Me Grow (HMG) National Center in Hartford, Connecticut. HMG will help NJ partners improve screening, early identification, referral, and appropriate linkage to needed education and intervention services for families with infants and young children with developmental delays. This small planning and coordination grant will help NJ strengthen interagency relationships between pediatric primary care, home visiting, childcare centers, Head Start/Early Head Start programs, child protective services, and Early Intervention Services.
- DCF will collaborate with the Department of Health to expand DCF's Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program to help at-risk families with an array of health and social services including perinatal screenings and risk assessments to promote earlier identification and coordination of services for families who reside in at-risk communities.

Office of Resource Families

- DCF continues its collaboration with Foster and Adoptive Families Services (FAFS) to review and approve resource parent courses for in-service credit hours, as well as non-FAFS training courses which are delivered at volunteer committee meetings.
- DCF continues to collaborate with the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at Adopt Us Kids (NRCRRFAP) in the area of

Market Segmentation. Market Segmentation is a market research tool used for targeted recruitment of resource families.

- DCF has collaborated with All Children-All Families to recruit more families and train our staff on LGBTQI cultural competence.

Office of Child and Family Health

- DCF continues to provide greater access to health care for children in out of home placement due to the unique partnership between DCF and the University of Medicine and Dentistry of New Jersey's Francois Xavier Bagnoud Center.
- The Department of Children and Families continues to collaborate with the Department of Human Services and the Administrative Office of the Courts by participating in an In-Depth Technical Assistance focused on improving outcomes for families with substance use disorders in the child welfare and family court systems.
- DCF continues its collaboration with service providers to support the Child Protection Substance Abuse Initiative in order to improve the intake, assessment, screening and investigation of reports of abuse and neglect and to improving the case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

Office of Training and Professional Development

- The New Jersey Office of Training and Professional Development Partnership includes several institutions of higher learning all working together to ensure that DCF staff have the knowledge and training necessary to carry out the Department's mission.

Office of Adolescent Services

- DCF's Office of Adolescent Services continued its collaboration with external stakeholders through the Transitions to Adulthood Advisory Meeting in order to monitor a strategic plan that identifies priorities for initiatives and services regarding adolescents and young adults.
- DCF continues to fund and use 25 slots in the New Jersey Youth Corps through the New Jersey Department of Labor for DCP&P involved adolescents. New Jersey Youth Corps engages young adults in full-time community service, training and educational activities. Staff who serve as mentors guide the youth. The youth receive education development, employability skills instruction, personal and career counseling, and transition services.
- OAS provides several different mentoring opportunities/services for adolescents and young adults through Rutgers, The State University of NJ, Project Myself, and through faith-based organizations and private non-profits. DCF collaborated with LGBTQI community partners to provide safe space liaisons with information on coaching peers, locating resources, changing culture in the office and understanding sexual orientation/identity. The Summer Housing and Internship Program (SHIP) is an additional support to NJ Foster Scholars. Run by Rutgers the State University of New Jersey, this program provides a 12 week summer experience.
- DCF continues to collaborate with Ranch Hope for Life Skills summer camp and expanded the life skills camp to include Trailblazers in northern New Jersey.
- DCF continued to utilize cross training of DCF staff and contract providers. In collaboration with the National Resource Center for Youth Services, the DCF Training

Academy and Rutgers University, DCF delivered an adapted national training curriculum on best practice approaches to serving older youth in care.

- DCF contracts with community agencies to provide transitional housing for older youth. DCF currently funds over 350 beds throughout the state.
- DCF collaborated with Youth Advisory Boards across the state in the development of a new Post-BA Adolescent Advocacy Certificate Program.
- DCF partnered with an organization that provides a computer based financial literacy program and piloted the program with a community provider. Approximately 30 youth completed the program and attended a certificate ceremony.
- DCF collaborated with stakeholders, service providers and youth across the state to create a new Task Force on Helping Youth Thrive in Placement (HYTIP). HYTIP is tasked with ensuring that children and youth involved in out of home placements have the right to live the most normal childhood and adolescence possible. The Task Force on HYTIP plans to achieve this by providing children and youth in out of home placements with the opportunity to maximize connections with the important people in their lives and to fully participate in their schools, neighborhoods and communities.
- DCF continued work with the Human Rights Campaign's *All Children, All Families* to enhance our understanding of the value of LGBT families in serving children and youth in the foster care system.
- DCF continues to collaborate with Foster and Adoptive Family Services to provide ETV to eligible youth who have aged out of foster care or left care for kinship legal guardianship or adoption through the New Jersey Foster Care (NJFC) Scholars program.
- DCF collaborates with community provider, Multicultural Community Services (MCS), to provide an educational enrichment program for youth in high school so that they graduate or obtain a GED and pursue post-secondary education or training. The program assists with service such as tutorial assistance to improve reading and academics, and post-secondary test preparation courses i.e. SAT.

Office of Legal, Regulatory, and Legislative Affairs

- DCF continues to collaborate with the Courts. Representatives from DCF continue to be members of the Children in Court Improvement Committee (CICIC). Child Welfare stakeholders, court staff and DCP&P staff attended training on the Child Safety Guide in July of 2012. Also, DCF assisted in the planning of a statewide Children in Court Conference entitled, "Clearing the Haze: Improving Permanency Options and Outcomes" in April of 2013. DCF staff presented trainings on a range of topics including Kinship Legal Guardianship, APPLA, DCP&P case practice desk guide, and Four Tier, our new system of investigative findings.
- DCF representatives also are engaged in the various subcommittees of the CICIC. These subcommittee focus on an array of topics including a resource guide for aging out youth, disproportionality in child welfare cases, and youth participation in court. In an effort to coordinate with the CICIC's initiative to increase and expand youth participation in court, DCF formed an internal workgroup to develop a protocol for its staff. This protocol will cover issues including notice, preparation, transportation and debriefing. DCF has solicited the input and information from the American Bar Association's Center on Children and the Law.

Office of Business Operations

- DCF had initiated the Contract Reform Workgroup to support a public/private contracting partnership between DCF and its provider agencies to create efficiencies in its business practices, develop recommendations for its improvement, and serve in an on-going advisory capacity to the Commissioner. The workgroup continues to meet and have moved forward with major initiatives. The group provides feedback regarding DCF contract policy and how recommendations can be incorporated into DCF Business Operations.

Office of Educational Services

- Continues to collaborate with school district staff to provide education stability training, resolve educational funding issues and address case specific educational needs of children served by DCF.
- In collaboration with Foster and Adoptive Family Services developed an education stability training webinar for resource parents. The webinar allows resource parents to earn credits towards their mandatory yearly training requirements.
- Assisted the Court Appointed Special Advocates of New Jersey in the development and implementation of the CASA Educational Training Program.
- In collaboration with the New Jersey Department of Agriculture (NJDA) developed a Memorandum of Understanding (MOU) to establish the procedures and methods by which DCF will exchange data so that New Jersey schools can directly certify foster children's eligibility for free school meals, eliminating the necessity for an application.
- Ongoing work with the Department of Education to obtain Statewide educational data regarding the engagement, performance and special education population of children in foster care.
- Ongoing participation in the NJ Council on Young Children's Data Committee to develop recommendations for a unified statewide data system, including establishing common data elements. A unified data system will allow state agencies to assess the efficacy of existing programs, identify underserved populations, and target struggling programs for additional support and professional development. All state agencies with oversight of programs for families and children from birth to age eight, including the Departments of Education, Human Services, Health, and Children and Families are represented on the subcommittee. Head Start agencies and organizations, and advocacy groups are also represented.
- Collaborates with Rutgers University- Transitions for Youth staff and Foster and Adoptive Family Services to case conference students participating in Project MYSELF and NJFC Scholars who are experiencing difficulty in their post-secondary program.

Division of Child Protection and Permanency

- At the practical/foundation level, DCF engages all relevant parties in on-going joint case conferencing and review through Family Team Meetings to ensure service coordination and better outcomes for children and families.
- DCF is collaborating with community partners to pilot phase 2 of our case practice change which is entitled Focus on Supervision. This phase will be aimed at strengthening the supervisory role in case conferencing-through a process that reinforces our commitment to teaming.

- DCF continues its collaboration with the National Adoption Center of Delaware Valley (NAC) for child specific recruitment.
- Continued work with consultants from the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at Adopt Us Kids (NRCRRFAP) in the area of Marketing Segmentation.

Department of Children and Family Services

- The DCF and the New Jersey Task Force on Child Abuse and Neglect continued to work together to provide training to professionals from various disciplines. Since 2002, the DCF and NJTFCAN have supported Finding Words NJ a forensic interviewing program originally developed in collaboration with the American Prosecutors' Research Institute (APRI) and based on the national Corner House protocol RATAC and subsequently disseminated by the National Child Protection Training Center (NCPTC). The goal of the project is to train frontline professionals involved in the investigation and prosecution of child abuse to conduct an effective and legally defensible interview of alleged child sexual abuse victims of various ages and prepare children for court. At the completion of the five day training, participants have a meaningful understanding of important concepts and practices including: child abuse dynamics, children's language and development, memory and suggestibility, the impact of questions on the process of abuse disclosure and factors associated with a credible and reliable child statement. Finding Words NJ is a comprehensive program that combines lectures, demonstration and experiential exercises to teach professionals involved in the investigation and prosecution of cases of child abuse. This project helps train professionals in law enforcement, DCP&P child abuse investigative units, county multidisciplinary teams and mental health clinicians involved in interviewing alleged victims of child abuse, especially sexual abuse.
- DCF and NJTFCAN worked collaboratively to offer an interdisciplinary Biennial conference. On September 20, 2013, the DCF in collaboration with the NJTFCAN hosted a full-day statewide multidisciplinary skill building conference for over 500 child protection professionals. The conference entitled 'Transitions: From Infancy to Adulthood". This interdisciplinary conference provided the target audience an opportunity to learn from experts of child welfare/protection issues and disciplines serving children and families. This conference featured keynote speaker, Charlyn Harper Browne, PhD, Senior Associate and QIC-EC Project Director at the Center for the Study of Social Policy
- DCF in collaboration with NJTFCAN distributed a request for information to solicit new initiative trainings on the following topics:
    - **Co-occurrence of Domestic Violence and Child Abuse and Neglect**
    - **Human Trafficking Awareness**
    - **Trauma Informed Care**
- DCF continues to build upon and strengthen a service infrastructure and community network that embodies a child and family-centered approach to achieving outcomes for safety, permanency, and well-being. New Jersey remains steadfastly dedicated to improving these outcomes for its children and families and has made substantive improvement on several fronts, particularly in rebuilding its foundation and infrastructure, and redesigning critical pathways in its work.

- DCF collaborated with Keeping Babies Safe (KBS), a non-profit organization whose mission is to provide training to families about crib safety and best sleep practices.
- DCF collaborated with internal and external stakeholders on a strategic planning process which will help chart DCF's path over the next few years and assist us in meeting our goals. The plan has been finalized and posted on line.
- DCF partnered with the New Jersey Division of Highway Traffic Safety to build a team of Child Passenger Safety educators responsible for creating and implementing highway safety programs and initiatives to ensure optimal safety of the infants, children and youth we transport every day.
- DCF continues its work on the "Manage by data" initiative which was made possible through extended technical assistance and support from the Northeast and Caribbean Child Welfare Implementation Center (NCIC). The Fellows completed Phase 2 of the project at the end of December 2011 and Phase 3 at the end of June 2012. With the goal of achieving sustainability the 2012-13 Fellows Program was launched which will build on the earlier 2010-12 initiative.

Status of Areas Identified in the Program Improvement Plan for Quarter 7 & 8

The deployment of case practice proceeded as planned. All forty seven offices have completed immersion. This area was identified as needing improvement in the PIP 1.1 (APSR 3-1).

PIP Benchmarks 1.2.2; 1.2.3; and 1.2.4 were renegotiated out of the PIP during the conference call between DCF, AOC, and ACF of 5/9/12. DCF and AOC worked together post pip to determine if the field guide would be integrated and aligned with the child safety guide used by judges and attorneys. The field guide to reflect the Case Practice Model has been completed and components of the safety and risk assessments used by judges and attorneys have been integrated into the field guide (APSR 3-3 and 3-4).

The Office of Child and Family Health has completed training DCF staff to use the NJ Mental Health Screening Tool. This area was identified as needing improvement in the PIP 1.5 (APSR 4-22),

Originally, the Family Team Meeting Evaluation Process included all ten offices that were required for the expansion of the project as of the beginning of Quarter Six. A series of conference calls was held to discuss the project and clarify the protocol. A project summary sheet and a guide to completing it were distributed to collect and report on the data. The information gathered was entered into a data base. Analysis of the data and other improvement activities determined that an alternative method of reviewing would be more practical and informational. The process was revised by having Area Quality Coordinators become responsible for doing 15 case reviews per quarter, using 2 indicators from the QR tool; engagement and assessment. By focusing on engagement, we will be in a better position to evaluate FTMs. These reviews will be examined to identify trends and institute measures to strengthen our case practice including Family Team Meetings. This area was identified as needing improvement in the PIP 2.1 (APSR 3-11).

Staff, paraprofessionals, providers, resource parents and relatives were trained on the importance of visitation. Training also was given on the impact of incarceration on visitation and parenting. In addition, a user friendly reporting form was created. This area was identified as needing improvement in the PIP 3.1 (APSR 4-18 and 4-19).

DCF successfully completed the requirements of the PIP on March 31, 2012.

APSR 2014 SUMMARY OF PROGRESS AND ACCOMPLISHMENTS

The final APSR reporting period began with a significant traumatic event for New Jersey as well as other states along the east coast. Superstorm Sandy made landfall on October 29, 2012, and its destructive force ravaged many municipalities of New Jersey. Many families including DCF staff suffered damaged to their homes, others the loss of their homes, loss of basic necessities and sadly others lost loved ones. Operationally, Superstorm Sandy impeded DCF significantly, resulting in a 3 day state closure. Some DCF employees manned the 24 hour child abuse call center, while other staff monitored buildings and kept the computers running during the hurricane. DCF staff contacted every placement provider to ensure the children were safe. DCF created the Supporting Our Staff initiative as a way for DCF staff to provide donations to DCF staff affected by the storm. As of this writing, there are still many communities that have not fully recovered from the aftereffects of the hurricane.

In November 2012, DCF in league with other federal, state, local, and NGO partners established the Superstorm Sandy New Jersey State-Led Child Task Force, whose function was to identify needs and coordinated relief efforts that assisted families affected by the Hurricane. Research suggested that disaster related issues intensify families' stressors, unfortunately leading to increased incidences of domestic violence, mental health issues and child abuse/neglect. The Taskforce worked toward educational stability for children who were residing temporary housing, and offered targeted services families in FEMA's Transitional Sheltering Assistance program. DCF provided Hurricane damaged child care providers and Head Start programs with information on plans for reopening, repairs, and related issues. DCF also collaborated with Montclair State University to tackle the specific recovery needs for infants and toddlers, resulting in the creation of the Early Childhood Behavioral Specialist directory composed of 90 volunteers. In January 2013, DCF set its sights on the Long Term Recovery phase of Superstorm Sandy Relief, and adopted a 3-Point Plan. The 3-Point Plan focuses on prevention and intervention strategies that will strengthen families and decrease incidences of domestic violence, mental health issues and child abuse/neglect. Some of the strategies will require expanding the capacities of Family Success Centers, domestic violence programs, and respite services for families with children with special needs.

Notwithstanding the Department continues to maintain steady progress in improving the state's child welfare system. DCF continues to focus on meeting the goals that were established in the Modified Settlement Agreement, which are reflected in the CFSP Action Plans and support the Program Improvement Plan (PIP) that was approved by the Administration for Children.

The Department is able to document the status of its progress as a result of data submitted to and reviewed by the federal Monitor. In addition, the Department maintains a data page and quarterly reports on its website. Some of the highlights include:

- Services from the Department of Human Services (DHS) were realigned to DCF, positioning the Department to support children and youth with developmental disabilities, behavioral health challenges and addiction service needs through its existing infrastructure of services and programs; and better serve children and families where child abuse and domestic violence co-exist. This realignment will help end fragmentation of services, create a seamless system of care and enhance our capacity to serve children and families

through a more family centered, holistic approach. The realignment also transferred the Division on Women to DCF including programs such as displaced homemaker and sexual violence services to the array of programs already offered by DCF. DCF has developed one integrated service delivery system which will incorporate services for children with intellectual and developmental disabilities, substance abuse and behavioral health challenges, and services for youth transition into adulthood. This integrated system provides the opportunity to coordinate services resulting in decreased duplication and increased efficiency and effectiveness.

- 2013 marks the 12th year anniversary of the implementation of NJ statewide Child Behavioral Health System of Care. The system of care has affected significant change in the delivery of emotional and behavioral health care to children, youth, young adults, and their families. Data shows that 99% of eligible children and youth who had a suspected mental health need received a mental health screening. The overall percentage of children receiving residential care has consistently decreased as more and more community alternatives are made available. There has also been a significant reduction in the number of children receiving residential treatment in out of state programs from 327 in 2006 to 3 as of the end of CY 2013.

- Family Success Centers (FSC) have now been established in all 21 counties throughout the state. There are now 51 publically-supported centers collaboratively working with their communities to strengthen families and keep children safe.

- Task Force on Helping Youth Thrive in Placement was created to study how we can ensure that children and youth have the opportunity to maximize connections with the important people in their lives and to fully participate in their schools, neighborhoods and communities.

- In the spirit of transparency, DCF has increased stakeholder electronic accessibility to relevant DCF information via a redesigned DCF's public portal. From this website, stakeholders can peruse E-Newsletters, the Commissioner's Dashboard, DCF Today, Annual Performance Reports, Testimonies, and Special Reports. The DCF website also provides preventative information and resources for families. This "open book" ideology gives the public the opportunity to become a well-informed stakeholder regarding the important work DCF does for the children and families of NJ.

- Adolescent Housing Hub is an online reservation system and electronic database of housing options for youth and young adults has been created. It will provide comprehensive coordination between DCF and our providers.

- The DCF Fellows' Program is a nationally recognized initiative designed to develop the capacity of agency staff to utilize data to improve outcomes for children and families. The Fellows Program is an important element of DCF's commitment to becoming a learning

organization. The Fellows completed Phase 2 of the project at the end of December 2011 and Phase 3 at the end of June 2012. With the goal of achieving sustainability, the 2012-13 Fellows Program was launched which will build on the earlier 2010-12 initiative.

- According to a new KIDS COUNT® report from the Annie E. Casey Foundation, more than one-third (35%) of children in New Jersey's foster care system are living with Kinship Caregivers (relatives or close friends), outpacing the national average of 26%.
- The Department of Children and Families' Domestic Violence Liaison (DVL) program now has 34 liaisons to serve the 46 DCP&P local offices to provide case consultation, support and advocacy work for cases where there is co-occurrence on child abuse and domestic violence.
- Office of Performance Management & Accountability (OPMA) together with the Monitor conducted a case record review of State Centralized Registry (SCR) operations. Monitor and DCP&P staff reviewed a sample of 367 intakes from the month of October, 2011 to assess the professionalism and competence of screeners, their effectiveness in gathering critical information, the quality of documentation and the soundness of their decision making. "The review revealed that SCR was able to sustain the identified improvements from the 2008 Assessment and that, in critical areas of responsibility, SCR is able to meet its responsibilities and is an effective "front door" for New Jersey's child protection system."
- DCF created a scholarship fund for youth in college who may not otherwise be eligible for the New Jersey Foster Care Scholarship.
- DCF continued its successful efforts in licensing resource family homes. This was reflected in the number of resource families licensed in CY'13 which was 1,449. This exceeded our 2013 target of 1,264 licensed resource families. This is a result of the diligent recruitment efforts that have been made statewide.
- Through the New Jersey Child Welfare Training Partnership (NJCWTP), a consortium of State Universities continued and completed the immersion-style delivery of the Case Practice Model training to the remaining 15 local offices throughout the State. All 46 offices have now been trained/immersed in CPM. DCF continues to build capacity of staff to serve as trainers, coaches, and master coaches in an effort to promote sustainability. As of December 2013, 2,677 staff was developed including 2,211 facilitators, 324 coaches and 142 Master Coaches.
- NJ received approval of the AFCARS Improvement Plan in January 2012, and began the process of correcting those General Requirements and Foster Care/Adoption data elements identified in order for the State to meet full compliance on all the requirements. These improvements continue throughout FFY 2013.
- The Child Health Unit completed training of all field staff on Pediatric Health and Red Flags Infants/toddlers. This training familiarized DCP&P Staff and Child Health Unit (CHU) nurses with the new extended Red Flags Tool and its application in the field. This tool is intended to support and improve the assessment skills of DCP&P case workers and CHU nurses, while guiding decision making for infants/toddlers and their families.
- The Mental Health Screening Tools (MHST) has been offered in every local office throughout New Jersey. The MHST Training will continue to be provided to DCP&P staff. A Mental Health assessment will be completed on all children in out of home placement and any child who presents with a mental health need.

- DCF launched a re-designed Contracted Services Resource Directory (Directory), which can be accessed on the NJ Spirit desktop and on DCF's intranet portal.
- The Comprehensive Medicaid Waiver was approved which means increased community based services for children who are dually diagnosed with developmental disabilities and mental illness by providing case management, individual supports and respite for caregivers.
- DCF's performance in providing sustained access to health care for children in out of home care remains high and is a model for the nation.
- DCF finalized 1,021 adoptions in Fiscal Year 2013 and is consistently finalizing adoptions within nine months of placement in an adoptive home.
- DCF continued to maintain manageable caseloads for caseworkers serving New Jersey's most vulnerable children.

CFSP as an Integrated Framework for Change

In framing the CFSP over the past five years, DCF focused on stabilizing and strengthening its infrastructure. While the pace and scope of change throughout New Jersey's child welfare system is daunting, the Department continues to meet the provisions of titles IV-B, IV-E and CAPTA while concurrently managing the implementation and monitoring of the Modified Settlement Agreement (MSA). Because these grant programs provide a critical source of funding for ensuring the safety, permanency and well-being of children, the CFSP is intrinsically tied to the state's current reform efforts. Subsequently, DCF has aligned requirements, consolidated efforts, and condensed tasks within the core strategies that drive New Jersey forward, creating an integrated framework for change.

DCF added 'Integration, Collaboration, and Synergy' to the list of core strategies to reflect the value of collaboration and the alignment of plans and priorities as it strives to succeed on all fronts. Hence, the CFSP is centered around:

- Caseload Management
- Strengthening the system at the front-end
- Implementing the Case Practice Model
- Investing in Services
- Workforce Development
- Data and Accountability
- Integration, Collaboration, and Synergy

Two key themes continue to characterize DCF's efforts: 1) the use of data to manage work, gauge progress, and guide decision-making; and 2) the shift in perspective to emphasize upstream prevention and proactive services and supports.

The APSR provides DCF with a mechanism to incrementally monitor and assess its progress and observe a philosophy of change emerge at its most fundamental level – the delivery of direct services. When a philosophical shift results in observable, concrete changes, individuals have a better understanding of where they are going, how they are getting there, and why it is important to do so. This understanding promotes stability, commitment, and consistency of effort. It thus seems appropriate to provide here, in order to enhance understanding of the CFSP grids that follow, an amplification of the Core Strategies NJDCF has undertaken in the 2010-2014 CFSP:

Core Strategy 1: Managing and Sustaining Child Welfare Caseloads

Capable work with children and families requires capacity, i.e., the time and ability to do what is necessary. High caseload volume limits capacity, which was a persistent theme in the evaluation of New Jersey child welfare practice during CFSR Round 1. The strategy to address caseload size extends beyond hiring additional caseworkers – it involves working with other system partners, e.g. Deputies Attorney General, Parental Representatives, Law Guardians, etc. It also includes specific task assignment, caseload monitoring and management methods, and the implementation of specialized and technical assistance support for workers so they can effectively address cases and sustain workloads at acceptable levels. As DCF progressed in this last CFSP period, it was important to monitor, adjust and maintain caseloads on a continuing basis, and to maintain the availability of critical specialist supports.

Core Strategy 2: Strengthening the System Front End

New Jersey has made significant strides in strengthening the front-end of the system through two distinct methods:

- Focusing on doing the 'right' things early on in order to promote the most positive and timely outcome, e.g., using tools to guide decision-making and renovating the placement process
- Working in partnership with systemic colleagues and the greater community, to strengthen the local capacity to assist families and prevent the occurrence of crises that bring families to involvement with child protective services

Two foundational elements of strengthening the system have been the development of the State Central Registry and a focus on prevention. As DCF progressed in this CFSP period, it was important to strengthen its efforts to "do the right things" in the beginning of the process, and to stabilize the gains made to date with our prevention-focused programs.

Core Strategy 3: Implementing a Case Practice Model

In January 2007, New Jersey instituted a formal Case Practice Model (CPM) which was developed with input from a variety of stakeholders. Expressing the core of true reform, the CPM challenges the child welfare system to build a culture within its agencies and with its stakeholder community that allows DCF to support and partner with children and families in achieving their full potential. The CPM expresses core values, principles, and key work activities completed with children and families throughout their involvement with the child welfare system. The CPM sets forth expectations for how well DCF engages families, and how well systemic work is accomplished in partnership with children, families, providers, and other system stakeholders, including the community.

Core Steps

Client's experiences with DCF involve a series of core steps or processes that are valuable to creating positive outcomes for children and families. These core steps are the essence of child welfare work:

- Quality investigation and assessment
- Engaging youth and families
- Working with family teams
- Individualized planning and relevant services
- Continuous review and adaptation
- Safe and sustained transition from DCF involvement

Quality investigation and assessment

Quality investigations require the use of structured decision-making tools to evaluate child abuse or neglect referrals and to support sound judgments based on the nature of the allegations and initial findings. This work explores the underlying causes of child maltreatment or the risk of child maltreatment and the factors that prevent parents from making the necessary changes to

keep their children safe. It is work that is done by engaging all family members and relevant parties and it is a continuous process.
In all of its assessment work, DCF will strive to:

- Use objective assessment instruments to help identify services that protect against determined risk factors and that enhance parental capacity
- Assess family members' strengths and needs within their social and cultural environments
- Match services to the family's needs and capabilities. Planning is focused first on the family's highest priority needs and seeks to capitalize on its strengths
- Address children's safety, permanency and well-being on a continuous basis, regardless of whether a child is living at home or residing in out-of-home placement

At times abuse or neglect is not alleged, but families are identified to SCR and request or agree to receive supportive services from DCP&P. In these situations our Child Welfare Assessment work is designed to determine strengths, skills, and concrete and immediate needs. In these instances, since there has been no allegation of abuse or neglect, DCF will not utilize child protection investigatory tools. Rather, assessment and engagement strategies will be employed to determine the family's needs and relevant, supportive services will be offered.

Engaging youth and families
Engagement is the foundation on which trust and mutually beneficial relationships are built with children, youth, family members, and DCF staff. We must listen to, assess, and address the needs of children, youth, and families in a respectful and responsive manner that builds upon their strengths.

Engaging clients does not mean that we lose objectivity about the safety risks to children. It does mean that, whenever safe and appropriate, youth and parents will be included in decision-making regarding needed services and supports and be active participants in finding solutions to family issues and concerns about child safety. This involves providing family members with complete information not only regarding their situation and the Department's decision-making, but also full disclosure regarding laws, regulations, and policies that impact their life situation.

Working with family teams
Building a family team around a youth/family has multiple benefits. Teams are useful for gathering important information about the strengths and needs of families that contribute to the overall functional assessment of a family's situation, and the development of a plan that has the best chance for success. This family team can also assist the family throughout its DCF involvement and help DCP&P staff facilitate the service plan. When it is time for the family to end its involvement with DCF, the family team can help support the family's transition.

Family teams include everyone who is important in the life of the child, including interested family members, foster/adoptive parents, neighbors, and friends as well as representatives from the child's natural support system, such as schools, therapists, and substance abuse treatment providers. Parents, children, youth and team members should become active participants in making decisions about which services and supports are needed, how and who should deliver the services, and how to identify success. In situations where there is little or no parental involvement, family teams are still an important strategy, and DCF will continue to utilize family teams absent interested parental involvement.

Individualized planning and relevant services
Planning is neither a separate process from assessment nor an exclusive activity of DCF.
Goals are behaviorally specific, realistic, time-limited, measurable, and clearly understood and agreed upon by the family, the family team, and the court. Service plans, developed with the family team, will focus on the services and milestones necessary to promote child development, education, physical and mental health. For children in out-of-home settings, service plans will be connected to the reason for the placement, barriers to reunification and attaining permanency. Service plans divide long-term goals into short-term behaviorally specific objectives that are measurable and achievable. Progress and planning reviews are essential and will be conducted with the family and the family's team members on a consistent basis in order to achieve best results. When children are placed in out-of-home care, DCF will commence the concurrent planning process immediately upon placement to ensure the child's permanency and well-being,

Continuous review and adaptation
Ensuring that the family's plan is implemented with the appropriate people, intensity, and quality, and determining whether supports and services are meeting the needs identified in the plan are critical to achieving the desired results of safety, permanency, and well-being. All decisions and planning will be based on concerns about the child's health, safety, permanency, and well-being. Family team meetings and other processes will be used to review the child and family's progress, the degree to which services address identified needs, and the appropriateness of the permanency goal to ensure that the service plan maintains relevance, integrity, and appropriateness. The plan will be modified as goals are met and circumstances change.

Safe and sustained transition from DCF involvement
Safely ending the family's involvement with DCF by achieving permanency for the child will be the focus of collaboration from the beginning of the relationship and will be supported by actively partnering with the family or adolescent. The decision to transition from DCF involvement will be driven by the achievement of the appropriate levels of safety and permanency as defined by the behavioral goals in the plan. For adolescents who may be exiting the out-of-care system, this transition will include a plan for his/her future and life-long supports and connections to meaningful adults and resources.

Core Strategy 4: Investing in Services

The constant challenge with service resources is having and maintaining an inventory that is sufficiently abundant and agile so as to be available where and when it is needed. Flexibility of services supports a quick response to the presenting issues of children and families and hopefully prevents further dysfunction and protracted involvement with the child welfare system.

We noted that developments in our service array over the 2004-2009 CFSP period included a significant investment in services designed to address all points in the life of the case and the continuum in child welfare: known drivers of involvement (such as substance abuse and domestic violence); prevention and in-community support; family preservation and support; placement and reunification services; and services to support the transition from the child welfare system.

As DCF moved forward, it was important to maintain an agile service system, focusing on availability, accessibility, and – importantly – the quality of services.

Core Strategy 5: Workforce Development

New Jersey understands that competent practice is reinforced through continual learning, practice, and supportive supervision. Learning opportunities, increased service and expert supports, and manageable caseloads provide the best platform on which to develop consistent, sustained service delivery. Workforce development must support outcomes for children and families and strengthen initiatives outlined in other Core Strategy areas. This core strategy includes training and professional development as well as new or revised policies, procedures, technical assistance, and/or tools that bear on our work.

DCF will continue to work toward strengthening and expanding the knowledge base and skill capability of its workforce in accordance with the principles of the CPM and the prevailing expertise in child welfare field.

Core Strategy 6: Data and Accountability

To successfully build and sustain a child welfare system that is responsive to the needs of children and families throughout the service cycle, i.e. from first contact through discharge, data and analysis systems must support the agency's ability to understand client needs, evaluate performance, identify opportunities for improvement, and plan strategically to address future challenges. Going forward, DCF will continue to focus on:

- using data to understand performance and drive decision-making
- NJ SPIRIT capacity, refinement, and ease of use
- rebuilding the quality system and improving quality in all aspects of practice
- integrating and aligning commitments across our collective plans and obligations, e.g. CFSR, CFSP: IV-B-1, IV-B-2 PSSF, CAPTA, CFCIP, ETV, CJA, APSR, Title IV-E Reviews, and the Modified Settlement Agreement.

Core Strategy 7: Collaboration, Integration, and Synergy

Collaboration with children and families, providers, and other system stakeholders, including the community, is an integral and vital aspect of the work of New Jersey's Child Welfare System. It is echoed in the Department's Mission statement, the Core Values and Principles expressed in the Case Practice Model, and the principles outlined in the Modified Settlement Agreement. Indeed, the increasing importance of collaboration is apparent as DCF strives to work more efficiently and effectively in these difficult economic times.

Goal Statements: Outcomes through Action Plans

Child and Family Level: To Improve Outcomes for Children and Families

Safety Outcomes

- S1: Children are, first and foremost, protected from abuse and neglect
- S2: Children are safely maintained in their homes whenever possible and appropriate.

Permanency Outcomes

- P1: Children have Permanency and Stability in their living situations.
- P2: The continuity of family relationships and connections is preserved for children.

Well-Being Outcomes

- WB1: Families have enhanced capacity to provide for their children's needs.
- WB2: Children receive appropriate services to meet their educational needs.
- WB3: Children receive adequate services to meet their physical and mental health needs.

System and Agency Level: To improve system performance linked with positive child/family outcomes.

CFSR Safety Standard Measures

- NS1 - Absence of Repeat Maltreatment
- NS2 - Absence of Maltreatment in Foster Care

CFSR Permanency Composite Measures

- PC1 – Timeliness and Permanency of Reunification
- PC2 – Timeliness of Adoption
- PC3 – Timeliness of Permanency for Children and Youth in Care for Long Periods of Time
- PC4 – Placement Stability

Efficiency and Effectiveness, e.g:

- Caseload - Intake
- Caseload - Permanency
- Caseload - Adoption
- Caseload - Supervisory
- Timely Response
- Investigations within 60 days
- Pre-placement assessments
- Comprehensive Medical exams within 30 days
- EPSDT Well-child visits
- Dental visits
- Immunizations
- Casework contacts
- Resource Family Net Development

- Legally Free children

Process Quality, e.g.:

- Investigation
- Assessment
- Case Planning
- Visitation
- Transition Planning
- Family engagement
- Effective service provision

Program and Practice Level: To implement action plans in core strategy objectives linked with system performance.

Core Strategy 1 - Reducing, Managing, and Sustaining acceptable caseloads

- Caseloads are sustained at acceptable levels
- Technical expertise is available to support case practice

Core Strategy 2 - Strengthening the system at the front end

- SCR performance is strengthened
- Reports of child abuse/neglect are expediently addressed
- Network of primary, secondary, and tertiary prevention services exists in each county

Core Strategy 3 - Fully deploying the Case Practice Model

- CPM is fully deployed
- Evaluation and improvement action systematically occur
- Involvement of partners is expanded
- Model incorporates permanency practice
- CPM model is sustained as intended

Core Strategy 4 - Investing in Services

- Strengthen adolescent and transitioning youth service array
- Stabilize prevention services
- Strengthen family preservation and support services
- Maintain needed levels of Resource Family homes
- Strengthen permanency services
- Strengthen health services
- Strengthen mental and behavioral health service access
- Strengthen educational supports

Core Strategy 5 - Workforce Development

- Sustain a prepared workforce
- Sustain a prepared complement of Resource Families
- Maintain agile and current curricula
- System partners routinely cross-train
- Child Welfare practice is strengthened

- Guidance : Practice congruence is maintained

Core Strategy 6 - Data and Accountability

- NJ SPIRIT functions are integral to operations
- Data is used in decision-making at all levels
- Quality system is functional in practice and support areas
- Supplier investments align to support outcomes
- CFSR Round 2 cycle is completed
- Compliance with IV-E requirements is maintained
- Provisions of federal legislation are implemented

Core Strategy 7 - Collaboration, Integration, and Synergy

- Communication infrastructure exists to support exchange by key stakeholders, including children, families, other state agencies, system partners and the community
- Effective partnership evident in operations and decision-making at all levels: case, program, agency, system, community

Five Year Summary:

CFSP First Year Action Plan Results

Core Strategy 1 - Managing and Sustaining Child Welfare Caseloads:

Capable work with a child/family requires capacity, i.e., the time and availability to do what is necessary. High caseload volume limits capacity, which was a persistent theme in the evaluation of New Jersey child welfare practice. The strategy to address caseload size extends beyond hiring caseworkers and engaging other system partners, e.g. Deputies Attorney General, Parental Representatives, Law Guardians, etc. It also includes specific task assignment, caseload monitoring and managing methods, and support for workers so they can effectively address cases and sustains workloads at acceptable levels.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
1-1	Jun-09	**Caseloads are sustained at acceptable levels**			
1-2	Jun-09		Manage to agree upon caseload targets: Continually monitor caseload, using data resources to analyze performance and forecast issues, and take management action as necessary to maintain acceptable levels: Intake Permanency Adoption Supervisory	performance v. targets	**See Attachment 1-2 Charts reflecting Performance and Targets**
1-3	Jun-09	**Technical expertise is available to support case practice**			
1-4	Jun-09		Supplement caseload positions: Expand Adolescent practice staff in local offices Staff-up Child Health Units	# LO with AAPU # CHU fully-staffed	243 caseworkers and 99 supervisors have been designated as specialized adolescent caseworkers and supervisors. Five-day training is provided to caseworkers and supervisors to support the new field work. As of September 2009, every child in a resource home was assigned to a nurse for health care case management. By December 2009, CHU's had capacity to manage all children DYFS out of home placements.

Core Strategy 2 - Strengthening the System at the Front End
New Jersey has been working to strengthen the system at the front end in two distinct ways:
• Focusing on doing the 'right' things early on to promote the most positive and timely outcome, e.g., using tools to guide decision-making and renovating the placement process.
• Working in partnership with child welfare system colleagues and the greater community, to strengthen local capacity to assist families and prevent the occurrence of crises that bring families to involvement with child protective services.

Two foundational elements of strengthening the system front-end have been the development of the State Central Registry and the development of a prevention focus.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
2-1	Jun-09	**SCR performance is strengthened**			
2-2	Jun-09		Address SCR Report of October 2008 by implementing corrective action / improvement plan	Corrective action plan is fully implemented	See Attachment 2-1: SCR Performance is Strengthened
2-3	Jun-09	**Reports of Child abuse/neglect are expediently addressed**			
2-4	Jun-09		Strengthen Investigative Practice by implementing quality reviews	Review results	In late FFY 2009, the Division convened a workgroup to design a qualitative review instrument and process that would measure the Case Practice Model and satisfy both the MSA and CFSR requirements. The output from this workgroup has become the Qualitative Review (QR) instrument in early 2010. Through this process, the quality of case practice in several key indicators including assessment, investigation, and case planning is evaluated. The QR was piloted in March 2010, adjusted, and implemented in April to begin baseline measurement. A total of eight reviews covering at least 80 cases will be conducted in 2010.
2-5	Jun-09		Implement Children's Justice Act Grant (CJA) programs and evaluate effectiveness	Annual program report	**See Attachment 2-5: Children's Justice Act, Program Performance Report 2009**
2-6	Jun-09		Implement CAPTA Basic Grant Plan and evaluate effectiveness	Annual program report	See Sections 3A – 3E of APSR for information on CAPTA Basic Grant program performance

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
2-7	Jun-09	**Network of primary, secondary, and tertiary prevention services exists in each county**			
2-8	Jun-09		Review and Stabilize Differential Response programs	"Lessons learned" developed re: Differential Response	An internal DCF workgroup consisting of DPCP, DYFS, SCR and DCF Contract staff has been established to examine all aspects of the Differential Response pilot programs

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
2-9	Jun-09	**Network of primary, secondary, and tertiary prevention services exists in each county**	Continue on renewed grant re: Family Support centers, with self-assessment process	# completed self-assessments	A total of 32 Family Success Centers participated in the self-assessment process. All of the centers completed the self-assessment and developed plans for addressing areas in need of improvement or enhancement. The assessment examined 53 different indicators over the following domains: Organizational Values; Shared Leadership; Outreach /Engaging Families; Programs and Activities (10 Core Services); Relationships with the community; Service Delivery to Families; Staff Roles and Capacities; and Performance Improvement/Quality Assurance. The evaluation highlighted that 2/3 of the centers are functioning well with the areas in greatest need of improvement being shared leadership and staff roles and capabilities. In FY 2011 DCF will put significant efforts into strengthening these areas.
2-10	Jun-09		Implement Technical Assistance Grant for Home Visitation	Establish standards for each program model	Performance objectives and benchmarks were established across all 3 Home Visitation models (NFP, HF and PAT). Healthy Families programs piloted these measures in FY 2010. In FY 2011, contract renewals for all HV models will include the standardized Performance objectives and benchmarks.
2-11	Jun-09		Implement Family Violence Prevention and Services Act (FVPSA) reporting	Reporting data	Agencies that received FVPSA funding completed the required surveys according to program instructions. The surveys were collected by the Office of DV Services during the period October 1, 2009 to March 31, 2010. Overall, 4819 surveys were completed: • As a result of contact with the domestic violence program, 90.8% of domestic violence survivors will have more strategies for enhancing their safety. • As a result of contact with the domestic violence program, 94.9% of domestic violence survivors will have more knowledge of available community resources It is of note that the FVPSA target of 65% for each measure was exceeded.
2-12	Jun-09		Implement Children's Trust Fund Grant (CBCAP) and evaluate effectiveness	Annual program report	The CBCAP Annual Report/Application was submitted on June 14, 2010. Profiles on CBCAP programs appear in section 3C

Core Strategy 3 - Implementing a Case Practice Model:

In January 2007, New Jersey articulated a Case Practice Model (CPM), which was developed with the input of internal and external stakeholders primarily through the use of focus groups, public forums, and e-mail comment opportunities. The core of true reform lies in building a culture within direct service agencies and our stakeholder community that allows DCF to support and partner with children and families in achieving their full potential. As DCF progressed through its reform, this core need gave way to the development and implementation of a Case Practice Model that embodies this culture shift. The CPM expresses core values, principles, and key work activities completed with children and families during their experience with the child welfare system. The CPM sets forth expectations for how well we engage families, and how well systemic work is accomplished in partnership with children, families, providers, and other system stakeholders, including the community.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
3-1	Jun-09	**CPM is Fully Deployed**			
3-2	Jun-09		Advance CPM deployment agenda according to plan	# LO's completed immersion	July 2009 through June 2010 12 LOs completed the immersion training process. To date, 28 LOs have completed immersion.
3-3	Jun-09	**Model incorporates permanency practice**			
3-4	Jun-09		Complete roll-out of concurrent Planning education and integration with CPM	Single case plan format CP training completed	Concurrent Planning training for all 47 LOs was completed as of 12/09. In March 2010 a Concurrent Planning/Case Practice Integration workgroup was established; its work will take about 12 months to complete.
3-5	Jun-09	**Involvement of partners is expanded**			
3-6	Jun-09		Provide information sessions for system partners (DAGs, CT, providers, advocate, legal, state agency partners)	# Info sessions Attendance Records/mailing list	July 2009 through June 2010 Law Guardians and Public Defenders were trained, along with over 300 contracted service providers. Prior to this time, community information sessions were held in each Area, and Family Court judges, CPRB, CASA and DAGs were trained.
3-7	Jun-09		Expand inclusion of partners in model practices, e.g., family team meetings	Survey feedback	Feedback received from surveys of FTM participants over the past year (Q1-CY09 through Q1-CY10) revealed an increase in participation of partners as evidenced by respondent identification. For example, in Q1-CY09 there were no provider, 4 advocate, and 4 "other" respondents. In Q1-CY10, however, there were 22 provider, 10 advocate, and 46 "other" respondents, including therapists, neighbors, school support, DDD workers, pastors, etc.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
3-8	Jun-09	**Evaluation and improvement action systematically occur**			
3-9	Jun-09		Conduct initial evaluation of CPM implementation: Finalize evaluation design, implement, and begin Plan, Do Check, Act (PDCA) loop	Process and instrument available Process Implemented Evidence of PDCA	A 3 year, longitudinal evaluation of DCF Case Practice will begin with Rutgers University in July 2010. In FFY09, a series of topical grids were developed and piloted as a qualitative process for review of case practice. At the end of FFY09 and into FFY10, the grids were replaced with a Qualitative Review process, described in 5-17 below. The QR protocol was piloted in March 2010, and will be conducted in a total of eight counties throughout 2010. The QR requires the completion of a formal improvement plan, the first step in the Plan-Do-Check-Act improvement cycle.
3-10	Jun-09	**CPM Model is sustained as intended**			
3-11	Jun-09		Implement CPM sustainability agenda: Implement localized master coaches Transition from consultant training/teaching to consortium	# of local masters available Activity balance 50%+ consortium	DCF and University Partnership staffs continue to work on case practice sustainability efforts. On June 9 & 10, DCF administrators, including key Area Office and Local Office staff and University Partnership staff participated in a strategic planning retreat, focused on a 5 year sustainability plan. To date, there are 15 Master Coaches statewide. As of January 2010, immersion training is being provided by NJ only trainers.

Core Strategy 4 - Investing in Services:

The constant challenge in service resources is to have an inventory that is sufficiently abundant and agile so as to be available where and when needed. Flexibility of services supports quick response to the presenting issues of children and families. Quick response hopefully prevents further family dysfunction that leads to protracted involvement in the child welfare system.

We noted that developments in our service array over the ending CFSP period included a significant investment in services designed to address all points in the life of the case and the continuum in child welfare: known drivers of involvement (such as substance abuse and domestic violence); prevention and in-community support; family preservation and support; placement and reunification services; and services to support transition away from the child welfare system. As DCF moves forward, it will be important to maintain an agile service system, focusing on availability, accessibility, and quality of service.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
4-1	Jun-09	**Strengthen Adolescent and Transitioning Youth Service Array**			
4-2	Jun-09		Implement New Chafee Plan	Chafee Plan goals met per reporting	Refer to the Chafee Foster Care Independence and ETV Programs annual report, purpose#1 through purpose #7, Medicaid, and NYTD sections.
4-3	Jun-09		Implement New ETV Plan	Education and Training Voucher plan goals met per reporting	Refer to the Chafee Foster Care Independence and ETV Programs annual report, purpose #6-Make Available Vouchers for Education and Training (ETV), Including Post-Secondary Education, to Youth who have Aged Out of Foster Care.
4-4	Jun-09		Finalize and implement LBGTQI Plan	LBGTQI Plan goals met per reporting	The LGBTQI plan was implemented and involves concepts such as safe spaces and inclusion. A two-day Cultural Competency training program was initiated in July 2009, and approximately 900 case carrying staff has been trained to date. The second day of the training is primarily designed to raise awareness of the challenges facing LBGTQI youth, and to explore the impact of caseworker perceptions and beliefs on serving this population. Steps are underway to produce an additional day of training for caseworkers on how to advocate for the needs of LBGTQI youth within the child welfare system. The instructors of the Cultural Competency program are undergoing training in curriculum design, and will be creating the new course with input from the LBGTQI work group, and under the guidance of a senior curriculum writer. Anticipated roll-out is in the 4th quarter of CY 2010.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
4-5	Jun-09	**Stabilize Prevention services**			
4-6	Jun-09		Review and Stabilize Differential Response programs	"Lessons learned" developed re: Differential Response	An internal DCF workgroup consisting of DPCP, DYFS, SCR and DCF Contract staff has been established to examine all aspects of the Differential Response pilot programs.
4-7	Jun-09		Stabilize Prevention Programs (Home visitation, domestic Violence, School-Based Youth Service) via support and monitoring	Program Stability per updates/monitoring reports	DPCP Program administrators consistently monitor programs for performance outcomes and the provision of quality services. DPCP program administrators partner with DCF Business Office colleagues on annual contract monitoring visits. All DPCP programs have revised service deliverables and definitions which are being implemented in all DPCP contract renewals and modifications.
4-8	Jun-09	**Strengthen Family Preservation and Support Services**			
4-9	Jun-09		Strengthen Family Preservation Services	Units of service provided v. Level of Service (LOS)	The units of service were 987 and the contracted LOS was 1093. 12 of the 21 programs did not receive enough referrals to attain their contracted level of service. The Case Practice Model in addition to new staff was factors in this decrease in referrals.
4-10	Jun-09		Increase creative use of flexible funding and wrap-around supports	Examples of creative use	Flex funds are a temporary means to fulfill an exceptional need or to obtain necessary services to support a case plan. The Division has creatively used Flex Funds for services such as: Prom dress purchases, tutors, utilities, sports camps, children's activities fees, appliances, furniture, emergency housekeeping services, emergency respite care, special school activities, and emergency home repairs to name a few.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
4-11	Jun-09	**Maintain Needed levels of Resource Family Homes**			
4-12	Jun-09		Continue deployment of specialized recruiting practices	Success vs. target	In CY 2009 the target number for licensed resource families was 1459. DCF exceeded this target by licensing 2123
4-13	Jun-09		Implement Recruitment plans	Success vs. target	New resource families. DCF currently has over 6500 licensed families. Refer to Narrative on recruitment
4-14	Jun-09	**Sustain to Strengthen Permanency Services**			
4-15	Jun-09		Sustain and stabilize time-limited reunification services	Units of service provided v. LOS	Contracted units are either based on “individuals” served or number of “hours” or “sessions” provided. For “individuals served”, the actual LOS ranges between 78% (2 contracts) and 100%. For “hours” or “sessions”, provided, the actual LOS ranges between 34% (CC-Metuchen) and in excess of 100%
4-16	Jun-09		Sustain and stabilize therapeutic visitation services	Units of service provided v. LOS	Contracted units are either based on “individuals” served or number of “hours” or “sessions” provided. There is one contract with “individuals served” and it is projected to achieve 50% LOS. For contracts with “hours” or “sessions” provided, the actual LOS ranges between 34% (1 contract) to exceeding 100% of LOS (1 contract with 4 components)
4-17	Jun-09		Improve logistical support for visits	Support provided # visits	DYFS contracts are currently meeting DCF needs.
4-18	Jun-09		Improve visitation planning to include both mother and father	Plan review, survey, visit documentation	The Division has implemented reviews and improved data collection to monitor these visits.
4-19	Jun-09		Improve tracking/ documentation of visitation	Documentation in case record on NJS Documentation reflects the quality or success of the visit	Division supervisory staff reviews and tracks documentation of visits through NJ SPIRIT.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
4-21	Jun-09		Sustain and stabilize Adoption Promotion and Support Services	Units of service provided v. LOS	A very active post adoption/post KLG service network supports families in the adoption process and/or following legal finalization. DCF administrators meet quarterly with the contract agency supervisors to insure program consistency and monitor changing trends. Six Support Supervisors in Adoption Operations act as program liaisons to ensure that families are connected to the services they require. Monthly or quarterly case reviews are held with the agencies to assess progress and resolve any barriers that arise. These agencies maintain a high level of service provision. As importantly, family satisfaction surveys are consistently high whether done by the contract agency or by DYFS in periodic grant projects.
4-22	Jun-09	**Strengthen Health Services**			
4-23	Jun-09		Strengthen ability to identify children in Foster care with Mental Health needs through improved screening	Screening tool use	By July 2009, CHU nurses conducted mental health screening during home visits for children who enter out of home placement, ensuring in collaboration with DYFS case worker, that children requiring follow up receive timely mental health assessments.
4-24	Jun-09		Continue building Health Care Units	Staffing levels	As of September 2009, every child in a resource home was assigned to a nurse for health care case management. By December 2009, CHU's had the capacity to manage all children in DYFS out of home placements
4-25	Jun-09		Revisit policy regarding psychotropic medication	Recommended adjustments in draft format	In January 2010, DCF released new psychotropic medication policy that includes prescribing parameters and monitoring guidelines.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
4-26	Jun-09	**Sustain Mental and Behavioral Health Service Access**			
4-27	Jun-09		Continue to promote ready access to mental health services for parents and children: Mobile response Care management Family support	MRSS #s stabilized v. served Individuals served v. LOS	MRSS: Percent of children remaining in home during service: 95% remained in home, 5% did not remain in home <u>Children Served</u>: - CMO/UCM/YCM: 13,122 - MRSS: 15,845 - FSO: 7,792
4-28	Jun-09		Sustain Evidence-Based practices (multi-systemic and family functional therapy)	Individuals served v. LOS	276 Children were served
4-29	Jun-09		Implement new Contract Systems Administrator contract (CSA)	Implementation benchmarks met	Implementation occurred September 8, 2009 as scheduled. Implementation of Information System is on-going with full system planned for January 1, 2011
4-30	Jun-09	**Strengthen educational supports**			
4-31	Jun-09		*Improve accessibility of needed educational supports for children by :*		DCF began training staff on Educational Stability in March 2010. Education Liaisons were identified in each LO and trained in June 2010
4-32	Jun-09		Evaluating Ocean County project for replication of principles	" Lessons Learned" Alternative efforts underway	Cross-Training between DYFS, Ocean County Schools and DCBHS is on-going. Participants are evaluated via pre and post testing. The group has begun to work on replication via presentations at conferences and sharing with 5 or more other counties to stimulate implementation of similar models elsewhere
4-33	Jun-09		Continue to implement NJCWCRP subcommittee activities on education, e.g. drafting MOU	CRP reporting	The MOU is complete and is awaiting review and signature by the current DOE Commissioner; and the newly appointed DCF Commissioner (confirmation was effective 6/24/10)

Core Strategy 5 - Workforce Development:

New Jersey understands that competent practice is reinforced through continual learning. Learning opportunities, increased service and expertise supports, and manageable caseloads together provide the best platform from which to develop consistent, sustained service delivery. Workforce development must support outcomes for children and families and strengthen initiatives outlined in other Core Strategy areas. In this core strategy, we include training and professional development as well as new or revised policies, procedures, technical assistance, and/or tools that bear on work delivery.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
5-1	Jun-09	**Sustain a prepared workforce**			
5-2	Jun-09		Meet Pre-service training commitments Continue rolling pre-service trainings for new staff Continue rolling pre-services trainings for new supervisors	# new trained vs # new # trained v. # new supervisors	The Child Welfare Training Academy continues to meet all of its commitments to ensuring that all new caseload-carrying staff demonstrate competency in the pre-service training program, prior to taking on full caseloads. The Academy works in cooperation with the DCF Office of Human Resources to ensure that all new hires are registered for the training and all attendance and grades are carefully monitored by the Academy. Since January, 2009, 219 new workers have successfully completed their pre-service programs and, as of May, 2010, more than 100 new workers are in the process of completing their pre-service requirements. The Child Welfare Training Academy also continues to meet all of its commitments to ensuring that all new supervisors receive and pass competency in the new supervisory training program, upon their appointments/promotions. Since January, 2009, 96 new supervisors successfully completed their training and 24 individuals are in the process of completing this training requirement.
5-3	Jun-09		Expand Pre-service to non-caseload carrying staff	#s trained by role	All new employees, regardless of their caseload-carrying status, are required to attend a three-day orientation program. Since January, 2010, more than 40 non-case-load carrying staff completed their orientation program within two weeks of their hiring dates
5-4	Jun-09		Meet 40 hour In-Service training requirements Continue to offer ongoing opportunities for staff to develop knowledge and/or skill in functional application Establish and assess core competencies by function	# staff trained # staff trained competencies identified	During 2009, the Training Academy provided 40 hours of required annual in-service training to more than 2,800 caseload-carrying staff. In-service training opportunities for staff also are provided by consultants from the various colleges and universities who belong to the University Partnership, as well as by consultants and experts from other private/public social services organizations. Staff receives Continuing Education Units (CEUs) for attending approved in-service training programs. The Academy is working in cooperation with the University Partnership and with Division of Youth and Family Services (DYFS) leadership to identify core competencies by function and to implement them into the various established and new training programs. See Attachment 5-4 for Foster Parent Training Opportunities

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
5-5	Jun-09	**Sustain a prepared compliment of Resource families**			
5-6	Jun-09		Improve Resource Families compliance with training opportunities and expanded complement of curricula, e.g. EIS, Safe Sleep, SCR, adolescents Track Compliance	#s trained #s trained vs. licensed	DCF offered 47 courses and 111 in 2009. In addition all existing courses were reviewed and updated. List attached. Contract changes with FAFS now mandate that local meetings have 7 hours of training spread out over 5 monthly meetings. To increase compliance of in-service training requirements we have worked with FAFS to take on more responsibility for not only delivering training, but ensuring compliance. There has been a dramatic increase for the first 3 months of CY 2010 as a result. • CY 2008 1595 resource parents completed 5220 courses • CY 2009 1788 resource parents completed 5188 courses • For the first quarter only in CY 2010 1904 resource parents completed 5387 courses.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
5-7	Jun-09	**Maintain agile and current curricula**			
5-8	Jun-09		*Develop and/or Adjust curricula as needed t reflect practice* Adjust curricula for skill-specific (e.g. assessment, investigation, planning, Goal setting, tracking, documenting, data use Adjust content for knowledge area – Special education, domestic violence impact, substance abuse impact, trauma for the child	Variety of curricula available	Between August and December 2009, the Child Welfare Training Academy developed and implemented new training programs: Cultural Competence; Structured Decision-Making/Critical Thinking; Documentation. Skills for Child Welfare Workers and various NJ SPIRIT training programs for targeted trainee populations (e.g., nurses, DAGs).
5-9	Jun-09				The Academy continues to work in cooperation with State universities and colleges and with the NJ Coalition for Battered Women to revise and expand curricula around substance abuse, domestic violence and risk assessment skills.
5-10	Jun-09			Variety of curricula available	See above.
5-11	Jun-09		Develop / adjust learning process as needed to support skill acquisition from learning, practical experience, and supervision	Evaluate alternate methodologies	Throughout 2010, the Training Academy is developing new technological training programs that will enhance the investigative and engagement skills of staff; specifically, the Academy will employ branching video training programs that require staff to hone the aforementioned skills through spontaneous simulation exercises. The “Laser Shot” program was purchased from a Texas-based law enforcement training organization and the product is being revised to meet the needs of New Jersey’s child protective services’ staff.
5-12	Jun-09		Continue consortium partnership	#s trained, products	As mentioned above, during 2009, the University Partnership assisted the Training Academy in providing 40 hours of in-service training to more than 2,800 caseload-carrying staff. Additionally, the Partnership continued to train hundreds of staff on the advanced modules the Case Practice Model and on Concurrent Planning practices.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
5-13	Jun-09	**System Partners Routinely Cross-train**			
5-14	Jun-09		Initiate Licensing/Resource family support unit training	Report on trainings	Training was developed and delivered for each of the specific job functions within the Resource Units including RFSW,OOL Inspector, Trainer, Facilitator, and Recruiter. Training was also developed and delivered specifically around new Regulations, SAFE, PRIDE and OOL/RFU Team Building trainings. These trainings have far exceeded DCF expectations. In CY 2009 1,198 staff was trained in 45 classes.
5-15	Jun-09		Continue Court-DYFS cross-training, i.e. via CIP, IDTA, etc.	Annual Reports	Cross Systems trainings were conducted in the areas of: Disproportionate Representation of Minority Children in the Child Welfare System (Oct. 2009), and Co- Occurrence of Child Abuse and Domestic Violence (April, 2010). The AOC will conduct a 2-day summit of cross-training for child welfare system stakeholders in topical areas such as TPR in accordance with ASFA, the CPM, permanency issues and

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
5-16	Jun-09	**Child Welfare Practice is Strengthened**			
5-17	Jun-09		*Implement evaluation in key practice areas* Assessment Investigation Case Planning	Evaluation Process underway	In late FFY 09, the Division convened a workgroup to design a qualitative review instrument and process that would measure the Case Practice Model and satisfy both the MSA and CFSR requirements. The output from this workgroup has become the Qualitative Review (QR) instrument in early 2010. Through this process, the quality of case practice in several key indicators including assessment, investigation, and case planning is evaluated. The QR was piloted in March 2010, adjusted, and implemented in April to begin baseline measurement. A total of eight reviews covering at least 80 cases will be conducted in 2010. Thus far Quality Service Reviews (QSR's) have been completed in 3 counties. In each county, 3 case "investigations" have been reviewed.
5-18	Jun-09		Implement improvement cycles (PDCA)	PDCA in place	The development of QSR and the QSR Review findings will result in a Program Improvement Plan (PIP) if necessary.
5-19	Jun-09		Improve Case Contact Frequency	SafeMeasures	DCF reports from Safe Measures include at least 4 pertaining to case contacts and visits. Data shows that Staff is using the Safe Measures tool to increase the monitoring of required case contacts.
5-20	Jun-09		Monitor and Manage Casework Contacts	w/ Children in Placement (NJ & OOS)	DCF reports from Safe Measures include at least 4 pertaining to case contacts and visits. Data shows that Staff are using the Safe Measures tool to increase the monitoring of required case contacts
5-21	Jun-09		Improve documentation accuracy of casework contacts	With Ch. INH w/ Adol & Youth w/ parents /reunification w/ parents non-reunified	Staff has been instructed in the necessity of accelerated entry in the casework recording system.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
5-22	Jun-09		Improve knowledge of service resources	survey feedback, LOS	Through its Business Offices annual contract reviews and Local Office staff input DCF is implementing a process to gain information from staff on their increased knowledge of service resources. It is a coordinated review
5-23	Jun-09		Strengthen supervision	survey feedback, evaluation results	DCF has updated its Supervisory training utilizing the Case Practice Model Protocol to strengthen the skill set for supervisors.
5-24	Jun-09				
5-25	Jun-09		Reconcile Presumptive Eligibility Policy v Statute	draft policy	A revised Policy was released 4/09.
5-26	Jun-09		Finalize Kinship protocols	Protocols	DYFS revised the Kinship Legal Guardianship policy and practice materials to comply with the 2008 FCSIAA legislation. Policy protocols now show that children must be in a licensed kinship placement six months prior to the court finalization; field staff seeks to maintain educational stability by working with local school districts on best interest decisions and children must be enrolled in school to receive KLG subsidy. DYFS focused on placing children with kin from the onset and supporting adoption by kin when children are unable to reunify with birth parents. In FFY 2009, 46% of the children adopted through the public agency were adopted in kinship families as opposed to 36% in FFY 2008.

Core Strategy 6 - Data and Accountability

To successfully build and sustain a child welfare system that is responsive to the needs of children and families throughout the service cycle, i.e. from first contact through transition out of the system, we must have data and analysis systems that support our ability to understand needs, evaluate performance, identify opportunities for improvement, and plan strategically to address future challenges. Going forward, efforts in this area will continue to focus on:

• using data to understand performance and drive decision-making
• SACWIS development, implementation, and refinement
• rebuilding the quality system and improving quality in all aspects of practice
• integrating and aligning commitments across our collective plans and obligations, e.g. CFSR, CFSP: IV-B-1, IV-B-2 PSSF, CAPTA, CFCIP, ETV, CJA, APSR, Title IV-E Reviews, and the Modified Settlement Agreement.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
6-1	Jun-09	**NJ SPIRIT functions are integral to operations**			
6-2	Jun-09		Continue to address and improve NJ SPIRIT functionality	# reports added functionality	Refer to NJ SPIRIT response page 3 under Maintenance Releases. Two new reports were created in production. They are the Notice of Placement Report and the Notice of Change Report. There were fixes for 25 reports.
6-3	Jun-09		Continue to support and improve user capability	# Help desk tickets user feedback and Permanency with Supervisors) and one-on-one sessions as needed for staff at each local office.	***Help Desk Activities*** The Help Desk staff continued to provide support to field and administrative staff concerning NJ SPIRIT, providing information and receiving 16,910 tickets during FFY 2009. More than one-half of these tickets were closed within one day or less. ***Help Desk Newsletters*** The Help Desk publishes newsletters to update field staff about changes to NJ SPIRIT and its associated systems (e.g., Safe Measures). The newsletters use a colorful and succinct format to convey critical information. Sixteen monthly newsletters and supplements were published between October 2008 and September 2009. The newsletters are published on a monthly basis (or more frequently if necessary). ***NJ SPIRIT and Safe Measures Training provided by Help Desk*** In July 2009, the Help Desk and Training Academy staff participated in a joint training effort conducted at Sussex LO. Help Desk staff demonstrated successful training techniques, and assisted with curriculum development to enhance NJ SPIRIT and Safe Measures training. Ongoing training was then continued by the Training Academy. The Training Academy replicated this immersion style training in the other twenty New Jersey counties, beginning in Essex County. Focusing intensively on the local office's specific outcome measure areas that are most in need of improvement, the training included group training sessions for individual units

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
6-4	Jun-09		Continue work on linkage of NJSPIRIT with AOC, e.g. automated notice of placement	completion of automation	In cooperation with the AOC, DCF developed and implemented an interface from NJ SPIRIT to the court system. Courts now receive an automated Notice of Placement. A similar automated Notice of Change of Placement is currently in development.
6-5	Jun-09		Implement / Refine placement request matching system	Match system in place	All Resource Family Staff have been trained to utilize the placement request matching system as of October 2009. The training enhances the users' ability to identify available resource family homes for a child with specificity and efficiency. It provides step-by-step guidelines and affords the opportunity for discussion of the intricacies of the system. This results in greater user understanding and a seamless computerized search of resource family homes. Various tip sheets were developed and handed out to staff to ensure effective use of the system. The tip sheets were also placed in NJ SPIRIT so there is state-wide availability. DCF will provide maintenance sessions on a quarterly basis to allow for new Resource Family Staff to be trained as needed. NJ SPIRIT enhancements are scheduled for July 2010 that will additionally refine the placement search by being able to filter more specific information to be returned. Tip sheets and additional trainings will be coordinated for staff upon NJ SPIRIT release.
6-6	Jun-09	**Data used in decision-making at all levels**			
6-7	Jun-09		Implement Data management training plan per Implementation Center grant	Project mapped out, steps in process	NJDCF is implementing a new agency-wide model of management and supervision that uses data to manage improved outcomes for children and families. DCF seeks to institutionalize managing by data and build capacity for data with a focus on agency trends .DCF and the NCIC are currently finalizing research findings about the "National Best Practices". The draft Project Plan includes the following steps: - Develop a common platform and establish DCF metrics (7/1/2010-8/1/2010) - Identify select internal and external facilitators, train and coach them (8/1/2010-9/1/2010) - Provide orientation to Facilitators (9/1/2010-10/1/2010) - Showcase data to executive staff (Ongoing) - Draft/ Review/Test/ Approve Training Curriculum (10/1/2010-10/31/2010) - Design mid-level framework to train facilitators by experts (10/1/2010-11/29/2010) - Roll out Pilot Project (11/1/2010-2/28/2011) - Roll out Project (3/1/2011-9/30/2012) - Provide support for sustainability (Ongoing)

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
6-8	Jun-09		Continue to promote use of data available in SafeMeasures	reports indicate improvement, increased use	DCF is continuously adding enhancements to Safe Measures and developing new screens, designing new features and making revisions to other screens as requested by users. DCF utilizes Safe Measures to report on many of the Performance Benchmark reports. DCF now has over 70 reports on the Main Screen. Statistically, DCF has seen a sustained increase in Safe Measures usage. The average number of users who used Safe Measures between 7/09 and 12/09 was 2135 compared to 1714 between 1/09 and 6/09. This is an increase of 25%. Between 7/09 and 12/09 staff used Safe Measures 865,130 times compared to 552,021 times between 1/09 and 6/09. This is an increase of 57%. DCF finds Safe measures to be a very valuable tool that works in concert with our SACWIS system, NJ SPIRIT. By using data available through NJ SPIRIT, DCF has implemented a business intelligence solution that is a key to managing by data and is part of a real-time quality improvement system for DCF.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
6-9	Jun-09				
6-10	Jun-09	**Quality System is functional in practice and support areas**	Structure and deploy three tier quality focus for Areas local statewide contribute to statewide events	report on activities	In FFY 2009, at the statewide level, efforts to improve data to accurately reflect case practice and improve AFCARS reporting have yielded positive improvement data quality. Consumer Satisfaction surveys were also developed and implemented for families participating in Family Team meetings. The surveys were piloted in a series of CPM counties, and then expanded statewide. Contribution to statewide events in FFY 2009 focused predominantly on the CFSR process, including completion of the Statewide Assessment. Continuing into FFY 2010, the AQCs participated as reviewers or Local Site Coordinators in the on-site process. CFSR PIP development was another accomplishment, as well as development of a reviewer core to support implementation of the Qualitative Review process. Staff at several levels across the state has been involved in this process, i.e. by participating in protocol development, attending reviewer training, and participating in one of several roles during an actual review.
6-11	Jun-09		Develop quality tools	tools available	A Qualitative instrument was developed in FFY 2009, finalized in December 2009, and is now being piloted.
6-12	Jun-09		Implement plan	PDCA documentation	Going forward, following the Qualitative Review (QR) process, counties will be asked to develop local Program Improvement Plans (PIPS). The PIP development process is underway.
6-13	Jun-09		Continue Feedback systems	results of surveys, focus groups, etc.	Surveys of clients to assess participation in and satisfaction with FTMs began in FFY 2009, and has continued with increasing feedback each quarter up to 329 responses for Q1-2010
6-14	Jun-09	**Supplier investments align to support outcomes**			
6-15	Jun-09		Implement performance based contracting practices	performance measurements identified	DCF reviewed contract services across its 3 Divisions, grouped like programs together, and developed uniform performance outcomes in order for DCF to establish consistency in the way it measures program effectiveness. Providers were instructed to integrate measures into contracts with January 2010 start dates

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
6-16	Jun-09	**Complete CFSR cycle**			
6-17	Jun-09		Develop CFSR Round 2 PIP Implement PIP	Approved PIP in place Reporting documents	The CFSR Round 2 PIP has been approved with an effective date of April 1st, per notice received May 10, 2010.
6-18	Jun-09	**Maintain compliance with IV-E requirements**			
6-19	Jun-09		Update IV-E plan to reflect FSCIAA requirements	Approved, update IV-E plan available	Title IV-E plan revisions/implementations for the KLG program was sent on 9/09 and revision of the IV-E plan for FSCIAA was sent to ACF on 12/09. All of the above are under review by ACF.
6-20	Jun-09	**Provisions of federal legislation are implemented**			
6-21	Jun-09		Implement practices/policy to increase IV-E assistance per FCSIAA provisions for Foste Care, Adoption Subsidy, and KLG	Policy and practice guidance documents available	DCF Policy, I C 1500, Title IV-E Foster Care, Kinship Guardianship, and Adoption Assistance, was revised as recently as 2/8/10, to address FCSIAA in our Title IV-E policy. This policy was amended, in addition to adoption, adoption subsidy, and KLG policies and related forms to address FCSIAA. In addition, on June 19, 2010, changes to KLG policy (II M Manual) and the KLG subsidy agreement, were proposed based on input from the ACF The policies and form have NOT been revised, as we await word/direction from ACF. Specific policy proposed for revision includes: II M 2003.8 , Child's Parent Residing in KLG Caregiver's Home Precludes Eligibility; II M 2003.21, Termination or Suspension of Subsidy; and ***The DYFS KINSHIP LEGAL GUARDIANSHIP (KLG) SUBSIDY AGREEMENT (form)***

Core Strategy 7 - Collaboration, Integration, and Synergy:

Collaboration with children and families, agencies, providers, and other system stakeholders, including the community, is an integral and vital aspect of the work of our Child Welfare System, echoed in the Mission of the Department, the Core Values and Principles expressed in the Case Practice Model, and the principles articulated in the Modified Settlement agreement.
Indeed, the increasing importance of collaboration is apparent as we strive to work more efficiently and effectively in these difficult economic times.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
7-1	Jun-09	**Communication infrastructure exists to support exchange of key stakeholders, including children, families, other state agencies, system partners and the community**			
7-2	Jun-09		Initiate Network mapping: Identify key system partners at LO/AO level	contact lists exist	System partners at the Local and Area Office levels have been identified. These Lists were created during CPM meetings with the community.
7-3	Jun-09		Refine and use input mechanisms	involvement of stakeholders reporting in surveys	System partners have been identified
7-4	Jun-09		Enhance and maintain feedback mechanisms	evidence of communication exchanges	DCF has the ability to communicate with its system partners via List Serve and its CPM Newsletter.

Five Year Summary:

CFSP Second Year Action Plan Result

10/1/09-9/30/10

Core Strategy 1 - Managing and Sustaining Child Welfare Caseloads:

Capable work with a child/family requires capacity, i.e., the time and availability to do what is necessary. High caseload volume limits capacity, which was a persistent theme in the evaluation of New Jersey child welfare practice. The strategy to address caseload size extends beyond hiring of caseworkers and other system partners, e.g. Deputy Attorneys General, Parental Representatives, Law Guardians, etc. It also includes specific task assignment, caseload monitoring and managing methods, and the implementation of support for workers so they can effectively address cases and sustains workloads at acceptable levels.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
1-1	Jun-09	**Caseloads are sustained at acceptable levels**			
1-2	Jun-09		Provide DYFS Director with monthly reports on case carrying staff and supervisory staffing levels to identify functions or offices where adjustment may be needed	Semi-annual analysis of actual versus target levels for intake, permanency and adoption staff as well as supervisors	The data reports for performance targets are attached for Intake, Permanency, Adoption, and Supervisor. See charts in Section 1. Intake exceeded the target of 95% in December 2009 (98%). The target levels for Intake were not achieved in June 2010 (89%) and December 2010 (91%). Permanency exceeded the target of 95% in December 2009 (98%), June 2010 (98%), and December 2010 (100%). Adoption exceeded the target of 95% in December 2009 (98%). The target levels for Adoption were not achieved in June 2010 (90%) and December 2010 (90%). The Supervisor ratio exceeded the target of 95% in December 2009 (98%), June 2010 (100%), and December 2010 (96%).
1-3	Jun-09	**Technical expertise is available to support case practice**			
1-4	Jun-09		Supplement caseload positions: Expand Adolescent practice staff in local offices Staff-up Child Health Units	# Caseworkers trained in Adolescent practice # LO with AAPU # CHU fully-staffed	Each Local Office is fully staffed with specialized adolescent caseworkers and supervisors who have received specialized training. Every child in a resource home continues to have a nurse assigned for health care management. CHU continues to have capacity to manage all children in DYFS out of home placement.

Core Strategy 2 - Strengthening the System at the Front End

New Jersey has been working to strengthen the system at the front end in two distinct ways:

- Focusing on doing the 'right' things early on to promote the most positive and timely outcome, e.g., using tools to guide decision-making and renovating our placement process.
- Working in partnership with child welfare system colleagues and the greater community, to strengthen local capacity to assist families and prevent the occurrence of crises that bring families to involvement with child protective services.

Two foundational elements of strengthening the system front-end have been the development of the State Central Registry and the development of a prevention focus.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
2-1	Jun-09	**SCR performance is strengthened**			
2-2	Jun-09		Address SCR Report of October 2008 by implementing corrective action / improvement plan	Corrective action plan is fully implemented	See report in Section 2A. SCR performance is strengthened.
2-3	Jun-09	**Reports of Child abuse/neglect are expediently addressed**			
2-4	Jun-09		Strengthen Investigative Practice by implementing quality review of practice	Review results	The QR tool was piloted on investigation cases.
2-5	Jun-09		Implement Children's Justice Act Grant (CJA) programs and evaluate effectiveness	Annual program report	See report in section 2B.
2-6	Jun-09		Implement CAPTA Basic Grant Plan and evaluate effectiveness	Annual program report	See reports in section 2C – 2F.
2-7	Jun-09	**Network of primary, secondary, and tertiary prevention services exists in each county**			
2-8	Jun-09		Review and Stabilize Differential Response programs	Completion of review of Differential Response operations. Adjustments to program operations will be in process. Once adjustments are made, DPCP will periodically assess DR operations.	Review of Differential Response operations is still underway to evaluate its effectiveness.

Line #	Date Added	5 Year Intent	**2 Year Action Plan** (10/1/09 – 9/30/10)	**Measures** (10/1/09 – 9/30/10)	Results (date)
2-9	Jun-09	**Network of primary, secondary, and tertiary prevention services exists in each county**	Continue renewed grant with Family Success Centers. In collaboration with the FSCs, the core services provided by the FSCs will be revised to more accurately reflect the work being done and performance outcomes will be revised.	- Revision of Core Services - Revision of Performance Outcomes	There are now 37 Family Success Centers. The Performance Outcomes have been revised. Core Services are being evaluated and will be revised.
2-10	Jun-09		Implement Technical Assistance Grant for Home Visitation	Continue tracking and assessment of performance standards.	In FY 2011, home visitation contracts include a requirement to track the DCF standard performance benchmarks in addition to model specific measures.
2-11	Jun-09		Continue Family Violence Prevention and Services Act reporting	Reporting data	Agencies that received FVPSA funding completed the required surveys according to program instructions. The surveys were collected by the office of DV services during the period of 10/1/09 – 9/30/10. Overall 3, 378 surveys were completed. As a result of contact with the domestic violence program, 90% of domestic violence survivors will have more strategies for enhancing their safety. As a result of contact with the domestic violence program, 88% of domestic violence survivors will have more knowledge of available community resources. It is of note that the FVPSA target of 65% for each measure was exceeded.
2-12	Jun-09		Continue CBCAP grant and evaluate effectiveness	Annual program report	The CBCAP annual report/application was submitted on June 14, 2010. Profiles of all currently funded CBCAP programs appear in section 2C. Note" The 2011 report will be made available upon its completion in June 2011.

Core Strategy 3 - Implementing a Case Practice Model:

In January 2007, New Jersey articulated a Case Practice Model (CPM), which was accomplished with the input of internal and external stakeholders, primarily through the use of focus groups, public forums, and e-mail comment opportunities. The core of true reform lies in building a culture within our agencies and with our stakeholder community that allows us to support and partner with children and families in achieving their full potential. As we progressed through our reform, this core need gave way to the articulation and implementation of a Case Practice Model that embodies this culture shift. The CPM expresses core values, principles, and key work activities completed with children and families during their experience with the child welfare system. The CPM sets expectations for how well we engage families, and how well system work is accomplished in partnership with children, families, providers, and other system stakeholders, including the community.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
3-1	Jun-09	**CPM is Fully Deployed**			
3-2	Jun-09		Advance CPM deployment agenda according to plan	15 LO's completed immersion	Adjustments were made to the deployment agenda because it was obvious that it was moving too fast for people to internalize it. 11 LOs have completed immersion and 4 more started in May of 2010.
3-3	Jun-09	**Model incorporates permanency practice**			
3-4	Jun-09		Complete Case Practice/Concurrent Planning integration	Single case plan format Integration Field Guide for LO staff	Workgroup was convened and the case plan was redesigned. JAD session was held in April of 2011. It is now moving through technical stages as windows need to be designed and incorporated into NJSPIRIT. The plan was updated to include the elements of educational stability required by fostering success. The court report is now going to be done inside SACWIS. A field guide integrating case practice with concurrent planning is being developed.
3-5	Jun-09	**Involvement of partners is expanded**			
3-6	Jun-09		Continue to provide information sessions to stakeholders: DCBHS, DPCP, County Human Services, CIACC, MDTs	# Info sessions Attendance Records/mailing list	9 service Provider Case Practice Trainings were held in various locations throughout the state. Mailing List of providers is maintained.
3-7	Jun-09		Ongoing expansion of community partners involvement in the Family Teaming process (i.e., Family Team Meetings)	Survey feedback	Feedback from the surveys of FTM participants continue to show an increase in participation of partners as evidenced by respondent identification. In Q1-CY10, there were 22 providers, and 10 advocates. In Q1-1, there were 30 providers and 9 advocates.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
3-8	Jun-09	**Evaluation and improvement action systematically occur**			
3-9	Jun-09		Continue monthly QR process in Local Offices. Begin 3 year longitudinal evaluation of the Case Practice Model	10 LOs completed Baseline data gathered, compiled, analyzed	21 local offices have completed the QR process during the FFY10 with an additional 6 local offices completing the process outside this timeframe. As a result of data collected from these reviews, the full implementation of the QR process was altered. Research protocol was developed. Electronic data collection system was developed. Focus group questions and protocol were developed. Research assistants were hired and trained.
3-10	Jun-09	**CPM Model is sustained as intended**			
3-11	Jun-09		Implement CPM sustainability agenda: Focus on LO Transfer of Learning, Development of Supervisors/Coaches	TOL/Supervisor/Coach strategies developed/implemented in completed LOs	Completing the process of training all staff in the local offices to become facilitators, coaches and master coaches so the practice of teaming can be sustained over time. Forums for coaches and master coaches were held. Meetings with offices in the process of immersion were held to discuss strategies to help offices support teaming. Aligned concurrent planning process with case practice so that the integrated approach offered increased opportunities and support for teaming. Statewide, there are 52 Master Coaches and18 coaches.

Core Strategy 4 - Investing in Services:

The constant challenge in service resources is to have an inventory that is sufficiently abundant and agile so as to be available where and when needed. Flexibility of services supports quick response to the presenting issues of children and families. Quick response hopefully prevents further breakdown of the family that leads to greater penetration into the child welfare system.

We noted that developments in our service array over the ending CFSP period included a significant investment in services designed to address all points in the life of the case and the continuum in child welfare: known drivers of involvement (such as substance abuse and domestic violence); prevention and in-community support; family preservation and support; placement and reunification services; and services to support transition away from the child welfare system. As we move forward, it will be important to maintain an agil service system, focusing on availability, accessibility, and quality of service.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
4-1	Jun-09	**Strengthen Adolescent and Transitioning Youth Service Array**			
4-2	Jun-09		Implement New Chafee Plan	Chafee Plan goals met per reporting	Refer to the Chafee Foster Care Independence and ETV Programs annual report, section 4A
4-3	Jun-09		Implement New ETV Plan	Education and Training Voucher plan goals met per reporting	Refer to the Chafee Foster Care Independence and ETV Programs annual report, section 4A
4-4	Jun-09		Measure change in knowledge & perception of staff and use of web resources	Survey of staff & website logs	This action plan was deferred.
4-5	Jun-09	**Stabilize Prevention services**			
4-6	Jun-09		Review and Strengthen Differential Response programs	Completion of review of Differential Response operations. Adjustments to program operations will be in process. Once adjustments are made, DPCP will periodically assess DR operations.	Review of Differential Response operations is still underway to evaluate its effectiveness.
4-7	Jun-09		Strengthen Prevention Programs (Home visitation, domestic Violence, School-Based Youth Services) via support and monitoring	Program Stability per updates/monitoring reports	DPCP Program administrators consistently monitor programs for performance outcomes and the provision of quality services. DPCP program administrators partner with DCF Business Office colleagues on annual contract monitoring visits. All DPCP programs have revised service deliverables and definitions which are being implemented in all DPCP contract renewals and modifications.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
4-8	Jun-09	**Strengthen Family Preservation and Support Services**			
4-9	Jun-09		Strengthen Family Preservation Services	Units of service provided v. Level of Service (LOS)	The units of service were 1015 and the contracted level of service was 1093. 122 additional families were referred but were turned back generally because families declined services.
4-10	Jun-09		Increase creative use of flexible funding and wrap-around supports	Examples of creative use	The Division has creatively used flex funds for services such as: ESL course, GED course, children's activities fees, YMCA memberships, sporting equipment and program fees, therapeutic horseback riding, furniture, medical devices, driving lessons, class dues, class rings, security deposits to name a few.
4-11	Jun-09	**Maintain Needed levels of Resource Family Homes**			
4-12	Jun-09		Continue deployment of specialized recruiting practices	Success vs. target	In CY 2010 the target number for licensed resource families was 1528. DCF exceeded this target by licensing 1720 families.
4-13	Jun-09		Implement Recruitment plans	Success vs. target	At the end of CY 2010, DCF had over 6,200 licensed families. Refer to narrative on recruitment in section 4B.
4-14	Jun-09	**Sustain to Strengthen Permanency Services**			
4-15	Jun-09		Sustain and stabilize time-limited reunification services	Units of service provided v. LOS	Contracted units are either based on "individuals" served or number of hours or sessions provided. For individuals served, the actual LOS ranges between 78% and 100%. For hours or sessions provided, the actual LOS ranges between 34% and in excess of 100%.
4-16	Jun-09		Sustain and stabilize therapeutic visitation services	Units of service provided v. LOS	Assessed utilization of current services and explore funding.
4-17	Jun-09		Improve logistical support for visits	Support provided # visits	DYFS contracts are currently meeting DCF needs.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
4-18	Jun-09		Improve visitation planning to include both mother and father	Plan review, survey, visit documentation	As part of the PIP, a pilot was conducted in Cumberland/Cape May counties using TA from NRC to focus on visitation issues. Focus groups were held, needs were assessed and data was collected on relative placements, sibling placements and children with incarcerated parents. This data showed that approximately 30% of children overall had a parent who was incarcerated. Approximately half of the staff supervising these children has completed training on parents who are incarcerated at Stockton College. The consultant will be returning on June 29th to pilot training on conducting safe and effective visits and documenting them for our Para-professionals and contracted agencies that provide visitation, as well as relatives who supervise visits. Our University Partners will be invited to analyze the training to be presented to other staff.
4-19	Jun-09		Improve tracking/ documentation of visitation	Documentation in case record on NJS Documentation reflects the quality or success of the visit	As part of the PIP, a pilot was conducted in Cumberland/Cape May counties using TA from NRC to focus on visitation issues. Focus groups were held, needs were assessed and data was collected on relative placements, sibling placements and children with incarcerated parents. This data showed that approximately 30% of children overall had a parent who was incarcerated. Approximately half of the staff supervising these children has completed training on parents who are incarcerated at Stockton College. The consultant will be returning on June 29th to pilot training on conducting safe and effective visits and documenting them for our Para-professionals and contracted agencies that provide visitation, as well as relatives who supervise visits. Our University Partners will be invited to analyze the training to be presented to other staff.
4-21	Jun-09		Sustain and stabilize Adoption Promotion and Support Services	Units of service provided v. LOS	A very active post adoption/post KLG service network supports families in the adoption process and/or following legal finalization. DCF administrators meet quarterly with the contract agency supervisors to insure program consistency and monitor changing trends. Six Support Supervisors in Adoption Operations act as program liaisons to ensure that families are connected to the services they require. Monthly or quarterly case reviews are held with the agencies to assess progress and resolve any barriers that arise. These agencies maintain a high level of service provision. As importantly, family satisfaction surveys are consistently high whether done by the contract agency or

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
4-22	Jun-09	**Strengthen Health Services**			
4-23	Jun-09		Strengthen ability to identify children in Foster care with Mental Health needs through improved screening	screening tool use	By July 2009, CHU nurses conducted mental health screening during home visits for children who enter out of home placement, ensuring in collaboration with DYFS case worker, that children requiring follow up receive timely mental health assessments.
4-24	Jun-09		Continue building Health Care Units	Staffing levels	As of September 2009, every child in a resource home was assigned to a nurse for health care case management. By December 2009, CHU's had the capacity to manage all children in DYFS out of home placements.
4-25	Jun-09		Implement psychotropic medication policy	Appropriate documentation in case record; Ongoing review of prescribing parameters	In January 2010, DCF released new psychotropic medication policy that includes prescribing parameters and monitoring guidelines.
4-26	Jun-09	**Sustain Mental and Behavioral Health Service Access**			
4-27	Jun-09		Continue to promote ready access to mental health services for parents and children: Mobile response Care management Family support	MRSS #s stabilized v. served Individuals served v. LOS	CMO/YCM/UCM = 15,731 MRSS = 11306 FSO = 5158 MR: Percent Remaining in Living Situation is 94%
4-28	Jun-09		Sustain Evidence-Based practices (multi-systemic and family functional therapy)	Individuals served v. LOS	562 (10/1/2009 TO 9/30/2010)
4-29	Jun-09		Implement new Contract Systems Administrator contract (CSA)	Implementation benchmarks met	85% OF Benchmarks met (as of 9/30/2010)

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
4-30	Jun-09	**Strengthen educational supports**			
4-31	Jun-09		Improve accessibility and stability of needed educational support.	Process developed for children to remain In their home school when it is deemed in their best interest.	An educational liaison was identified in each area office and local office. Procedures have been established for contracting for transportation in order for children to remain in their home school when it is in their best interest. Law that supports this was just passed in September 2010.
4-32	Jun-09		Ensure NJCWCRP subcommittee education MOU is signed by DCF/DOE	Train DCF staff in elements of MOU	All educational liaisons have received training and are in the process of training staff in each office. Training of county education offices is underway. Training component of MOU was signed and on line training has been developed and is available for use by school staff.
4-33	Jun-09		Continue to implement NJCWCRP subcommittee activities on education, e.g. drafting MOU	CRP reporting	The law was just enacted in September. The MOU is currently under review by DCF/DOE. Meeting has been held with DOE special projects staff about the role out/implementation of education stability.

Core Strategy 5 - Workforce Development:
New Jersey understands that competent practice is reinforced through continual learning. Learning opportunities, increased service and expertise supports, and manageable caseloads together provide the best platform from which to develop consistent, sustained service delivery. Workforce development must support outcomes for children and families and strengthen initiatives outlined in other Core Strategy areas. In this core strategy, we include training and professional development as well as new or revised policies, procedures, technical assistance, and/or tools that bear on work delivery.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
5-1	Jun-09	**Sustain a prepared workforce**			
5-2	Jun-09		Meet Pre-service training commitments Continue rolling pre-service trainings for new staff Continue rolling pre-services trainings for new supervisors	# new trained vs # new # trained v. # new supervisors	The NJ Child Welfare Training Academy works in cooperation with the DCF Office of Human Resources to ensure that all new hires are identified and registered for their Pre-Service training within two weeks of hire. Once enrolled, all attendance and grades are carefully monitored by the Academy. Trainees must demonstrate competency in the pre-service training program and specific casework competencies prior to taking on full caseloads. From October 1, 2009 through September 30, 2010, 160 new workers were hired, and 160 successfully completed their pre-service programs. The Child Welfare Training Academy also continues to ensuring that all new supervisors receive and pass competency in the new supervisory training program, upon their appointments/promotions. All attendance and grades are documented and carefully tracked by the Academy. From October 1, 2009 through September 30, 2010, there were 103 newly promoted supervisors and 103 successfully completed their training.
5-3	Jun-09		Develop tools and processes to promote transfer and sustainability of learning.	#Trainers assigned to assist Local Offices # new Online/paper tools to support learning	Thirteen Training Academy instructors of Pre-Service training and five instructors of new supervisory training regularly make contact with Local Office supervisors and casework supervisors to convey training objectives, share trainee progress, and offer support in promoting transfer of learning of pre-service/supervisory concepts and tools. An online tool named “Training-in-a-Box” was developed for use by supervisors to facilitate reinforcement sessions with their workers on child development. This tool consists of handouts, videos and facilitator instructions for preparing for and conducting three 1 hour segments of discussion on applying child development concepts in case practice. More “Training-in-a-Box” resources on different topics for reinforcing training on-the-job are planned. An online tutorial designed to reinforce Case Practice Model training was developed. It is intended to both reinforce the classroom learning, and serve as a performance support resource. Supervisors attending new supervisory training continue to be required to develop and implement Action Plans and complete a Practicum Project applying the concepts learned in the course.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
5-4	Jun-09		Meet 40 hour In-Service training requirements Continue to offer ongoing opportunities for staff to develop knowledge and/or skill in functional application Establish and assess core competencies by function	# staff trained # staff trained competencies identified	The Training Academy staff; consultants from the various colleges and universities that comprise the New Jersey Child Welfare University Partnership; as well as consultants and experts from other private/public social services organizations provide 40 hours of required annual in-service training to more than 2,800 caseload-carrying staff. From October 1, 2009 through September 30, 2010, 2,426 caseload carrying staff completed 40 hours or more of in-service training, and 5,424 DCF staff completed one or more in-service training course. Attendance at all trainings is documented by the Academy and each case-carrying staff's training record is monitored to ensure they receive, at minimum, the required 40 hours of trainer per calendar year. Trainings are assessed by Academy, Division and/or Area or Local office leadership to ensure they are aimed at developing knowledge/skill in specific and relevant work functions, and that the appropriate individuals attend. Training participants receive Continuing Education Units (CEUs) for attending approved in-service training programs. The Academy has worked in cooperation with the University Partnership and with Division of Youth and Family Services (DYFS) leadership to identify core competencies by function. Case Worker and Supervisor competency models have been written and vetted with the field. Current trainings will be assessed for their ability to develop and support these

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
5-5	Jun-09	**Sustain a prepared compliment of Resource families**			
5-6	Jun-09		Improve Resource Families compliance with training opportunities and expanded complement of curricula, e.g. EIS, Safe Sleep, SCR, adolescents Track Compliance	#s trained #s trained vs. licensed	DCF continues to work with FAFS in reviewing and approving Resource Parent courses for in-service credit hours as well as Non-FAFS training courses which are delivered at Volunteer Committee meetings. Primary Resource Parents are required to complete 7 hours of in-service training and Secondary Resource Parents are required to complete 5 hours of in-service training each year. Over the three year licensing period Primary Providers are required to complete 21 hours and Secondary Providers are required to complete 15 in-service credit hours. (FAFS training catalogues, FAFS break down of different courses and NON-FAFS training courses are attached) In 2010 FAFS added several new training courses in various modalities: 2 county based, 8 Home Correspondence, 2 Spanish, 6 Online , 1 course completely updated and launched in 2010, and 27 Alternative Training –Volunteer Committee Trainings. In order to consistently increase resource parents' in-service compliance and the delivery of training opportunities contract changes with FAFS mandate that local Volunteer Committee meetings have 7 hours of training spread out over 5 monthly meetings. There were a total of 1,052 Home Correspondence users, 596 resource parents attended county based trainings and 1,044 resource providers took online training courses. These changes and the additional training courses have proven to be very successful and as a result there has been a marked increase of more resource parents being trained and courses offered. • CY 2008 1595 resource parents completed 5220 courses • CY 2009 1788 resource parents completed 5188 courses • CY 2010 2,302 resource parents completed 6687 courses Refer to Section 5A

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
5-7	Jun-09	**Maintain agile and current curricula**			
5-8	Jun-09		*Develop and/or Adjust curricula as needed to reflect practice* Adjust curricula for skill-specific (e.g. engagement, assessment, investigation, case planning, and family team meeting, tracking, documenting, data use. Adjust content and/or develop new courses for targeted knowledge areas identified by DCF stakeholders. Adjust evaluation methodologies to provide more robust measures of skill acquisition. #Trainers assigned to assist Local Offices # new Online/paper tools to support learning	Alignment of curricula with Case Practice Model and Core Competencies Currency of curricula with regard to policy and systems changes. Currency of curricula with evidence-based practice.	Since July 2010 forward, there has been an ongoing menu of skill specific courses offered as in-service programs throughout the State by the Training Academy; the Academy's University Partners and their consultant experts; local experts in the field; and non-Academy DCF personnel. These programs focus on: the various phases of casework (engagement, assessment, investigations, teaming with families, etc); different stages of child development; supervision; documentation; quality review; and NJ SPIRIT training for targeted trainee populations. Between October 1 2009 and September 30, 2010, Training Academy instructors who had not been initially identified as Case Practice Model (CPM) trainers have attended and learned the program. Academy trainers are expected to integrate the specific CPM language and models into their training delivery. Prior to the recent creation of New Jersey's competency The Academy's Pre-Service and Supervisory curricula were built upon competency models from other States, primarily Ohio, Maine and California. They were also focused on concepts and commitments contained within the NJ Child Welfare Reform Plan prior to the codification of the Case Practice Model. The competency models from Ohio, Maine and California, and the NJ Child Welfare Reform Plan were used as resources in designing New Jersey's new training programs and competency model. In upcoming months, the Academy will be re-assessing these earlier curricula for alignment with the NJ competency and case practice models and updating the written curricula as needed.
5-9	Jun-09				DCF's Policy Unit regularly publishes and disseminates policy updates. These updates are reviewed by Academy personnel for integration in their ongoing courses. During the reporting period, The Academy's course for conveying policy information in after-hours investigations has undergone a major review and update in keeping with related policy changes. Training in DCF's new Case Practice Model (CPM) was developed by the Alabama consultant firm Child Welfare Policy and Practice Group. This firm has a national reputation for working with States to bring their child welfare systems into alignment with the latest evidence-based practice in child welfare. The concepts and models in the CPM courses have been provided to Local Office case work personnel in an immersion-style training delivery design, and are provided on an ongoing basis to new workers through their pre-service and foundation courses.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
5-10	Jun-09			# courses with performance tests & on-the-job measures	All Training Academy courses require passing an end-of-program knowledge test. In addition to passing all post-tests for the 32-day pre-service and seven 2-3 day foundation courses, new workers must pass a "Caseload Readiness Assessment" at 6 months of employment to determine readiness to assume a full caseload. This measure is taken by their immediate supervisor. The Case Practice Model training in Family Team Meetings taught in the Local Offices requires follow-up coaching and mentoring to assist workers' acquisition of skills.
5-11	Jun-09		Develop / adjust learning process as needed to support skill acquisition from learning, practical experience, and supervision.	# alternate delivery methodologies	A new 6-day program in Child Sexual Abuse for caseworkers was developed with a companion 6-day program for supervisors. Supervisors are taught how to reinforce what their workers are learning so that training transfers to the job, and skills and concepts can be reinforced by supervisors through their workers' job experiences and in their routine clinical supervision. This model will be replicated as new curricula are developed. One such example under development currently is the development of a companion course for Special Response Unit supervisors who provide support to workers responding to reports of child abuse/neglect after hours and on weekends and holidays. The Academy is building internal capacity to develop online refresher courses that will serve as performance supports to the field. During the reporting period, an online program reinforcing the CPM training was developed and initiated. The Academy also piloted the "Training-in-a-Box" method of having supervisors deliver just-in-time reinforcement of classroom training on child development (see line 5-10 above).
5-12	Jun-09		Continue consortium partnership	#s trained, products	During this reporting period, the University Partnership contributed to the Training Academy's menu of 40 hour courses by delivering a full menu of different subject or function-specific programs for DCF staff. 2,902 DCF staff attended these in-service programs. Additionally, the Partnership delivered: new worker foundation courses in Concurrent Planning, Mental Health, and Domestic Violence to 778 staff; mandatory Case Practice Model immersion training to 2,902 staff, and DV Protocol training to 1,718 staff. Finally, the Partnership has developed two competency models, one for workers and one for supervisors, and has been designing a course on working with immigrant families.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
5-13	Jun-09	**System Partners Routinely Cross-train**			
5-14	Jun-09		Initiate Licensing/Resource family support unit training	Report on trainings	Training is ongoing for Resource Family and Licensing staff. DCF continues to identify the importance of Resource Family and Licensing staff development ensuring that any new staff coming into these positions is trained for their positions and knowledgeable about each other's responsibilities. New training courses were developed In 2010 to improve our PRIDE Training curriculum and introduce new policy changes. Such as, our "Excellence in PRIDE Training" where state-wide PRIDE Trainers began to meet one time a month over the course of five months ending in April 2011, to review the PRIDE Training curriculum, enhance the PRIDE Trainers skill sets, identify training issues and share experiences. In addition, Resource Unit staff, supervisors and managers attended Child's Specialized Medical Needs Training across the state as we introduced new policy that replaced the SHSP program. In CY 2010, a total of 1,021 staff was trained on 17 different training courses throughout the year. Refer to attached staff training document in Section 5B.
5-15	Jun-09		Continue Court-DYFS cross-training, i.e. via CIP, IDTA, etc. Two-day Summit, 5/2011. Hague Convention/ICPC training, 10/2010,	Annual Reports	May 3, 4, and 5, 2010: Child welfare mediation (CWM) training for all 21 counties in New Jersey. This event consisted of three days of training; one half day was for child welfare stakeholders including: child welfare mediators, CIC judges, court staff, deputy attorneys general representing DYFS, attorneys representing parents, law guardians, DYFS staff, and court volunteers. July 23, 2010: Partners in Permanency Training for child welfare stakeholders in Monmouth, Middlesex, Mercer and Ocean Vicinages. The conference provided practical steps to finding forever families for children in care and focused on strategies to find foster and adoptive families from residential facilities; getting foster families to make permanent commitments; finding permanent connections from within the child's life; and reconnecting with birth families and understanding the difference between "moral" and "legal" adoption.
5-16	Jun-09	**Child Welfare Practice is Strengthened**			
5-17	Jun-09		Continue QR Pilot and refine as necessary (Going forward, this section will be combined with the OCQI that is featured in core strategy 6).	Findings of aggregated QRs done in CY 2010 and identification of any systematic actions to be taken in response	Refer to section 6 for report and findings of the QRs done in CY 2011. Systematic actions that were taken include: a training plan, a new cadre of reviewers, and standardized forms.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
5-18	Jun-09		Implement improvement cycles (PDCA)	PDCA in place	PDCA is ongoing with any new initiative.
5-19	Jun-09		Improve Case Contact Frequency	Safe Measures	DCF reports from Safe Measures include at least 4 pertaining to case contacts and visits. Data shows that staff are using the Safe Measures tool to increase the frequency of required case contacts.
5-20	Jun-09		Monitor and Manage Casework Contacts	w/ Children in Placmnt (NJ & OOS)	DCF reports from Safe Measures include at least 4 pertaining to case contacts and visits. Data shows that staff are using the Safe Measures tool to increase the monitoring of required case contacts.
5-21	Jun-09		Improve documentation accuracy of casework contacts	With Ch INH w/ Adol & Youth w/ parents /reunification w/ parents non-reunified	Training of staff in prioritizing entry of contacts continues.
5-22	Jun-09		Improve knowledge of service resources	survey feedback, LOS	Through its Business Offices annual contract reviews and local office staff input, DCF is implementing a process to continue to gather information from staff on their knowledge of service resources.
5-23	Jun-09		Strengthen supervision	survey feedback, evaluation results	DCF continues to update its supervisory training utilizing the CPM Protocol to strengthen the skill set for supervisors.
5-24	Jun-09	**Maintain Guidance : Practice congruence**			
5-25	Jun-09		Reconcile Presumptive Eligibility Policy v Statute	draft policy	As part of the commitment to improve the safety, permanency and well-being of children under its care the new Kinship Policy and Pre-Placement Protocol was established and implemented. This policy significantly improves DCF's practice to ensure that kinship caregivers are willing and able to meet licensing standards prior to the placement of a child. Once a kinship caregiver is identified, background checks and a Pre-placement Protocol is completed. Local Office Managers are required to give written approval prior to a placement. Resource staff and now involved in the initial assessment of a family and a joint visit to the potential caregiver's home is completed by the resource family worker and the caseworker to ensure that the licensing standards are preliminarily met. If the home is deemed appropriate and the necessary documentation is completed Presumptive Eligibility payments can be approved through the Resource Family Casework Supervisor to the Local Office Manager.
5-26	Jun-09		Finalize Teen Recruitment process	Final Report with protocols	Protocols are completed. 90% of the Hundred Longest Waiting Teens have achieved permanency, 1% has a permanent placement underway and 9% have a permanency plan in development.

Core Strategy 6 - Data and Accountability

To successfully build and sustain a child welfare system that is responsive to the needs of children and families throughout the service cycle, i.e. from first contact through
transition out of the system, we must have data and analysis systems that support our ability to understand needs, evaluate performance, identify opportunities for improvement,
and plan strategically to address future challenges. Going forward, efforts in this area will continue to focus on:

- using data to understand performance and drive decision-making
- SACWIS development, implementation, and refinement
- rebuilding the quality system and improving quality in all aspects of practice
- integrating and aligning commitments across our collective plans and obligations, e.g. CFSR, CFSP: IV-B-1, IV-B-2 PSSF, CAPTA, CFCIP, ETV, CJA, APSR, Title IV-E Reviews,
and the Modified Settlement Agreement.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
6-1	Jun-09	**NJ SPIRIT functions are integral to operations**			
6-2	Jun-09		Upon receipt of SACWIS Review findings, develop a plan to address areas of concern	DCF plan to address SACWIS Review findings	The ACF final report was received in November 2010. DCF is currently working on a response, which is due to ACF in May. Refer to Section 6A for overview of NJSPIRIT and Safe Measures.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
6-3	Jun-09		Continue to support and improve user capability	# Help desk tickets user feedback	***Help Desk Activities*** The Help Desk staff continued to provide support to field and administrative staff concerning NJ SPIRIT, providing information and receiving 20,150 tickets during FFY 2010. One-half of these tickets were closed with one day or less. ***Help Desk Newsletters*** The Help Desk publishes newsletters to update field staff about changes to NJ SPIRIT and its associated systems (e.g., Safe Measures). The newsletters use a colorful and succinct format to convey critical information. Fourteen monthly newsletters and supplements were published between October 2009 and September 2010. The newsletters are published on a monthly basis (or more frequently if necessary). ***NJ SPIRIT and Safe Measures Training provided by Help Desk*** Beginning in July of 2010, contracted agencies providing supervised visitation services to the Division were given access to NJ Spirit for the purposes of documenting contact activity notes. The NJ Spirit Help Desk conducted on-site training sessions for each of the 27 agencies during a 6-month period. Currently, all designated agency staff members have been fully trained. Additionally, a NJ Spirit Help Desk representative conducted an NJ Spirit training review session with SCR and IAIU staff. The review focused on best practices for conducting resource searches for IA intakes and case creations. NJ Spirit Help Desk staff also conducted a Safe Measures overview for all DAG staff. The curriculum included a review of reports in Safe Measures, a demonstration of how to utilize Safe Measures help screens and conduct data drill-downs, and a review of the NJ SPIRIT data elements drawn into Safe Measures reports.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
6-4	Jun-09		Continue work on linkage of NJSPIRIT with AOC, e.g. automated notice of placement	completion of automation	In cooperation with the AOC, DCF has developed and implemented the automated Notice of Placement and Notice of Change of Placement. The project with the AOC has been completed.
6-5	Jun-09		Implement / Refine placement request matching system	Match system in place	Resource Family Enhancements were released in NJ SPIRIT in June 2010. The enhancements included various identifiers, drop-down sections, check boxes, and additional character traits. Although quite basic in nature, these enhancements significantly streamline the matching process allowing the user the ability to filter through a large pool of licensed providers and efficiently match the child to be placed with the most suitable resource provider in a timely manner. This reinforces DCF's Case Practice Model of ensuring that the first placement is the best placement and assists with compliance of the Educational Stability Act. These enhancements were reinforced in trainings for all new resource staff on a quarterly basis. Tip sheets were amended as needed. Additionally, a special Resource Enhancement Forum was offered and attended by over half of the resource staff state-wide. This training addressed all of the new enhancements, including the more sophisticated match system. Staff received information and direction regarding unique NJ SPIRIT questions and scenarios that they encounter in their daily NJ SPIRIT usage. DCF expects to hold similar forums periodically to ensure all staff are aware of how to maximize their utilization of NJ SPIRIT relevant to the placement request matching system.
6-6	Jun-09	**Data used in decision-making at all levels**			

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
6-7	Jun-09		Phase II of NCIC grant to manage by data is implemented	Work plan milestones achieved	DCF is currently in Phase II of the implementation of the NCIC Manage by Data grant. This grant project is referred to as the "New Jersey Fellows Program", 100 staff from DCF were selected to participate in the 18 months fellows training program. The fellows were placed in 5 groups of 20. Group 1 participated in the pilot project rollout in January 2011. Groups 2 thru 5 began training in February 2011. Outline of Phase 2 Milestones Achieved 10/1/2009 - 9/31/2010 • Fellows selection process was completed • Constructed menu of measures for Fellows Program • Designed and held Child Welfare leadership orientation
6-8	Jun-09		Continue to promote use of data available in SafeMeasures	reports indicate improvement, increased use	SafeMeasures continues to be a valuable tool utilized by DCF staff to track and monitor progress as well as to measure compliance. SafeMeasures allows the users to focus on outcomes and provides them with a wide range of online measurement reports. It has become part of staff's daily routine. Staff uses it to check their cases and track compliance. DCF staff has increasingly become better consumers of data as evidenced by the recent SafeMeasures usage reports. The total number of SM screens requested for viewing by DCF staff between January and June 2010 was 991,092. Data from SafeMeasures shows an increase in the number of reports viewed by staff. Between January and July 2010, the number of reports viewed by staff increased by 80,511 (11%), compared to reports that were viewed between July and December 2009. • July 2009 - December 2009 712,777 • January 2010 - June 2010 793,288 DCF uses SafeMeasures to produce a wide range of reports and data for the MSA. SafeMeasures is also used by the fellows in the Fellows Program to help them track, monitor and analyze trends in case

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
6-9	Jun-09				
6-10	Jun-09	**Quality System is functional in practice and support areas**	Structure and deploy three tier quality focus for Areas local statewide contribute to statewide events Continue QR pilot and refine (had been 5-17	report on activities Findings of aggregated QRs done in CY 2010 and identification of any systematic actions to be taken in response	Refer to section 6B for the 2010 QR pilot final report. Each AO has an AQC for reviews at the Local Office level who are deployed by the Area Director. Child Stat, a process of self-assessment and diagnosis by area offices, has been developed and used to fully understand the functioning of the troubled practice areas.
6-11	Jun-09		Develop quality tools	tools available	Refer to attached protocol in Section 6B.
6-12	Jun-09		Implement plan	PDCA documentation	Implementation of the QR process began during this FFY. Tool was developed and the pilot project began.
6-13	Jun-09		Continue Feedback systems	results of surveys, focus groups, etc	Two focus groups were held after the initial QRs to talk about what worked and what did not.
6-14	Jun-09	**Supplier investments align to support outcomes**			
6-15	Jun-09		Implement performance based contracting practices	performance measurement s identified	Performance measurements have been identified. Stakeholders have been advised of measurements and began incorporating the measure into contract renewals in January of 2010.
6-16	Jun-09	**Complete CFSR cycle**			
6-17	Jun-09		Report on Implementation	Quarterly PIP reporting	PIP for quarters 1, 2, and 3 successfully met benchmark requirements. Quarter 4 was just submitted.

Line #	Date Added	5 Year Intent	2 Year Action Plan (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
6-18	Jun-09	**Maintain compliance with IV-E requirements**			
6-19	Jun-09		Update IV-E plan to reflect FSCIAA requirements	Approved, update IV-E plan available	Title IV-E KLG Plan was approved on June 29, 2010 with an effective date of 10/1/09. On December 16, 2009 DCF submitted a Title IV-E state plan for foster care and adoption assistance in accordance with the US Department of Health and Human Services, Administration for Children and Families newly revised OMB Approval No. 0980-0141 State Plan temple. **(Under review for Approval**). On December 20, 2010 DCF submitted a updated version of Title IV-E state plan amendment, OMB Approval No.0980-0141 mandated by the US Department and Human Services, Administration for Children and Families to reflect changes in section 2 ,3, 4, 6. DCF populated the temple to reflect all current changes in section 2 and 3, section 4and 6 were not included at this time and can be updated at a future date with the provisions for children 18- 21 years of age. **(Under review for Approval**)
6-20	Jun-09	**Provisions of federal legislation are implemented**			
6-21	Jun-09		Implement practices/policy to increase IV-E assistance per FCSIAA provisions for Foster Care, Adoption Subsidy, and KLG	Policy and practice guidance documents available	The state has implemented policy and procedures under FCSIAA KLG practice as of 3/2011. The policy and procedures for this practice was approved by AFC as of 10/2009.

Core Strategy 7 - Collaboration, Integration, and Synergy:

Collaboration with children and families, agencies, providers, and other system stakeholders, including the community, is an integral and vital aspect of the work of our Child Welfare System, echoed in the Mission of the Department, the Core Values and Principles expressed in the Case Practice Model, and the principles articulated in the Modified Settlement agreement.
Indeed, the increasing importance of collaboration is apparent as we strive to work more efficiently and effectively in these difficult economic times.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 2) (10/1/09 – 9/30/10)	Measures (10/1/09 – 9/30/10)	Results (date)
7-1	Jun-09	**Communication infrastructure exists to support exchange of key stakeholders, including children, families, other state agencies, system partners and the community**			
7-2	Jun-09		Initiate Network mapping: Identify key system partners at LO/AO level	contact lists exist	Lists are consistently updated to reflect key system partners.
7-3	Jun-09		Refine and use input mechanisms	involvement of stakeholders reporting in surveys	Surveys distributed to stakeholders for input.
7-4	Jun-09		Enhance and maintain feedback mechanisms	evidence of communication exchanges	DCF has the ability to communicate with its system partners via List Serve and its CPM newsletter.

Five Year Summary:

CFSP Third Year Action Plan Results
10/1/10-9/30/11

Core Strategy 1 - Managing and Sustaining Child Welfare Caseloads:

Capable work with a child/family requires capacity, i.e., the time and availability to do what is necessary. High caseload volume limits capacity, which was a persistent theme in the evaluation of New Jersey child welfare practice. The strategy to address caseload size extends beyond hiring of caseworkers and other system partners, e.g. Deputy Attorneys General, Parental Representatives, Law Guardians, etc. It also includes specific task assignment, caseload monitoring and managing methods, and the implementation of support for workers so they can effectively address cases and sustain workloads at acceptable levels.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
1-1	Jun-09	**Caseloads are sustained at acceptable levels**			
1-2	Jun-09		Provide DYFS Director with monthly reports on case carrying staff and supervisory staffing levels to identify functions or offices where adjustment may be needed	Semi-annual analysis of actual versus target levels for intake, permanency and adoption staff as well as supervisors	The data reports for performance targets are attached for Intake, Permanency, Adoption, and Supervisor. See charts in Section 1. Intake target level of 95% was not achieved in December 2010 (91%). The target level was exceeded in June 2011 (96%). Permanency exceeded the target level of 95% in December 2010 (100%), and June 2011 (100%). Adoption target level of 95% was not achieved in December 2010 (90%) and June 2011 (90%). The Supervisor ratio exceeded the target of 95% in December 2010 (96%) and June 2011 (96%).
1-3	Jun-09	**Technical expertise is available to support case practice**			
1-4	Jun-09		Maintain Adolescent practice staff in local offices Maintain staffing in Child Health Units	Maintain staffing level of specialized adolescent workers and supervisors # CHU remain fully-staffed	Each local office continues to be fully staffed with specialized adolescent caseworkers and supervisors who have received specialized training. The CHU remains fully staffed. Every child in a resource home continues to have a nurse assigned for health care management. CHU continues to have the capacity to manage all children in DYFS out of home placement.

Core Strategy 2 - Strengthening the System at the Front End

New Jersey has been working to strengthen the system at the front end in two distinct ways:

- Focusing on doing the 'right' things early on to promote the most positive and timely outcome, e.g., using tools to guide decision-making and renovating our placement process.
- Working in partnership with child welfare system colleagues and the greater community, to strengthen local capacity to assist families and prevent the occurrence of crises that bring families to involvement with child protective services.

Two foundational elements of strengthening the system front-end have been the development of the State Central Registry and the development of a prevention focus.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
2-1	Jun-09	**SCR performance is strengthened**			
2-2	Jun-09		Continue to ensure that corrective action plan is maintained and further enhanced.	Monitor automated call distribution center & analyze accuracy of coding	See report in Section 2A
2-3	Jun-09	**Reports of Child abuse/neglect are expediently addressed**			
2-4	Jun-09		Strengthen Investigative Practice by implementing quality review of practice	Review results	The monitor completed a review of investigations in October 2010 and 72% of investigations were thorough, comprehensive and of good quality. We continue to review investigations through child stat.
2-5	Jun-09		Implement Children's Justice Act Grant (CJA) programs and evaluate effectiveness	Annual program report	See report in section 2C
2-6	Jun-09		Implement CAPTA Basic Grant Plan and evaluate effectiveness	Annual report	See reports in section 2D – 2G Reports for the Citizen Review Panel will be sent under separate cover.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
2-7	Jun-09	**Network of primary, secondary, and tertiary prevention services exists in each county**			
2-8	Jun-09		Review and Stabilize Differential Response programs	Completion of review of Differential Response operations. Adjustments to program operations will be in process. Once adjustments are made, DPCP will periodically assess DR	The Differential Response (DR) Pilot will be brought to a conclusion on June 30, 2012. The DR funding in the amount of $6,380,000 will be redirected within the same geographical areas to support additional Family Success Centers (FSCs), develop and/or augment local resources that complement the continuum of prevention and protection services; and enhance services at existing FSCs. This approach allows DCF to maximize limited resources, impact more families, and increase the capacity of local communities to respond to unique needs of families.
2-9	Jun-09	**Network of primary,** secondary**, and tertiary prevention services exists in each county**	Continue renewed grant with Family Success Centers. In collaboration with the FSCs, the core services provided by the FSCs will be revised to more accurately reflect the work being done.	Revision of Core Services	Family Success Center (FSC) grants were renewed with the exception of the White House Family Success Center in Ocean County. This contract was not renewed at the request of the managing agency. Another FSC was awarded for Ocean County in FFY12. An additional FSC was funded in Gloucester County. Core Services remain the same.
2-10	Jun-09	**Network of primary, secondary, and tertiary prevention services exists in each county**	Integrate home visitation services into local systems of care.	Continue tracking and assessment of performance standards.	In FY 2011, home visitation contracts include a requirement to track the DCF standard performance benchmarks in addition to model specific measures.

Line #	Date Added	5 Year Intent	**1 Year Action Plan** (for Year 3) (10/1/10 – 9/30/11)	**Measures** (10/1/10 – 9/30/11)	Results (date)
2-11	Jun-09	**Network of primary, secondary, and tertiary prevention services exists in each county**	Continue the Domestic Violence Liaison Program Implement Family Violence Prevention and Services Act (FVPSA) reporting	Review data that is submitted.	DVL program data reported for the time period Non-Offending Parents served - 3894 Children served - 6529 Agencies that received FVPSA funding completed the required surveys according to program instructions. The surveys were collected by the Office of DV Services during the period October 1, 2010 to September 30, 2011. Overall, 3765 surveys were completed: • As a result of contact with the domestic violence program, 92% of domestic violence survivors will have more strategies for enhancing their safety. • As a result of contact with the domestic violence program, 88% of domestic violence survivors will have more knowledge of available community resources It is of note that the FVPSA target of 65% for each measure was exceeded.
2-12	Jun-09		Continue CBCAP grant and evaluate effectiveness	Annual program report	Profiles of all currently funded CBCAP programs appear in section 2D.

Core Strategy 3 - Implementing a Case Practice Model:
In January 2007, New Jersey articulated a Case Practice Model (CPM), which was accomplished with the input of internal and external stakeholders, primarily throug the use of focus groups, public forums, and e-mail comment opportunities. The core of true reform lies in building a culture within our agencies and with our stakeholder community that allows us to support and partner with children and families in achieving their full potential. As we progressed through our reform, this cor need gave way to the articulation and implementation of a Case Practice Model that embodies this culture shift. The CPM expresses core values, principles, and ke work activities completed with children and families during their experience with the child welfare system. The CPM sets expectations for how well we engage familie and how well system work is accomplished in partnership with children, families, providers, and other system stakeholders, including the community.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
3-1	Jun-09	**CPM is Fully Deployed**			
3-2	Jun-09		Advance CPM deployment agenda according to plan	43 of the 47 LOs will complete immersion	39 LOs completed immersion during this FFY. The remaining 8 LOs are in the immersion process and all of them will have completed it by May 2012
3-3	Jun-09	**Model incorporates permanency practice**			
3-4	Jun-09		Complete Case Practice/Concurrent Planning integration along with elements of adolescence, mental health etc..	Enhanced guide will be completed	Field guide has been completed and is in the process of being integrated and aligned with safety and risk assessments used by judges and attorneys to ensure consistency.
3-5	Jun-09	**Involvement of partners is expanded**			
3-6	Jun-09		Continue to provide information sessions to stakeholders: DCBHS, DPCP, County Human Services, CIACC, MDTs	# Info sessions Attendance Records/mailing list	As the case practice model was rolled out, information sessions were held throughout the state. These scheduled sessions are complete. Additional updates have been provided to stakeholders upon request.
3-7	Jun-09		Ongoing expansion of community partners involvement in the Family Teaming process (i.e., Family Team Meetings)	Survey feedback	Feedback from the surveys of FTM participants continue to show an increase in participation as evidenced by respondent identifications. For FFY 12, there were 179 providers and 46 advocates
3-8	Jun-09	**Evaluation and improvement action systematically occur**			

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
3-9	Jun-09		Continue monthly QR process in Local Offices. Begin 3 year longitudinal evaluation of the Case Practice Model	28 LOs completed (13 counties) Baseline data gathered, compiled, analyzed	13 counties completed the QR process 45 Focus groups were held and data compiled. Analysis of the data is underway.
3-10	Jun-09	**CPM Model is sustained as intended**			
3-11	Jun-09		Focus on training the integrated case handling and using the skills in an applied way to ensure teaming	Field Observation Tool.	A series of conference calls was held to discuss the FTM evaluation project and clarify the protocol. A project summary sheet and a guide to completing it were distributed to collect and report on the data. The information gathered was entered into a data base, and that information has formed the basis of reporting. A total of 320 staff statewide have been developed as coaches (238) and master coaches (82) to assist their colleagues in becoming facilitators. Each area now has at least 3 master coaches with most areas having between 6 and 16.

Core Strategy 4 - Investing in Services:
The constant challenge in service resources is to have an inventory that is sufficiently abundant and agile so as to be available where and when needed. Flexibility of services supports quick response to the presenting issues of children and families. Quick response hopefully prevents further breakdown of the family that leads to greater penetration into the child welfare system.

We noted that developments in our service array over the ending CFSP period included a significant investment in services designed to address all points in the life of the case and the continuum in child welfare: known drivers of involvement (such as substance abuse and domestic violence); prevention and in-community support; family preservation and support; placement and reunification services; and services to support transition away from the child welfare system. As we move forward, it will be important to maintain an agile service system, focusing on availability, accessibility, and quality of service.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
4-1	Jun-09	**Strengthen Adolescent and Transitioning Youth Service Array**			
4-2	Jun-09		Implement Chafee Plan	Chafee Plan goals met per reporting	Refer to the Chafee Foster Care Independence and ETV Programs annual report, section 4A.
4-3	Jun-09		Implement ETV Plan	Education and Training Voucher plan goals met per reporting	Refer to the Chafee Foster Care Independence and ETV Programs annual report, section 4A
4-4	Jun-09		Evaluate service availability and delivery of life skills programming for youth transitioning out of the child welfare system and increase the service array and amount of slots available.	# of youth served	A life skills work group was formed to evaluate and assess the current life skills programming that is available to youth transitioning out of the child welfare system.
4-5	Jun-09	**Stabilize Prevention services**			
4-6	Jun-09		Review and Strengthen Differential Response programs	Completion of review of Differential Response operations. Adjustments to program operations will be in process. Once adjustments are made, DPCP will periodically assess DR operations.	T he Differential Response (DR) Pilot will be brought to a conclusion on June 30, 2012. The DR funding in the amount of $6,380,000 will be redirected within the same geographical areas to support additional Family Success Centers (FSCs), develop and/or augment local resources that complement the continuum of prevention and protection services; and enhance services at existing FSCs. This approach allows DCF to maximize limited resources, impact more families, and increase the capacity of local communities to respond to unique needs of families.
4-7	Jun-09		Strengthen Prevention Programs (Home visitation, domestic Violence, School-Based Youth Services) via support and monitoring	Program Stability per updates/monitoring reports	DPCP Program administrators consistently monitor programs for performance outcomes and the provision of quality services. In addition, they partner with DCF Business Office Colleagues on annual contract monitoring visits. All DPCP programs have revised service deliverables and definitions which are being implemented in all DPCP contract renewals and modifications.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
4-8	Jun-09	**Strengthen Family Preservation and Support Services**			
4-9	Jun-09		Strengthen Family Preservation Services	Units of service provided v. Level of Service (LOS)	FPS services served 970 families and 2,029 children during SFY11. (147 cases were turned back) 74 families and 177 children received Step down services after completing initial FPS.
4-10	Jun-09		Increase creative use of flexible funding and wrap-around supports	Examples of creative use	The Division has creatively used flex funds for Driver Education Course, SAT prep, passports and plane fare for children in resource homes to go out of the country on vacation, Girl Scott camp, Karate, swimming lessons and rent.
4-11	Jun-09	**Maintain Needed levels of Resource Family Homes**			
4-12	Jun-09		Continue deployment of specialized recruiting practices	Success vs. target	In CY 2011 the target number for licensed resource families was 1405. DCF exceeded this target by licensing 1475 families.
4-13	Jun-09		Implement Recruitment plans	Success vs. target	At the end of CY 2011, DCF had over 6,800 licensed families. Refer to narrative on recruitment in Section 4B
4-14	Jun-09	**Sustain to Strengthen Permanency Services**			
4-15	Jun-09		Sustain and stabilize time-limited reunification services (visitation)	Units of service provided v. LOS	Contracted units are either based on "individuals" served or number of hours or sessions provided. Overall LOS achieved ranges from 60-123% with an average compliance rate of 91%.
4-16	Jun-09		Increase and sustain therapeutic visitation services	Increase funding	Funding increased by $898,000
4-17	Jun-09		Create process for direct data entry to document providers' supervised visits.	Process created.	Implemented an internet-accessible extension to NJ SPIRIT for recording visits with children by contracted provider staff
4-18	Jun-09		Improve visitation planning to include both mother and father	Plan review, survey, visit documentation	In order to strengthen visitation practice and connections with families, curriculum was developed to train staff, provider staff, relatives and resource parents on the importance of visitation and elements of visitation, as well as case practice with incarcerated parents. Trainings in the pilot counties were initiated. These trainings are now available to all staff on an ongoing basis as an elective.
4-19	Jun-09		Improve tracking/ documentation of visitation	Documentation in case record on NJS Documentation reflects the quality or success of the visit	The importance of documentation is part of the training curriculum referred to in 4-18. In addition, a user friendly visitation log was created for use by relative care providers and resource families to document visitation. This has been implemented statewide. Caseworkers are responsible for documenting the visit in NJSPIRIT.

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4-21	Jun-09		Sustain and stabilize Adoption Promotion and Support Services	Units of service provided v. LOS	A very active post adoption/post KLG service network supports families in the adoption process and/or following legal finalization. DCF administrators meet quarterly with the contract agency supervisors to insure program consistency and monitor changing trends. Six Support Supervisors in Adoption Operations act as program liaisons to ensure that families are connected to the services they require. Monthly or quarterly case reviews are held with the agencies to assess progress and resolve any barriers that arise. These agencies maintain a high level of service provision. As
4-22	Jun-09	**Strengthen Health Services**			
4-23	Jun-09		Strengthen ability to identify children in Foster care with Mental Health needs through the development of a curriculum to support the DYFS mental health screening program that will be relevant for any child under DYFS supervision.	Recommended curriculum in draft format.	By August 2011, the training curriculum for the DYFS Mental Health Screening Program was approved by DCF. In August 2011, the DCF Training Academy began training DYFS staff on the DYFS Mental Health Screening Program. See Section 11.
4-24	Jun-09		Maintain Health Care Units	Staffing levels	n July 2011, the CHU began tracking their engagement with young adults and assessing the young adults ability to engage and navigate the health care system. The CHU continues to provide health care case management to all children in out of home setting.
4-25	Jun-09		Review and revise psychotropic medication policy to keep current with FDA guidelines and what we learned about good practice.	Ongoing review of prescribing parameters	In May 2011, DCF's psychotropic medication policy and prescribing parameters were expanded to include more medications, common off-label use, and to reflect the FDA black box warning and other warnings and precautions. May 2011, DCF held a provider forum to brief prescribers and other clinical team participants on DCF's policy. See Section 11. The DCF Policy Advisory Group on Psychotropic Medication meets bi-annually and provides input and technical assistance on psychotropic medication policy and prescribing

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
4-26	Jun-09	**Sustain Mental and Behavioral Health Service Access**			
4-27	Jun-09		Continue to promote ready access to mental health services for parents and children: Mobile response Care management Family support	MRSS #s stabilized v. served Individuals served v. LOS	Mobile Response (MRSS): 14,106 served 95% stabilized and remaining in living situation Care Management (CMO/YCM/UCM): 17,386 served Family Support (FSO): 10,700 served
4-28	Jun-09		Sustain Evidence-Based practices (multi- systemic and family functional therapy)	Individuals served v. LOS	513 served
4-29	Jun-09		Implement new Contract Systems Administrator contract (CSA)	Implementation benchmarks met	100% of benchmarks have been met as of 9/30/11.
4-30	Jun-09	**Strengthen educational supports**			
4-31	Jun-09		Continue to promote practice of educational stability.	Identify unique challenges to educational stability	Monthly statewide meetings of educational liaisons are held to reinforce education stability policy and procedures, provide technical assistance, and troubleshoot cases when there are challenges to educational stability.
4-32	Jun-09		Ensure that education MOU is signed by DCF/DOE	Train DCF staff in elements of the MOU	The MOA developed between DCF and DOE has been revised and will be issued as the Interagency Guidance Manual to Improve Education Outcomes for Children in Out of Home placements. Training has been provided to DCF staff, as well as DAGs, FAFS, CPRB members, CIC, and Education Specialists at the NJ DOE on the educational stability elements from the manual.
4-33	Jun-09		Develop specialized training on educational law and other aspects of educational support for DCF staff	Status of training	A four part training module, Meeting the Educational Needs of Children in Out of Home Placement has been developed in collaboration with Rutgers Special Education Law Clinic. This training focuses on registration, enrollment, attendance, special education and discipline. Educational Liaisons have completed the first module.

Core Strategy 5 - Workforce Development:
New Jersey understands that competent practice is reinforced through continual learning. Learning opportunities, increased service and expertise supports, and manageable caseloads together provide the best platform from which to develop consistent, sustained service delivery. Workforce development must support outcomes for children and families and strengthen initiatives outlined in other Core Strategy areas. In this core strategy, we include training and professional development as well as new or revised policies, procedures, technical assistance, and/or tools that bear on work delivery.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
5-1	Jun-09	**Sustain a prepared workforce**			
5-2	Jun-09		Meet Pre-service training commitments Continue rolling pre-service trainings for new staff Continue rolling pre-services trainings for new supervisors	# new trained vs # new # trained v. # new supervisors	The NJ Child Welfare Training Academy works in cooperation with the DCF Office of Human Resources to ensure that all new hires are identified and registered for their Pre-Service training within two weeks of hire. Once enrolled, all attendance and grades are carefully monitored by the Academy. Trainees must demonstrate competency in the pre-service training program and specific casework competencies prior to taking on full caseloads. From October 1, 2010 through September 30, 2011, 201 new workers were hired, and 201 successfully completed their pre-service programs. The Child Welfare Training Academy also continues to ensuring that all new supervisors receive and pass competency in the new supervisory training program, upon their appointments/promotions. All attendance and grades are documented and carefully tracked by the Academy. From October 1, 2010 through September 30, 2011, there were 54 newly promoted
5-3	Jun-09		Develop tools and processes to promote transfer and sustainability of learning.	#Trainers assigned to assist Local Offices # new Online/paper tools to support learning	Thirteen Training Academy instructors of Pre-Service training and three instructors of new supervisory training regularly make contact with Local Office supervisors and casework supervisors to convey training objectives, share trainee progress, and offer support in promoting transfer of learning of pre-service/supervisory concepts and tools. In addition, over the last year, one trainer was meeting with field office staff to help develop better case conferencing An online tool named "Training-in-a-Box" was developed for use by supervisors to facilitate reinforcement sessions with their workers on child development but the pilot feedback was that more training was needed to first develop supervisors and management as trainers and teachers before such a program could be utilized properly 20 E-learning online courses developed by Foster and Adoptive Family Services were made available to staff with titles raging from "ADHD" to "Why children Steal" and "Sleep Disorders in Children"

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5-4	Jun-09		Meet 40 hour In-Service training requirements Continue to offer ongoing opportunities for staff to develop knowledge and/or skill in functional application Establish and assess core competencies by function	# staff trained # staff trained competencies identified	The Training Academy staff; consultants from the various colleges and universities that comprise the New Jersey Child Welfare University Partnership; as well as consultants and experts from other private/public social services organizations provide 40 hours of required annual in-service training to more than 2,800 caseload-carrying staff. From October 1, 2010 through September 30, 2011, 214 caseload carrying staff completed 40 hours or more of in-service training, and 5543 DCF staff completed one or more in-service training course. Attendance at all trainings is documented by the Academy and each case-carrying staff's training record is monitored to ensure they receive, at minimum, the required 40 hours of trainer per calendar year. Trainings are assessed by Academy, Division and/or Area or Local office leadership to ensure they are aimed at developing knowledge/skill in specific and relevant work functions, and that the appropriate individuals attend. Training participants receive Continuing Education Units (CEUs) for attending approved in-service training programs. The Academy continues to work in cooperation with the University Partnership and with Division of Youth and Family Services (DYFS) leadership to identify core competencies by function. Case Worker and Supervisor competency models have been written and vetted with the field. Current and newly designed trainings were assessed for their ability to develop and support these core competencies and
5-5	Jun-09	**Sustain a prepared compliment of Resource families**			
5-6	Jun-09		Improve Resource Families compliance with training opportunities and expanded complement of curricula, e.g. EIS, Safe Sleep, SCR, adolescents Track Compliance	#s trained #s trained vs. licensed	DCF continues to work with FAFS in reviewing and approving Resource Parent courses for in-service credit hours as well as Non-FAFS training courses which are delivered at Volunteer Committee Meetings. (FAFS break down of different courses and Non- FAFS training courses are attached) In 2011 FAFS added numerous new training courses in various modalities: 2 County Based, 8 Home Correspondence, 1 Spanish, 6 Online, 2 Courses Completely Updated and Launched, and 41 Alternative Courses. To ensure compliance with resource parents' in-service trainings FAFS mandates that Local Volunteer Committee meetings have 7 hours of training spread out over 5 monthly meetings. There were a total of 1,052 Home Correspondence users, 581 attended County-based trainings and 967 took online courses. Refer to narrative on training in section 5A

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5-7	Jun-09	**Maintain agile and current curricula**			
5-8	Jun-09		*Develop and/or Adjust curricula as needed to reflect practice* Adjust curricula for skill-specific (e.g. assessment, investigation, planning, Goal setting, tracking, documenting, data use Adjust content and/or develop new courses for targeted knowledge areas identified by DCF stakeholders	Variety of curricula available	Since July 2010 forward, there has been an ongoing menu of skill specific courses offered as in-service programs throughout the State by the Training Academy; the Academy's University Partners and their consultant experts; local experts in the field; and non-Academy DCF personnel. These programs focus on: the various phases of casework (engagement, assessment, investigations, teaming with families, etc); different stages of child development; supervision; documentation; quality review; and NJ SPIRIT training for targeted trainee populations.
5-9	Jun-09				Between October 1, 2010 and September 30, 2011, the University Partnership and the TA has restructured the manner and speed with which new courses are designed and the process by which a subject area is developed for a training course. In July of 2011, the contract with the University Partnership included specific quotas on the amount of course to be developed in the contract period. In addition, a standard course evaluation form was developed that both the University Partnership and the Training academy use. Later in the review period, the Training Academy decided that all new courses developed must have a Pre and Post Test created at the time of development. In addition, all tests and course/trainer evaluation forms are now scanned and the data gathered will be used to refine the training process, set standards for trainer performance and provide a useful outcome measurement.
5-10	Jun-09			Variety of curricula available	A new tool was developed to assess mental health in children in placement. Training was to begin in November, 2011 The Academy has begun re-assessing earlier curricula for alignment with the NJ competency and case practice models and updating the written curricula as needed.
5-11	Jun-09		**Adjust evaluation methodologies to provide more robust measures of skill acquisition.** **#Trainers assigned to assist Local Offices** **# new Online/paper tools to support learning**	Evaluate alternate methodologies	All Training Academy courses require passing an end-of-program knowledge test. In addition to passing all post-tests for the 32-day pre-service and seven 2-3 day foundation courses, new workers must pass a "Caseload Readiness Assessment" at 6 months of employment to determine readiness to assume a full caseload. This measure is taken by their immediate supervisor. The Case Practice Model training in Family Team Meetings taught in the Local Offices requires follow-up coaching and mentoring to assist workers' acquisition of skills. The Mental Health Screening tool has a Pre and Posttest as will all future courses developed by the University Partnership. Resource Family Licensing has a three hour home inspection simulation for each inspector to ensure that they fully understand and can translate into performance the job duties that they have been taught.
					Curriculum is being developed to offer a whole suite of courses for supervisors. Development began on a supervisors' course in DV, case plan training, building resiliency in workers, reunification of families, and supervisory implementation of the mental health screening tool. This model will be replicated as new curricula are developed. The Academy is now looking to expertise contained in the University partnership model to help with online needs. Planning has begun on developing Implementation of the case plan will require an online component and when it is updated, New Worker training will incorporate on line components. Transfer of learning through follow-up meetings/trainings with offices who have received a mandatory training has also been identified as a key way to support skills acquisition

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5-12	Jun-09		Continue consortium partnership	#s trained, products	During this reporting period, the University Partnership contributed to the Training Academy's menu of 40 hour courses by delivering a full menu of different subject or function-specific programs for DCF staff. 4261 DCF staff attended these in-service programs. Additionally, the Partnership delivered: new worker foundation courses in Concurrent Planning, Mental Health, and Domestic Violence to 251 staff; mandatory Case Practice Model immersion training to 4262 unduplicated staff, and DV Protocol training to 1545 staff. From October 1, 2010 through September 30, 2011, the University Partnership has developed over 14 courses and will exceed 36 new courses created in the 1 year contract period. It has added additional trainer capacity to meet a growing need for training hours and course materials as the end of CPM training nears. Courses developed so far include: "Fetal Alcohol Syndrome", "Postpartum Depression", "What caseworkers need to know about children with developmental disabilities and working with their families", and "Assessing Older Adults as Surrogate Caregivers".
5-13	Jun-09	**System Partners Routinely Cross-train**			
5-14	Jun-09		Initiate Licensing/Resource family support unit training	Report on trainings	Training is ongoing for Resource Family and Licensing staff. DCF continues to identify the importance of Resource Family and Licensing staff development ensuring that any new staffs coming into these positions are trained for their positions and knowledgeable about each other's responsibilities. New training courses were developed In 2010 to improve our PRIDE Training curriculum and introduce new policy changes. Such as, our "Excellence in PRIDE Training" where state-wide PRIDE Trainers began to meet one time a month over the course of five months ending in April 2011, to review the PRIDE Training curriculum, enhance the PRIDE Trainers skill sets, identify training issues and share experiences. In addition, Resource Unit staff, supervisors and managers attended Child's Specialized Medical Needs Training across the state as we introduced new policy that replaced the SHSP program. In CY 2011, a total of 270 staff was trained on 20 different training courses throughout the year. All licensing staff completed the 3 hour inspection simulation. New staff are run through the simulation after their new worker training. New Resource staff and Licensing staff continue to be co-trained as needed Refer to attached staff training document in Section 5B.

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5-15	Jun-09		Continue Court-DYFS cross-training, i.e. via CIP, IDTA, etc. Two-day Summit, 5/2011. Hague Convention/ICPC training, 10/2010,	Annual Reports	A two day summit entitled, "Achieving Brighter Futures for Our Youth: Their Future Is Our Future" was held on May 2, 2011 and May 3, 2011. The goal of this event was to assist judges and child welfare stakeholders in achieving permanency, safety and well-being for youth in foster care. See Section 7.
5-16	Jun-09	**Child Welfare Practice is Strengthened**			
5-17	Jun-09		Continue QR Pilot and refine as necessary (Going forward this will be reported on in Core Strategy 6 with the OCQI)	Findings of aggregated QRs done in CY 2011 and identification of any systematic actions to be taken in response	Refer to section 6B for report and findings of the QRs done in CY2011
5-18	Jun-09		Implement improvement cycles (PDCA)	PDCA in place	PDCA is ongoing
5-19	Jun-09		Improve Case Contact Frequency	SafeMeasures	DCF reports from Safe Measures include at least 4 pertaining to case contacts and visits. Data shows that staff are using the Safe Measures tool to increase the frequency of required case contacts.
5-20	Jun-09		Monitor and Manage Casework Contacts	w/ Children in Placmnt (NJ & OOS)	DCF reports from Safe Measures include at least 4 pertaining to case contacts and visits. Data shows that staff are using the Safe Measures tool to increase the frequency of required case contacts.
5-21	Jun-09		Improve documentation accuracy of casework contacts	Analysis of proper documentation & IT support	Training of staff in prioritizing entry of contacts continues. LOMs and Area Office staff monitor through SafeMeasures.
5-22	Jun-09		Improve knowledge of service resources	Develop coordinated DCF resource directory	Resource Directory developed and is on DCF portal page and sign in page for NJSPIRIT
5-23	Jun-09		Strengthen supervision	Create & implement additional supervisory training supports	Part of the CPM training includes a module for supervising case practice in New Jersey.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
5-24	Jun-09				
5-25	Jun-09	**Maintain Guidance : Practice congruence**	Ensure that Presumptive Eligibility Policy is being followed.	Monitor compliance level of licensure.	As part of the commitment to improve the safety, permanency and well-being of children under its care the new Kinship Policy and Pre-Placement Protocol was established and implemented. This policy significantly improves DCF's practice to ensure that kinship caregivers are willing and able to meet licensing standards prior to the placement of a child. Once a kinship caregiver is identified, background checks and a Pre-placement Protocol is completed. Local Office Managers are required to give written approval prior to a placement. Resource staff are now involved in the initial assessment of a family and a joint visit to the potential caregiver's home is completed by the resource family worker and the caseworker to ensure that the licensing standards are preliminarily met. If the home is deemed appropriate and the necessary documentation is completed Presumptive Eligibility payments can be approved through the Resource Family Casework Supervisor to the Local Office Manager.
5-26	Jun-09		Implement Teen Recruitment process	# of teen placements	Consultation with NRC completed.

Core Strategy 6 - Data and Accountability
To successfully build and sustain a child welfare system that is responsive to the needs of children and families throughout the service cycle, i.e. from first contact through transition out of the system, we must have data and analysis systems that support our ability to understand needs, evaluate performance, identify opportunities for improvement, and plan strategically to address future challenges. Going forward, efforts in this area will continue to focus on:
• using data to understand performance and drive decision-making
• SACWIS development, implementation, and refinement
• rebuilding the quality system and improving quality in all aspects of practice
• integrating and aligning commitments across our collective plans and obligations, e.g. CFSR, CFSP: IV-B-1, IV-B-2 PSSF, CAPTA, CFCIP, ETV, CJA, APSR, Title IV-E Reviews, and the Modified Settlement Agreement.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
6-1	Jun-09	**NJ SPIRIT functions are integral to operations**			
6-2	Jun-09		SACWIS Review was submitted to ACF in May 2011. We are waiting for feedback from the ACF.	DCF plan to address SACWIS Review findings	In November 2010, DCF received the results of the March 2010 site visit in the SACWIS Assessment Review Report (SARR). The report indicated that of the 90 requirements, 56 requirements were in conformity with the standards, 18 were in conditional conformity, and 16 were not in conformity. Through ongoing communications with our ACF partners, DCF developed a corrective action plan to address all the SARR findings. For each finding, DCF analyzed the problem, determined a feasible solution, defined the scope of the solution, allocated resources, and established a reasonable schedule for completion. Out of the 34 requirements that were found either not conforming (16) or only conditionally conforming (18), twenty one resulted in a corrective action that required a system enhancement. These enhancements were logged as incidents for tracking and development purposes. During this reporting period, DCF addressed 8 SARR findings by either training staff on how to use the current system correctly or by enhancing existing functionality.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for year # (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
6-3	Jun-09		Continue to support and improve user capability	# Help desk tickets user feedback	**Help Desk Activities** *Staff Support* The Help Desk staff continued to provide support to field and administrative staff concerning NJ SPIRIT, providing information and receiving 17,666 tickets during FFY 2011. More than 40% of these tickets were closed within one day or less. *Training:* The Help Desk offered targeted trainings and one-on-one support across the department, including trainings to: ● *NJ Spirit Training – DYFS Contract Provider Agencies - (* July - December, 2010) Beginning in July of 2010, contracted agencies providing supervised visitation services to the Division were given access to NJ Spirit for the purposes of documenting contact activity notes. The NJ Spirit Help Desk conducted on-site training sessions for each of the 27 agencies during a 6 month period. Currently, all designated agency staff members have been fully trained. ● *NJ Spirit / Safe Measures Overview* - (November, 2010) NJ Spirit Help Desk staff conducted Safe Measures overview for all DAG staff. The curriculum included a review of reports in Safe Measures, a demonstration of how to utilize Safe Measures help screens and conduct data drill-downs, and a review of the NJ SPIRIT data elements drawn into Safe Measures reports. ● *NJ SPIRIT/New Worker Training* - (June and July, 2011) - NJ SPIRIT Help Desk representatives assisted Training Academy staff with 6 new worker training sessions. The curriculum included a general overview of NJ Spirit. One-on-one assistance was provided at the end of each session. ● *DYFS Contract Provider Agencies* - (July 2011) - NJ SPIRIT Help Desk staff conducted a NJ SPIRIT training review session for Catholic Charities Newark. The curriculum included a review of logon and password management protocols and a review of how to create and approve contact notes in NJS. One-on-one assistance was provided at the end of the session. *Help Desk Newsletters* The Help Desk publishes newsletters to update field staff about changes to NJ SPIRIT and its associated systems (e.g., Safe Measures). The newsletters use a colorful and succinct format to convey critical information. Twelve monthly newsletters and supplements were published between October 2010 and September 2011. The newsletters are published on a monthly basis (or more frequently if necessary).

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6-4	Jun-09		Continue to promote use of placement request matching system.	Hold Resource Enhancement activities	All new Resource Family Staff continue to be trained on a quarterly basis to ensure their utilization and understanding of NJ Spirit related to the placement request matching system.
6-5		**Data used in decision- making at all levels**			
6-6	Jun-09		Phase II of NCIC grant to manage by data is implemented	Work plan milestones achieved	**Outline of Phase 2 Milestones Achieved** 10/1/2010 - 9/30/2011 • Fellows selection process was completed • Constructed menu of measures for Fellows Program • January 2011 designed and held Child Welfare Leadership Orientation session • Project Evaluation Plan delivered • Delivered monthly Seminars to Group 1-Group 5 • Began presentations to Managers and Leadership • Project Evaluation –Interim Assessment - delivered

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)

6-7	Jun-09		Continue to promote use of data available in SafeMeasures	reports indicate improvement, increased use	SafeMeasures continues to be a valuable tool utilized by DCF staff to track and monitor progress as well as to measure compliance. DCF Staff rely on SafeMeasures on a daily basis to check their cases and track compliance. Data from SafeMeasures shows an upward trend in the number of times SafeMeasures screens were viewed by staff in CY2011 compared to CY2010. Data shows that in CY2011, there was a 34% increase in the number of screens viewed by DCF staff compared to CY2010. SafeMeasures screens were viewed by DCF staff 2,374,758 times in CY2011, compared to 1,772,884 in CY2010. DCF continues to use SafeMeasures to produce a wide range of reports and data for the MSA. Several enhancements were added to SafeMeasures in FFY 2011, which included development of new screens, design of new features, and access to different SM views and reports by different users across the agency. These included: **Enhancements to existing SafeMeasures reports:** • **Parent/Child Visits:** Two new categories were added to this screen to report on Parent/Child Visits that did not occur because they were either not required or parent(s) was unavailable. • **Worker Visits with Parents:** Two new categories were added to this screen to capture worker visits with parents that did not occur either because the visit was not required or the parent was unavailable. • **Contacts:** A new table was added in SafeMeasure historical data to capture all contacts that occurred for all case participants in the case. • **Timely CPS Investigation Completion:** A new category was added to this screen to capture all approved investigations containing extensions. **New SafeMeasures screens** • **FTM count- by Family, with at least one child in placement**: This screen displays a family count of all FTMs with at least one child in placement. • **Worker/Supervisor Conferencing:** This screen displays all cases open in the month and worker/supervisor conferences associated with those cases. • **Adoption Goals by Goal Type:** This display shows a breakdown of adoption goal types for children assigned to an adoption worker and have a goal of adoption.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 –	Results (date)
6-8	Jun-09				
6-9	Jun-09	**Quality System is functional in practice and support areas**	With the development of a Department Level Office of Continuous Quality Improvement, the focus will be on initiatives or opportunities to improve practice on the local, area and statewide level.	report on activities	Refer to section 6B for the 2011 QR final report. AQC in each Area Office continue to be involved in the QR process. In addition, AQC will be reviewing 15 cases per quarter and discussing the findings with the Local Office staff. Child Stat process has been revised to focus on investigations and reopened cases. Targeted review was conducted on parent/child visitation.
6-10	Jun-09		Develop quality tools	tools available	Tool has been revised and is available. Refer to guide book in Section 6B
6-11	Jun-09		Continue to roll out QR process to all offices	Plan is fully implemented	QR plan is fully implemented. Refer to Section 6B
6-12	Jun-09		Continue Feedback systems	results of surveys, focus groups, etc.	Surveys have been implemented for community participants and staff involved in QR process. Results have been mixed. Some participants find the process helpful while others did not understand the purpose of the QR.
6-13	Jun-09	**Supplier investments align to support outcomes**			
6-14	Jun-09		Implement performance based contracting practices	Business Office as part of contract monitoring reviews compliance with measurement	Reviews are being done on an ongoing basis.
6-15	Jun-09	**Complete CFSR cycle**			
6-16	Jun-09		Report on Implementation	Quarterly PIP reporting	PIP for Quarters 4, 5, and 6 successfully met benchmarks. On target to complete Quarter 7 and 8.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
6-17	Jun-09	**Maintain compliance with IV-E requirements**			
6-18	Jun-09		Update IV-E plan to reflect FSCIAA requirements	Approved, update IV- E plan available	Plan was approved on 2/16/12 with an effective date of 10/1/10.
6-19	Jun-09	**Provisions of federal legislation are implemented**			
6-20	Jun-09		Implement practices/policy to increase IV-E assistance per FCSIAA provisions for Foster Care, Adoption Subsidy, and KLG	Policy and practice guidance documents available	Policy and practice guidance documents are available.

Core Strategy 7 - Collaboration, Integration, and Synergy:
Collaboration with children and families, agencies, providers, and other system stakeholders, including the community, is an integral and vital aspect of the work of our Child Welfare System, echoed in the Mission of the Department, the Core Values and Principles expressed in the Case Practice Model, and the principles articulated in the Modified Settlement agreement.
Indeed, the increasing importance of collaboration is apparent as we strive to work more efficiently and effectively in these difficult economic times.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 3) (10/1/10 – 9/30/11)	Measures (10/1/10 – 9/30/11)	Results (date)
7-1	Jun-09	**Communication infrastructure exists to support exchange of key stakeholders, including children, families, other state agencies, system partners and the community**			
7-2	Jun-09		Maintain communication and collaboration with key system partners at LO/AO level	contact lists exist	Lists are consistently updated. In addition, plans are underway for quarterly DCF electronic newsletters, an improved user friendly web site, and an electronic Request for Proposal submission process.
7-3	Jun-09		Utilize vehicles (ie. Focus groups, surveys to gather input from key system	DCF participation with stakeholders	Focus groups have been held and strategic plan developed with input from stakeholders.
7-4	Jun-09		Enhance and maintain feedback mechanisms	evidence of communicatio n exchanges	DCF has the ability to communicate with its system partners via List Serve.

Five Year Summary:

CFSP Fourth Year Action Plan Results
10/1/11-9/30/2012

Core Strategy 1 - Managing and Sustaining Child Welfare Caseloads:
Capable work with a child/family requires capacity, i.e., the time and availability to do what is necessary. High caseload volume limits capacity, which was a persiste theme in the evaluation of New Jersey child welfare practice. The strategy to address caseload size extends beyond hiring of caseworkers and other system partners e.g. Deputy Attorneys General, Parental Representatives, Law Guardians, etc. It also includes specific task assignment, caseload monitoring and managing methods and the implementation of support for workers so they can effectively address cases and sustain workloads at acceptable levels.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
1-1	Jun-09	**Caseloads are sustained at acceptable levels**			
1-2	Jun-09		Provide DCP&P Director with monthly reports on case carrying staff and supervisory staffing levels to identify functions or offices where adjustment may be needed	Semi-annual analysis of actual versus target levels for intake, permanency and adoption staff as well as supervisors	The data reports for performance targets are attached for Intake, Permanency, Adoption, and Supervisor. See charts in Section 1. Intake target level of 95% was not achieved in December 2011 (80%) and June 2012 (89%). Intake target level was exceeded in September 2012 (96%). Permanency target level of 95% was not achieved in December 2011 (93%), and June 2012 (93%). Permanency target level was exceeded in September 2012 (96%). Adoption target level of 95% was not achieved in December 2011 (83%), June 2012 (83%) or September 2012 (83%). The Supervisor ratio target of 95% was not achieved in December 2011 (94%) and June 2012 (83%). The Supervisor ratio exceeded the target in September 2012 (96%).
1-3	Jun-09	**Technical expertise is available to support case practice**			
1-4	Jun-09		Maintain Adolescent practice staff in local offices Maintain staffing in Child Health Units	Maintain staffing level of specialized adolescent workers and supervisors # CHU remain fully-staffed	Each local office continues to be fully staffed with specialized adolescent caseworkers and supervisors who have received specialized training. The CHU remains fully staffed. Every child in a resource home continues to have a nurse assigned for health care management. CHU continues to have the capacity to manage all children in DCP&P out of home placement.

Core Strategy 2 - Strengthening the System at the Front End

New Jersey has been working to strengthen the system at the front end in two distinct ways:

- Focusing on doing the 'right' things early on to promote the most positive and timely outcome, e.g., using tools to guide decision-making and renovating our placement process.
- Working in partnership with child welfare system colleagues and the greater community, to strengthen local capacity to assist families and prevent the occurrence of crises that bring families to involvement with child protective services.

Two foundational elements of strengthening the system front-end have been the development of the State Central Registry and the development of a prevention focus.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
2-1	Jun-09	**SCR performance is strengthened**			
2-2	Jun-09		Continue to ensure that corrective action plan is maintained and further enhanced.	Monitor automated call distribution center & analyze	See report in Section 2A.
2-3	Jun-09	**Reports of Child abuse/neglect are expediently addressed**			
2-4	Jun-09		Strengthen Investigative Practice by implementing quality review of practice	Review results	OPMA completed a targeted review of 324 investigations. See report in Section 6B. In addition, the monthly ChildStat presentation reviews investigations in individual local offices.
2-5	Jun-09		Implement Children's Justice Act Grant (CJA) programs and evaluate effectiveness	Annual program report	See report in Section 2C
2-6	Jun-09		Implement CAPTA Basic Grant Plan and evaluate effectiveness	Annual reports	See report in Section 2D

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
2-7	Jun-09	**Network of primary, secondary, and tertiary prevention services exists in each county**			
2-8	Jun-09		Evaluate Differential Response project with community stakeholders to determine if a different model may be considered in the future.	Results of evaluation	Effective June 30, 2012, the Differential Response (DR) Pilot project funds ($6,380,000) were redirected to the same geographical areas to support additional Family Success Centers (FSCs), develop and/or augment local resources that complement the continuum of prevention and protection services; and enhance services at existing FSCs. This approach allows DCF to maximize limited resources, impact more families, and increase the capacity of local communities and respond to unique needs of families.
2-9	Jun-09	**Network of primary, secondary, and tertiary prevention services exists in each county**	Continue renewed grant with Family Success Centers. The funding base for each state-funded FSC contract will be raised to $240,000, effective July 1, 2012, for the purpose of adding a staff person dedicated to resource and volunteer development. Seven (7) new FSCs will be funded. Two in Camden County and one new FSC in each of the following counties: Gloucester, Cumberland, Salem, Middlesex, and Union. Prevention funding contracts were also provided to previously funded DR Counties to enhance the continuum of prevention supports, services and approaches within each of these Counties.	Continued Funding *In*creased Funding RFP to be posted	All (50) existing Family Success Center grants were renewed. Twelve (12) new FSCs were funded during this reporting period bringing the total number of FSCs to 50. Two in Camden County and one new FSC in each of the following counties: Cape May, Cumberland, Gloucester, Hunterdon, Middlesex, Morris, Ocean, Salem, Somerset, and Union. The funding base for each state-funded FSC contract was raised to $240,000 effective July 1, 2012 for the purpose of adding a Volunteer and Community Partnership Coordinator in each Center. The following Counties: Camden, Gloucester, Cumberland, Salem, Middlesex and Union were awarded prevention contracts to provide a continuum of prevention supports, services and approaches within each of their Counties. Most of these are being administered by the Human Services Advisory Councils and are being allocated as per local identified needs as per focus groups and County Needs Assessments.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
2-10	Jun-09		Integrate home visitation services into local systems of care.	Expand and sustain Home visiting services. Track and assess HV performance standards	NJ successfully completed Maternal, Infant &Early Childhood (MIEC) Home Visiting (HV) formula grant continuation; and in April 2012 NJ was awarded a competitive MIECHV grant. DCF continues its role as lead Implementing Agency, and works closely with Health (lead Administrative Agency). Overall HV capacity will increase from 3,000 to 5,000 families. Core network of HV models serving families from pregnancy to age 3 include: Healthy Families (HF), Nurse-Family Partnership (NFP) & Parents As Teachers (PAT). In addition, NJ funds one Home Instruction for Parents of Preschool Youth (HIPPY) program. HV is also ensuring coordination with Early Head Start Home Based Option, and other community services. NJ's HV Performance Objectives are now integrated into HV services across 3 core models (HF, NFP, PAT). Performance benchmarks will expand with the addition of federal MIECHV Benchmarks, and expanded Continuous Quality Improvement (CQI) monitoring. In six communities/counties, NJ has a MCH systems network (pregnancy to age 5) that includes Central Intake to identify families early and streamline referrals for HV or other needed prevention services.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
2-11	Jun-09		Continue the Domestic Violence Liaison Program Implement Family Violence Prevention and Services Act (FVPSA) reporting	Review data that is submitted. Reporting data	1. Continue the Domestic Violence Liaison Program The Domestic Violence Liaison (DVL) Program continues to be a strong collaboration between the NJ Department of Children and Families and the domestic violence provider community. In May 2012 Department of Children and Families expanded this program by adding an additional seven DVL's. At present there are 31 DVL's covering the 21 counties in NJ. The DVL program continues to make difference in assisting DCF-DCP & P staff apply what they have learned about domestic violence in training to their daily practice with fragile families. DVL program data reported for the time period Non-Offending Parents served - 5861 Children served - 4432 2. Implement Family Violence Prevention and Services Act (FVPSA) reporting Agencies that received FVPSA funding completed the required surveys according to program instructions. The surveys were collected by the Office of DV Services during the period October 1, 2011 to September 30, 2012. Overall, 3440 surveys were completed: 95 % of domestic violence survivors had more strategies for enhancing their safety 92 % of survivors had more knowledge of available community resources It is of note that the FVPSA target of 65% for each measure was exceeded

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
2-12	Jun-09		Implement CBCAP grant and evaluate effectiveness	Local program quarterly reports and Annual program report	DCF funds three CTF grants targeting infant/preschool mental health. Models include: Triple P / Positive Parenting Program, Common Sense Parenting, and Incredible Years. DFCP program staff provides technical assistance, and consistently monitor performance & quality services of both CBCAP and CTF grants. This year DFCP staff intensified TA to 6 early childhood grants, and has revised the quarterly reporting format to streamline reporting and strengthen data collection. Contract monitoring visits are conducted jointly by DFCP & DCF Business Offices annually. In Oct 2011 CBCAP funds were allocated to continue training to DFCP grantees (across all offices/programs) in the NJ Standards for Prevention as well as an introduction to the five Protective Factors. All DFCP grantees are expected to include these core principles in the work of their agencies—program design, administration and direct service work with families. Over 500 individuals were trained. CBCAP funds were also used to support five new Family Success Centers (FSC). NJ now has at least one FSC in every county. CBCAP Annual Report/Application was submitted June 2012. Profiles on CBCAP programs appear in section 2D.

Core Strategy 3 - Implementing a Case Practice Model:
In January 2007, New Jersey articulated a Case Practice Model (CPM), which was accomplished with the input of internal and external stakeholders, primarily throug the use of focus groups, public forums, and e-mail comment opportunities. The core of true reform lies in building a culture within our agencies and with our stakeholder community that allows us to support and partner with children and families in achieving their full potential. As we progressed through our reform, this cor need gave way to the articulation and implementation of a Case Practice Model that embodies this culture shift. The CPM expresses core values, principles, and ke work activities completed with children and families during their experience with the child welfare system. The CPM sets expectations for how well we engage familie and how well system work is accomplished in partnership with children, families, providers, and other system stakeholders, including the community.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
3-1	Jun-09	**CPM is Fully Deployed**			
3-2	Jun-09		Advance CPM deployment agenda according to plan	All 47 LOs will complete	All 47 local offices have completed immersion.
3-3	Jun-09	**Model incorporates permanency practice**			
3-4	Jun-09		Complete Case Practice/Concurrent Planning integration along with elements of adolescence, mental health etc.	Enhanced guide will be completed	Field guide has been completed. Components of the safety and risk assessments used by judges and attorneys are being integrated into the field guide.
3-5	Jun-09	**Involvement of partners is expanded**			
3-6	Jun-09		Continue to provide information to internal and external stakeholders: DFCP, CSOC, County Human Services, CIACC, MDTs	Involve stakeholders in planning process	DCF's Strategic plan created with the assistance of internal and external stakeholders. Case practice sustainability will be supported by Focus on Supervision and community partners will be part of the process.

3-7	Jun-09		Ongoing expansion of community partners involvement in the Family Teaming process (i.e., Family Team Meetings)	Survey feedback	Feedback from the surveys of FTM participants showed a dramatic increase in participation as evidenced by respondent identifications. For FY 12, there were 708 providers and 137 advocates.

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3-8	Jun-09	**Evaluation and improvement action systematically occur**			
3-9	Jun-09		Continue QR process Finish 3 year longitudinal evaluation of the Case Practice Model	16 QRs completed annually Report Available	In 2012, due to Hurricane Sandy three QRs were cancelled which resulted in 13 counties participating in the QR for that year. They were rescheduled for the first half of 2013. Evaluation was completed in July of 2012 and final report was submitted in September 2012.
3-10	Jun-09	**CPM Model is sustained as intended**			
3-11	Jun-09		Focus on training the integrated case handling and using the skills in an applied way to ensure teaming	Selected reviews conducted by area office staff using a section of the QR tool	With the expansion of the number of implementation specialists, each area is identifying and focusing on individual office needs in order to promote sustainability. The focus is how coaches will be used to support practice. As of June 2012, there were 224 facilitators, 49 coaches and 17 master coaches developed.

Core Strategy 4 - Investing in Services:
The constant challenge in service resources is to have an inventory that is sufficiently abundant and agile so as to be available where and when needed. Flexibility of services supports quick response to the presenting issues of children and families. Quick response hopefully prevents further breakdown of the family that leads to greater penetration into the child welfare system.

We noted that developments in our service array over the ending CFSP period included a significant investment in services designed to address all points in the life of the case and the continuum in child welfare: known drivers of involvement (such as substance abuse and domestic violence); prevention and in-community support; family preservation and support; placement and reunification services; and services to support transition away from the child welfare system. As we move forward, it will be important to maintain an agile service system, focusing on availability, accessibility, and quality of service.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
4-1	Jun-09	**Strengthen Adolescent and Transitioning Youth Service Array**			
4-2	Jun-09		Implement Chafee Plan	Chafee Plan goals met per reporting	Refer to the Chafee Foster Care Independence Plan and ETV annual report in Section 4A.
4-3	Jun-09		Implement ETV Plan	Education and Training Voucher plan goals met per reporting	Refer to the Chafee Foster Care Independence Plan and ETV annual report in Section 4A.
4-4	Jun-09		Improve the permanency programs for youth to ensure that all youth transitioning out of the child welfare system have connections to caring, supportive adults	# of youth with permanency pacts	A life skills work group was formed to evaluate and assess the current life skills programming that is available to youth transitioning out of the child welfare system.
4-5	Jun-09	**Stabilize Prevention services**			
4-6	Jun-09		Evaluate Differential Response project with community stakeholders to determine if a different model may be considered in the future.	Results of Evaluation	Effective June 30, 2012, the Differential Response (DR) Pilot project funds ($6,380,000) were redirected to the same geographical areas to support additional Family Success Centers (FSCs), develop and/or augment local resources that complement the continuum of prevention and protection services; and enhance services at existing FSCs. This approach allows DCF to maximize limited resources, impact more families, and increase the capacity of local communities and respond to unique needs of families.

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4-7	Jun-09		Strengthen Prevention Programs (Home visitation, domestic Violence, School-Based Youth Services) via support and monitoring	Program Stability per updates/monitoring reports	DFCP Program administrators consistently monitor programs for performance outcomes and the provision of quality services. In addition, they partner with DCF Business Office Colleagues on annual contract monitoring visits. All DFCP programs have revised service deliverables and definitions which are being implemented in all DFCP contract renewals and modifications.
4-8	Jun-09	**Strengthen Family Preservation and Support Services**			
4-9	Jun-09		Strengthen Family Preservation Services	Units of Service provided v. Level of Service (LOS)	FPS programs served 930 families & 2,114 children and achieved a 95.8% placement prevention rate. 79 families and 225 children received Step Down services after completing initial FPS programming. Statewide LOS for Step-Down is 48-60 families per year. 5 of 6 Step-Down programs continued to exceed contracted levels of service. A new provider in Cumberland County experienced a delayed start-up that resulted
4-10	Jun-09		Increase creative use of flexible funding and wrap-around supports	Examples of creative use	Security deposits, swimming lessons, rental assistance, books and laptops for college bound adolescents, car repairs, pre-paid phones for children visiting parents out of state, pest control, tutoring, driver education courses, girl scout camp, karate, school field trips, passports, SAT's and prep courses, rental car for foster mother after car accident, personal trainer for a diabetic child who had been disqualified as a kidney recipient due to weight, de-cluttering service to help with a hoarding case.
4-11	Jun-09	**Maintain Needed levels of Resource Family Homes**			
4-12	Jun-09		Continue deployment of specialized recruiting practices	Success vs. target	DCF's CY 2012 target was 1269. This target was exceeded by 80 licensing 1269 resource families in 2012
4-13	Jun-09		Implement Recruitment plans	Success vs. target	In 2012 DCF continues to have a robust pool of over 6000 licensed resource families

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4-14	Jun-09	**Sustain to Strengthen Permanency Services**			
4-15	Jun-09		Sustain and stabilize time-limited reunification services (visitation)	Units of service provided v. LOS	Contracted units are either based on "individuals" served or number of hours/sessions provided. Statewide LOS achieved ranges from 55-150% with an average compliance rate of approximately 92.5% (2 programs achieved LOS below 65%).
4-16	Jun-09		sustain therapeutic visitation services	Maintain funding	Funding has been maintained.
4-17	Jun-09		Maintain process for direct data entry to document providers' supervised visits.	Maintain process.	The process for direct data entry by providers is maintained. New providers are added when contracts are enhanced/written.
4-18	Jun-09		Improve visitation planning to include both mother and father	Plan review, survey, visit documentation	In order to strengthen visitation practice and connections with families, curriculum was developed to train staff, provider staff, relatives and resource parents on the importance of visitation and elements of visitation, as well as case practice with incarcerated parents. Trainings in the pilot counties were initiated. These trainings are now available to all staff on an ongoing basis as an elective.
4-19	Jun-09		Improve tracking/ documentation of visitation	Documentation in case record on NJS Documentation reflects the quality or success of the visit	The importance of documentation is part of the training curriculum referred to in 4-18 and there is a component regarding visitation in the case plan training that is being rolled out. A user friendly visitation log was created for use by relative care providers and resource families to document visitation. A documentation guide for providers was developed. In addition, a multi select drop down box has been created in NJSPIRIT to ensure that all the activities that occur are captured in the data system.

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4-21	Jun-09		Sustain and stabilize Adoption Promotion and Support Services	Units of service provided v. LOS	A very active post adoption/post KLG service network supports families in the adoption process and/or following legal finalization. DCF administrators meet quarterly with the contract agency supervisors to insure program consistency and monitor changing trends. In addition, DCF is in the process of changing the contracts to reflect services for youth up to the age of 21. Six Support Supervisors in Adoption Operations act as program liaisons to ensure that families are connected to the services they require. Monthly or quarterly case reviews are held with the agencies to assess progress and resolve any barriers that arise. These agencies maintain a high level of service provision. As
4-22	Jun-09	**Strengthen Health Services**			
4-23	Jun-09		Strengthen ability to identify children in Foster care with Mental Health needs through the development of a curriculum to support the DCP&P mental health screening program that will be relevant for any child under	Continue staff training on the DCP&P Mental Health Screening Tool	In August 2011, the DCF Training Academy began training DCP&P staff on the DCP&P Mental Health Screening Program. This MHST training is mandatory for all DCP&P staff and continues to be offered year round. All children in out of home placement continue to have a Mental Health Assessment by DCP&P and/or CHU nurses.
4-24	Jun-09		Maintain Health Care Units	Ongoing implementation of the CHUs	The CHU continues to track their engagement with young adults and assessing the young adult's ability to engage and navigate the health care system. The CHU continues to provide health care case management to all children in out of home setting.
4-25	Jun-09		Review and revise psychotropic medication policy to keep current with FDA guidelines and what we learned about good practice.	Ongoing implementation of the psychotropic medication policy	The DCF Policy Advisory Group on Psychotropic Medication meets bi-annually and provides input and technical assistance on psychotropic medication policy and prescribing parameters. The Office of Child and Family Health participates in CHCS's Psychotropic Medication Quality Improvement Collaborative.

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4-26	Jun-09	**Sustain Mental and Behavioral Health Service Access**			
4-27	Jun-09		Continue to promote ready access to mental health services for parents and children: Mobile response Care management Family support	MRSS #s stabilized v. served Individuals served v. LOS	Mobile Response (MRSS): 15,378 served 96% stabilized and remaining in living situation Care Management (CMO/YCM/UCM): 16,502 served Family Support (FSO): 12,852 served
4-28	Jun-09		Sustain Evidence-Based practices (multi- systemic and family functional therapy)	Individuals served v. LOS	345 served
4-29	Jun-09		Insure efficient access to services by Contract Systems Administrator (CSA)	Total calls v. abandoned calls Call Latency	100% of benchmarks have been met as of 9/30/12.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
4-30	Jun-09	**Strengthen educational supports**			
4-31	Jun-09		Continue to promote practice of educational stability.	Regional and statewide meetings will be held to sustain the practice of educational stability	Three Statewide education liaison meetings were held and presenters included the Department of Education's Director of Transportation Services, Trenton School District's Anti-Bulling Coordinator, Foster and Adoptive and Family Services' Director of the NJ Foster Scholars Program, the United Negro College Fund's Regional Director. Continued regional meeting with educational liaisons to share information and troubleshoot cases. Each of the five regions met a minimum of four times in this reporting period. Initiated trainings for all liaisons with DCF's neuropsychologist consultant. The objectives of the training are to provide liaisons with an understanding of neuropsychology, the role of the neuropsychologist as a consultant on educational matters and advocating for a child's educational needs and services, and to provide an overview of the neuropsychological assessment. Four regions were trained in this reporting period. Held twenty local office management meetings with supervisory staff to discuss education stability operations. On average, met with 25 staff at each meeting that included supervisors, case work supervisors, and liaisons to ensure education stability compliance in case work practices. Office of Educational Supports and Programs continued to provide timely technical assistance to local office staff to ensure compliance with education stability laws and other education laws and regulations (ie; enrollment, discipline and special education).
4-32	Jun-09		Collaborate with DOE to disseminate the "Interagency Guidance Manual to Improve Education Outcomes for Children in Out of Home placements"	Manual is disseminated	Due to DCF assuming responsibility of the developmentally disabled population, the manual continued to undergo multi-layered reviews and revisions.

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4-33	Jun-09		Institutionalize the specialized training on "Meeting the Educational Needs of Children in Out of Home Placement" that was developed.	Training is available to all staff through the Training Academy	Education stability is now one of the required pre service training modules. Since August 2012, monthly training was provided to all new hired case managers. Education related information was provided to assist them in ensuring better education outcomes for children on their caseloads. Education Stability training was provided to Law Guardians, County Directors of Special Education, DCF Area Office Team Leaders, and Child Placement Review Board members, various school district Business Administrators. Assisted in the development and implementation of the CASA *Education Advocacy Training Program.* Collaborated with Foster and Adoptive Family Services (FAFS) to develop a training webinar for resource parents to understand education stability and their responsibilities under the law. A two-day education training course for all DCF staff was developed by a law professor at Rutgers Law School's Special Education clinic and will be offered through the Training Academy. The course is divided into four, three-hour sessions: Understanding the school system and overcoming common barriers to entering the school doors; defining the "parent" for special education purposes and evaluating students for special education services; special education eligibility, programming and services; and discipline of students.

Core Strategy 5 - Workforce Development:
New Jersey understands that competent practice is reinforced through continual learning. Learning opportunities, increased service and expertise supports, and manageable caseloads together provide the best platform from which to develop consistent, sustained service delivery. Workforce development must support outcomes for children and families and strengthen initiatives outlined in other Core Strategy areas. In this core strategy, we include training and professional development as well as new or revised policies, procedures, technical assistance, and/or tools that bear on work delivery.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
5-1	Jun-09	**Sustain a prepared workforce**			
5-2	Jun-09		Meet Pre-service training commitments Continue rolling pre-service trainings for new staff Continue rolling pre-services trainings for new supervisors	# new trained vs # new # trained v. # new supervisors	The NJ Child Welfare Training Academy works in cooperation with the DCF Office of Human Resources to ensure that all new hires are identified and registered for their Pre-Service training within two weeks of hire. Once enrolled, all attendance and grades are carefully monitored by the Academy. Trainees must demonstrate competency in the pre-service training program and specific casework competencies prior to taking on full caseloads. From October 1, 2011 through September 30, 2012, 349 new workers were hired, and 239 successfully completed their pre-service programs. (the rest of the 349 were still cycling through the program) The Child Welfare Training Academy also continues to ensuring that all new supervisors receive and pass competency in the new supervisory training program, upon their appointments/promotions. All attendance and grades are documented and carefully tracked by the Academy. From October 1, 2011 through September 30, 2012, there were 68 newly promoted supervisors
5-3	Jun-09		Develop tools and processes to promote transfer and sustainability of learning.	#Trainers assigned to assist Local Offices # new Online/paper tools to support learning	Thirteen Training Academy instructors of Pre-Service training and three instructors of new supervisory training regularly make contact with Local Office supervisors and casework supervisors to convey training objectives, share trainee progress, and offer support in promoting transfer of learning of pre-service/supervisory concepts and tools. In addition, over the last year, one trainer was meeting with field office staff to help develop better case conferencing. 20 E-learning online courses developed by Foster and Adoptive Family Services are still available to staff with titles raging from “ADHD” to “Why children Steal” and “sleep disorders in Children” in addition there was a new online course on case planning that was the primer for the classroom course. In addition, contracts were signed to convert several sections of

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
5-4	Jun-09		Meet 40 hour In-Service training requirements Continue to offer ongoing opportunities for staff to develop knowledge and/or skill in functional application Establish and assess core competencies by function	# staff trained # staff trained competencies identified	The Training Academy staff; consultants from the various colleges and universities that comprise the New Jersey Child Welfare University Partnership; as well as consultants and experts from other private/public social services organizations provide 40 hours of required annual in-service training to more than 3,000 caseload-carrying staff. From October 1, 2011 through September 30, 2012, 2094 caseload carrying staff completed 40 hours or more of in-service training, and 6242 DCF staff completed at least six hours or more of in-service training hours. Attendance at all trainings is documented by the Academy and each case-carrying staff's training record is monitored to ensure they receive, at minimum, the required 40 hours of training per calendar year. Trainings are assessed by Academy, Division and/or Area or Local office leadership to ensure they are aimed at developing knowledge/skill in specific and relevant work functions, and that the appropriate individuals attend. Training participants receive Continuing Education Units (CEUs) for attending approved in-service training programs. The Academy continues to work in cooperation with the University Partnership and with DCP&P leadership to identify core competencies by function. Case Worker and Supervisor competency models have been written and vetted with the field. Current and newly designed trainings were assessed for their ability to develop and support these core competencies and improvements made where needed

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
5-5	Jun-09	**Sustain a prepared compliment of Resource families**			
5-6	Jun-09		Improve Resource Families compliance with training opportunities and expanded complement of curricula, e.g. EIS, Safe Sleep, SCR, adolescents Track Compliance	#s trained #s trained vs. licensed	DCF continues to work with FAFS in the reviewing, development and approving of Resource Parent courses for in-service credit hours as well as Non-FAFS training courses which are delivered at Volunteer Committee Meetings. In 2012 FAFS launched a new training modality; e-live webinar workshop. These workshops are conducted online, in real time, by a live instructor. FAFS continues to offer new training courses through on-line training, home correspondence courses and county based workshops. There were a total of 1, 943 resource parents who took training provided by FAFS. (Refer to attached narrative on training in section 5A for a breakdown of FAFS courses and Non-FAFS training courses.)

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
5-7	Jun-09	**Maintain agile and current curricula**			
5-8	Jun-09		Develop and/or Adjust curricula as needed to reflect practice Adjust curricula for skill-specific (e.g. engagement, assessment, investigation, case planning, family team meeting, tracking, documenting, data use. Adjust content and/or develop new courses for targeted knowledge areas identified by DCF stakeholders. Adjust evaluation methodologies to provide more robust measures of skill acquisition. #Trainers assigned to assist Local Offices # new Online/paper tools to support learning	Alignment of curricula with Case Practice Model and Core Competencies Currency of curricula with regard to policy and systems changes. Currency of curricula with evidence-based practice.	Since July 2010 forward, there has been an ongoing menu of skill specific courses offered as in-service programs throughout the State by the Training Academy; the Academy's University Partners and their consultant experts; local experts in the field; and non-Academy DCF personnel. These programs focus on: the various phases of casework (engagement, assessment, investigations, teaming with families, etc); different stages of child development; supervision; documentation; quality review; and NJ SPIRIT training for targeted trainee populations. Between October 1, 2010 and September 30,2011, the University Partnership and the Training academy has restructured the manner and speed with which new courses are designed and the process by which a subject area is developed for a training course. In July of 2011 the contract with the University Partnership included specific quotas on the amount of course to be developed in the contract period. In addition, a standard course evaluation form was developed that both the University Partnership and the Training academy use. As a result of this the University Partnership produced over 42 new courses in that contract year. Boosting the total of available courses to over 200. For a list of these courses please see section 5B. The Training Academy and the University Partnership are working to develop a pre and posttest for every course offered in our catalogue. So far this has been accomplished in over 45 courses. The results of

5-9	Jun-09				improve worker performance. Monthly and quarterly reports are written which also contain the data and analysis. A new tool was developed to assess mental health in children in placement. Training was to begin in November, 2011 and was completed in March 2012. The gain between pre and post test scores was about 20 points. The Academy has completed re-assessing earlier curricula for alignment with the NJ competency and case practice models and updating the written curricula as needed.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
5-10	Jun-09			# courses with performance tests & on-the-job measures	All Training Academy courses require passing an end-of-program knowledge test. Pre-service workers must also go through a simulated investigation during the last module of their training where they interview a "family" in a home setting regarding allegations of abuse/neglect. In addition to passing all post-tests for the 32-day pre-service and seven 2-3 day foundation courses, new workers must pass a "Caseload Readiness Assessment" at 6 months of employment to determine readiness to assume a full caseload. This measure is taken by their immediate supervisor. The Case Practice Model training in Family Team Meetings taught in the Local Offices requires follow-up coaching and mentoring to assist workers' acquisition of skills. Currently over 65 courses have pre and posttests with the goal of adding many more by 7/1/2013. Resource Family Licensing has a three hour home inspection simulation for each inspector to ensure that they fully understand and can translate into performance the job duties that

5-11	Jun-09	Develop / adjust learning process as needed to support skill acquisition from learning, practical experience, and supervision.	# alternate delivery methodologies	Curriculum is being developed to offer a whole suite of courses for supervisors. This year the Training Academy introduced a supervisory track of courses which currently include: Working with challenge workers, 4 tiers of substantiation training for supervisors, building resilience in workers and Supervising Case Workers on Reunification. Development was begin on a supervisors' course in DV, case plan transfer of learning , , executive writing skills, secondary trauma, and how to discuss Non-negotiables. The plan is to create a whole supervisory track of courses that, when completed by a supervisor will result in a certificate placing that supervisor in advanced category of work abilities. The Academy is now looking to expertise contained in the University partnership model to help with online needs. Case plan training was augmented with an on-line course that acquainted you with the family being used in the classroom training. Another on-line course is planned as a "booster Planning has begun on developing Implementation of the case plan will require an online component and when it is updated, New Worker training will incorporate on line components. The new four tiers of substantiation training will have an on-line booster since the classroom training is taking place prior to full implementation. The Partnership has identified several people who will help with our on-line needs. Transfer of learning through follow-up meetings/trainings with offices who have received a mandatory training has also been identified as a key way to support skills acquisition. Plans are underway to follow up the case plan training with TOL events in each field office.

5-12	Jun-09		Continue consortium partnership	#s trained, products	During this reporting period, the University Partnership contributed to the Training Academy's menu of 40 hour courses by delivering a full menu of different subject or function-specific programs for DCF staff. 5489 DCF staff attended these in-service programs. Additionally, the Partnership delivered: new worker foundation courses in Concurrent Planning -214 staff completed, Mental Health- 194 staff completed, and Domestic Violence- 206staff completed; DV Protocol training to 319 staff and mandatory Case Practice Model immersion: Module 1 - New Case Practice Model - Engaging Families and Building Trust-Based Relationships where 273 staff completed Module 2-New Case Practice Model-Making Visits Matter where 241 staff completed Module 3 -New Case Practice Model- Teaming with Families where 282 staff completed Module 4- New Case Practice Model- Assessment where 312 staff completed Module 5- New Case Practice Model- Planning and Intervention where staff completed 375 Module 6- New Case Practice Model- Supervising Case Practice in NJ where 91 staff completed From October 1, 2011 through September 30, 2012, the University Partnership has developed over 30 courses and will exceed 28new courses created in the 1 year contract period. It has added additional trainer capacity; there are currently 97 trainers who work for the university partnership, to meet a growing need for training hours and course materials with the completion of CPM training. Courses developed so far include: " Domestic Violence for Supervisors", Non-violence crisis intervention, coaching challenge employees, Educational Liaison Training SPSS Training Excel training Fetal Alcohol Spectrum Disorders Postpartum Depression Case Practice Model and DCF Business Practice Reunification: The Importance of Resource Parents Assessing Older Adults as Surrogate Parents Day 1 Making Connections and Visits Matter(AFSW/Providers) What Case Workers Need to Know About Children With Developmental Disabilities and Working With Their Families Using Genogram and Eco Maps Working with Children of Incarcerated Parents Working With Arab-American & Muslim Families Celebrating Culture: Working with Latino Families Assessing Older Adults as Surrogate Parents Day 2 Managing Your Personal & Professional Boundaries

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
5-13	Jun-09	**System Partners Routinely Cross-train**			
5-14	Jun-09		Initiate Licensing/Resource family support unit training	Report on trainings	Training is ongoing for Resource Family and Licensing staff. DCF continues to identify the importance of Resource Family and Licensing staff development ensuring that any new staff coming into these positions are trained for their positions and knowledgeable about each other's responsibilities. All licensing staff completed the 3 hour inspection simulation. Resource family supervisors were run through the simulation in order to build staff competency. New staff are also run through the simulation after their new worker training. New Resource staff and Licensing staff continue to be co-trained as needed Refer to attached staff training document in Section 5B.
5-15	Jun-09		Continue Court-DCP&P cross-training, i.e. via CIP, IDTA, etc.	Annual Reports	In April of 2012, the NJ Judiciary held its annual Family Education Conference: understanding and Assessing Environmental Stressors on Children's Development. See report in Section 7.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
5-16	Jun-09	**Child Welfare Practice is Strengthened**			
5-17	Jun-09		Continue QR process and refine as necessary	Findings of aggregated QRs done in CY 2012 and identification of any systematic actions to be taken in response	Refer to section 6B for report and findings of the QRs done in CY2012.
5-18	Jun-09		Implement improvement cycles (PDCA)	PDCA in place	PDCA is ongoing.
5-19	Jun-09		Improve Case Contact Frequency	SafeMeasures	DCF reports from SafeMeasures include at least 4 pertaining to case contacts and visits. Data shows that staff are using the Safe Measures tool to increase the frequency of required case contacts.
5-20	Jun-09		Monitor and Manage Casework Contacts	w/ Children in Placmnt (NJ & OOS)	DCF reports from SafeMeasures include at least 4 pertaining to case contacts and visits. Data shows that staff are using the Safe Measures tool to increase the frequency of required case contacts.
5-21	Jun-09		Improve documentation accuracy of casework contacts	Analysis of proper documentation & IT support	Training of staff in prioritizing entry of contacts continues. LOMs and Area Office staff monitor through SafeMeasures. In addition, a multi select drop down box has been created in NJSPIRIT to ensure that all the activities that occur are captured in the data system.
5-22	Jun-09		Improve knowledge of service resources	Include contract information and maintain resource directory	Resource Directory developed and is on DCF portal page and sign in page for NJSPIRIT
5-23	Jun-09		Strengthen supervision	Create & implement additional supervisory training supports	Focus on Supervision pilot has been rolled out. In addition, supervisory courses that parallel classes offered to caseworkers are being developed.

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5-24	Jun-09				
5-25	Jun-09	**Maintain Guidance : Practice congruence**	Ensure that Presumptive Eligibility Policy is being followed.	Monitor compliance level of licensure.	As part of the commitment to improve the safety, permanency and well-being of children under its care the new Kinship Policy and Pre-Placement Protocol was established and implemented. This policy significantly improves DCF's practice to ensure that kinship caregivers are willing and able to meet licensing standards prior to the placement of a child. Once a kinship caregiver is identified, background checks and a Pre-placement Protocol is completed. Local Office Managers are required to give written approval prior to a placement. Resource staff are now involved in the initial assessment of a family and a joint visit to the potential caregiver's home is completed by the resource family worker and the caseworker to ensure that the licensing standards are preliminarily met. If the home is deemed appropriate and the necessary documentation is completed Presumptive Eligibility payments can be approved through the Resource Family Casework Supervisor to the Local Office Manager.

Core Strategy 6 - Data and Accountability

To successfully build and sustain a child welfare system that is responsive to the needs of children and families throughout the service cycle, i.e. from first contact through transition out of the system, we must have data and analysis systems that support our ability to understand needs, evaluate performance, identify opportunities for improvement, and plan strategically to address future challenges. Going forward, efforts in this area will continue to focus on:

- using data to understand performance and drive decision-making
- SACWIS development, implementation, and refinement
- rebuilding the quality system and improving quality in all aspects of practice
- integrating and aligning commitments across our collective plans and obligations, e.g. CFSR, CFSP: IV-B-1, IV-B-2 PSSF, CAPTA, CFCIP, ETV, CJA, APSR, Title IV-E Reviews, and the Modified Settlement Agreement.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
6-1	Jun-09	**NJ SPIRIT functions are integral to operations**			
6-2	Jun-09		SACWIS Review was submitted to ACF in May 2011. We are waiting for feedback from the ACF.	DCF plan to address SACWIS Review findings	In November 2010, DCF received the results of the March 2010 site visit in the SACWIS Assessment Review Report (SARR). The report indicated that of the 90 requirements, 56 requirements were in conformity with the standards, 18 were in conditional conformity, and 16 were not in conformity. DCF developed a corrective action plan to address all the SARR findings. For each finding, DCF analyzed the problem, determined a feasible solution, defined the scope of the solution, allocated resources, and established a reasonable schedule for completion. Out of the 34 requirements that were found either not conforming (16) or only conditionally conforming (18), twenty one resulted in a corrective action that required a system enhancement. These enhancements were logged as incidents for tracking and development purposes. Three requirements were partially completed during this reporting period. **Requirement #15** "*Collect and Report Special Needs/Problems*" - The State was required to review the process for capturing and documenting this information and consider using a single screen updated by nurses and/or case workers to capture detailed information as it will provide more reliable medical/mental health history to staff. ○ Incident 19786, completed in November 2011, enhanced the existing Medical Mental Health screens to support more comprehensive and reliable medical/mental health history documentation. ○ Incident 20855 is the second component of the plan to fully address Requirement #15. This enhancement to the Medical Mental Health screen will build upon the improvement achieved through incident 19786 (above) by streamlining and capturing diagnosis information in a manner that supports both SACWIS and AFCARS requirements. This incident is

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
6-3	Jun-09		Continue to support and improve user capability	# Help desk tickets user feedback	**Help Desk Activities** *Staff Support* The Help Desk staff continued to provide support to field and administrative staff concerning NJ SPIRIT, providing information and receiving 22,740 tickets during FFY 2012. 55% of these tickets were closed within one day or less. *Training:* The Help Desk offered targeted trainings and one-on-one support across the department, including trainings to: • *NJ SPIRIT Training Review – Division Contract Provider* (July, 2011- April, 2012) The NJ Spirit Help Desk conducted a training review for the following contracted agencies providing supervised visitation services for the Division. The agencies document this activity via contact activity notes directly in NJ SPIRIT. This is achieved by utilizing an extension of the NJ SPIRIT application that is accessible over the internet. o Catholic Charities o Family Connections – Reunity House o Babyland o Tri-City Peoples Corporation o Family & Children's Services, Inc. o Family Services Association • *NJ SPIRIT/New Case Plan Training (March, 2012)* - NJ SPIRIT Help Desk representatives provided support to the Training Academy staff and external training staff during the initial development stages of the new Case Plan training. • *NJ SPIRIT Resource Merge Training (April, 2012)* - NJ SPIRIT Help Desk staff conducted an NJ SPIRIT Resource Merge training for Metro Newark Business Office staff. The curriculum included a review of resource search/merge procedures. One-on-one resource merge assistance was provided at the end of the session. *Help Desk Newsletters* The Help Desk publishes newsletters to update field staff about changes to NJ SPIRIT and its associated systems (e.g., Safe Measures). The newsletters use a colorful and succinct format to convey critical information. Twelve monthly newsletters and supplements were published between October 2011 and September 2012. The newsletters are published on a monthly basis (or more frequently if necessary).

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
6-4	Jun-09		Continue to promote use of placement request matching system.	Hold Resource Enhancement activities	All new Resource Family Staff continues to be trained on a quarterly basis to ensure their utilization and understanding of NJ Spirit related to the placemen request matching system.
6-5		**Data used in decision- making at all levels**			
6-6	Jun-09		Phase II of NCIC grant to manage by data is implemented	Work plan milestones achieved	**Outline of final phase Milestones Achieved** • All Fellows classes completed • Fellows presentations completed • First fellows group graduated in June 2012

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
6-7	Jun-09		Continue to promote use of data available in SafeMeasures	reports indicate improvement, increased use	**Usage** Data from SafeMeasures continues to show an upward trend in the number of times SafeMeasures screens were viewed by staff. Data shows that between January and June 2012, there was a **15%** increase in the number of screens viewed by DCF workers, supervisors and Local Office Managers compared to last reporting period. SafeMeasures screens were viewed by these staff **1,307,050** times between January and June 2012 compared to **1,132,321** in the last reporting period. Several enhancements were added to SafeMeasures, which included development of new screens, design of new features, and access to different SM views and reports by different users across the agency. These included: **New SafeMeasures screens** The following screens were developed in the first half of CY2012: • FTM Counts for In Home Cases - By Child • FTM Counts for In Home Cases - By Family • All Children in Placement- Time Open • SDM Safety Assessment Completion • SDM Safety Assessment Compliance • SDM Safety Decision • SDM Risk Assessment Completion • SDM Risk Assessment Compliance • SDM Risk levels • Risk Levels for In-Home Cases **Upcoming SafeMeasures screens** • Pre and Post Response Conferences • Initial Mental Health Screening • Ongoing Mental Health Screening • Mental Health Assessment • Missing Person • NYTD follow-Up Population screen SafeMeasures continues to be used by the DCF Fellows to help them track, monitor and analyze trends in case practice in their own local areas using quantitative data . SafeMeasures allows the fellows to drill down on data and analyze it using special filters by area office, county, local office, unit supervisor and down to case level information. Furthermore, SafeMeasures provides the fellows with quantitative data that they can use to identify strengths and diagnose needs in case

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
6-8	Jun-09	**Quality System is functional in practice and support areas**			
6-9	Jun-09		With the development of a Department Level Office of Performance Management and Accountability, the focus will be on initiatives or opportunities to improve practice on the local, area and statewide level	report on activities	Refer to section 6B for the 2012 QR final report. AQC in each Area Office continue to be involved in the QR process. In addition, AQC are required to review 15 cases per quarter and discuss the findings with the Local Office staff. The ChildStat process continues to focus on investigations and reopened cases.
6-10	Jun-09		Develop quality tools and refine as needed	tools available	Tool is available.
6-11	Jun-09		Continue QR process	Complete 16 QRs annually	In 2012, due to Hurricane Sandy three QRs were cancelled which resulted in 13 counties participating in the QR for that year. They were rescheduled for the first half of 2013.
6-12	Jun-09		Continue Feedback systems	results of surveys, focus groups, etc.	Surveys have been distributed for community participants and staff involved in the QR process. Results have been positive. Staff understand the process and are more comfortable with the QR. Providers have given positive remarks about the QR.
6-13	Jun-09	**Supplier investments align to support outcomes**			
6-14	Jun-09		Implement performance based contracting practices	Business Office will continue to review compliance with measurement	Reviews are being done on an ongoing basis.
6-15	Jun-09	**Complete CFSR cycle**			
6-16	Jun-09		Report on Implementation	Quarterly PIP reporting	PIP was successfully completed.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
6-17	Jun-09	**Maintain compliance with IV-E requirements**			
6-18	Jun-09		Update IV-E plan to reflect FSCIAA requirements	Continue to follow plan. Adjust as needed	Plan was approved on 2/16/12 with an effective date of 10/1/10.
6-19	Jun-09	**Provisions of federal legislation are implemented**			
6-20	Jun-09		Implement practices/policy to increase IV-E assistance per FCSIAA provisions for Foster Care, Adoption Subsidy, and KLG	Policy and practice guidance documents available and adjustments made as needed.	Policy and practice guidance documents are available.

Core Strategy 7 - Collaboration, Integration, and Synergy:

Collaboration with children and families, agencies, providers, and other system stakeholders, including the community, is an integral and vital aspect of the work of our Child Welfare System, echoed in the Mission of the Department, the Core Values and Principles expressed in the Case Practice Model, and the principles articulated in the Modified Settlement agreement.
Indeed, the increasing importance of collaboration is apparent as we strive to work more efficiently and effectively in these difficult economic times.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 4) (10/1/11 – 9/30/12)	Measures (10/1/11 – 9/30/12)	Results (date)
7-1	Jun-09	**Communication infrastructure exists to support exchange of key stakeholders, including children, families, other state agencies, system partners and the community**			
7-2	Jun-09		Maintain communication and collaboration with key system partners at LO/AO level	Maintain contact list and improve method of communication	A revised DCF web site was launched July 2012; Commissioner emails are distributed to staff and stakeholders frequently.
7-3	Jun-09		Utilize vehicles (ie. Focus groups, surveys to gather input from key system partners	DCF participation with stakeholders	Quarterly meetings are held with key stakeholder groups
7-4	Jun-09		Enhance and maintain feedback mechanisms	evidence of communicatio n exchanges	Email (via list serve) are utilized to communicate with external stakeholders

Five Year Summary

CFSP Fifth Year Action Plan Results
10/1/12-9/30/13

Core Strategy 1 - Managing and Sustaining Child Welfare Caseloads:
Capable work with a child/family requires capacity, i.e., the time and availability to do what is necessary. High caseload volume limits capacity, which was a persistent theme in the evaluation of New Jersey child welfare practice. The strategy to address caseload size extends beyond hiring of caseworkers and other system partners, Deputy Attorneys General, Parental Representatives, Law Guardians, etc. It also includes specific task assignment, caseload monitoring and managing methods, and the implementation of support for workers so they can effectively address cases and sustain workloads at acceptable levels.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
1-1	Jun-09	**Caseloads are sustained at acceptable levels**			
1-2	Jun-09		Provide DCP&P Director with monthly reports on case carrying staff and supervisory staffing levels to identify functions or offices where adjustment may be needed	Semi-annual analysis of actual versus target levels for intake, permanency and adoption staff as well as supervisors	The data reports for performance targets are attached for Intake, Permanency, Adoption, and Supervisor. See charts in Section 1. Intake target level of 95% was not achieved in December 2012 (93%). Intake target level was exceeded in March 2013 (98%), June 2013 (100%) and again in September 2013 (96%). Perma6ency target level of 95% was exceeded in December 2012 (93%), March 2013 (96%), June 2013 (96%) and September 2013 (98%). Adoption target level of 95% was not achieved in December 2012 (80%), March 2013 (80%) or June 2013 (90%). The Supervisor ratio target of 95% was exceeded in December 2012 (96%), March 2013 (96%), June 2013 (100%). However there was a slight decline in September 2013(94%) where this ratio target was not met.

1-3	Jun-09	**Technical expertise is available to support case practice**			
1-4	Jun-09		Maintain Adolescent practice staff in local offices	Maintain staffing level of specialized adolescent workers and supervisors	All 46 local offices continue to be fully staffed with specialized adolescent caseworkers and supervisors who have received specialized training
			Maintain staffing in Child Health Units	# CHU remain fully-staffed	The current staffing goals of the CHU allow for approximately 260 nurse/nurse supervisors and 110 support staff within the 46 Local Offices. Staffing levels fluctuate between new hires and staff separations; however the CHU's continue to be fully staffed. Every child in a resource home continues to have a nurse assigned for health care management. CHU continues to have the capacity to manage all children in DCP&P out of home placement.

Core Strategy 2 - Strengthening the System at the Front End

New Jersey has been working to strengthen the system at the front end in two distinct ways:

- Focusing on doing the 'right' things early on to promote the most positive and timely outcome, e.g., using tools to guide decision-making and renovating our placement process.
- Working in partnership with child welfare system colleagues and the greater community, to strengthen local capacity to assist families and prevent the occurrence of crises that bring families to involvement with child protective services.

Two foundational elements of strengthening the system front-end have been the development of the State Central Registry and the development of a prevention focus.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
2-1	Jun-09	**SCR performance is strengthened**			
2-2	Jun-09		Continue to ensure that corrective action plan is maintained and further enhanced.	Monitor automated call distribution center & analyze	See report in Section 2A
2-3	Jun-09	**Reports of Child abuse/neglect are expediently addressed**			
2-4	Jun-09		Strengthen Investigative Practice by implementing quality review of practice	Review results	Since OPMA completed a targeted review of 324 investigations and its accompany report in 2012 we have operationalized the report's recommendations with enhancements to policy, expanding Investigation focused training, and additional concentration on supervisory conferences. The report can be found at: http://nj.gov/dcf/about/divisions/opma/docs/NJ%20DCF%20Investigations%20Review%20Report.pdf Also we continued to focus the monthly ChildStat presentations on investigations for individual local offices.
2-5	Jun-09		Implement Children's Justice Act Grant (CJA) programs and evaluate effectiveness	Annual program report	See report in Section 2C

2-6	Jun-09		Implement CAPTA Basic Grant Plan and evaluate effectiveness	Annual report	See report in Section 2D

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
2-7	Jun-09	**Network of primary, secondary, and tertiary prevention services exists in each county**			
2-8	Jun-09		Evaluate Reinvested Prevention Funds allocated to previously funded Differential Response project Counties:	Results of evaluation	Effective June 30, 2012, the Differential Response (DR) Pilot project funds ($6,380,000) were redirected to the same geographical areas to support additional Family Success Centers (FSCs), develop and/or augment local resources that complement the continuum of prevention and protection services; and enhance services at existing FSCs. This approach allows DCF to maximize limited resources, impact more families, and increase the capacity of local communities and respond to unique needs of families. These funds continued to service the additional Family Success Centers during FFY 2013 for a total of 51.

2-9	Jun-09	**Network of primary, secondary, and tertiary prevention services exists in each county**	Continue renewed grant with Family Success Centers. The funding base for each state-funded FSC contract will be raised to $240,000, effective July 1, 2012, for the purpose of adding a staff person dedicated to resource and volunteer development. This funding was maintained during FFY 2013. Two (2) new FSCs were funded. One in Monmouth County and one in Hudson County. A FSC/Head Start Collaborative Pilot Project was launched in January 2013 which will run through December 2013.	Continued Funding Increased Funding RFP posted	All (49) existing Family Success Center grants were renewed. Two (2) new FSCs were funded during this reporting period bringing the total number of FSCs to 51. One in Monmouth County to support families impacted by Superstorm Sandy and another one in Hudson County. The funding base for each state-funded FSC contract was raised to $240,000 effective July 1, 2012 for the purpose of adding a Volunteer and Community Partnership Coordinator in each Center. The following Counties: Camden, Gloucester, Cumberland, Salem, Middlesex and Union were awarded prevention contracts to provide a continuum of prevention supports, services and approaches within each of their Counties. Most of these are being administered by the Human Services Advisory Councils and are being allocated as per local identified needs as per focus groups and County Needs Assessments.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
2-10	Jun-09		Integrate home visitation services into local systems of care.	Track and assess HV performance standards— HV level of service/process, impact and outcome measures.	DCF continues its role as lead Implementing Agency for the Maternal, Infant & Early Childhood Home Visiting (MIECHV) grant, working closely with the Department of Health (DOH), the Lead Administrative Agency for these funds. In January 2013, the remaining competitive grant funds were issued for new HV programs. Overall HV capacity is now at 5,000 families. The core network of HV models serve families from pregnancy to age 3. These include: Healthy Families (HF), Nurse-Family Partnership (NFP) & Parents As Teachers (PAT). In addition, NJ funds one Home Instruction for Parents of Preschool Youth (HIPPY) program in Bergen County. HV is also ensuring coordination with Early Head Start Home Based Option, and other community services. NJ measures HV progress across all 3 core models (HF, NFP, PAT) in alignment with the federal MIECHV Benchmarks, and the expanded Continuous Quality Improvement (CQI) committee. In addition, DCF partners with DOH to provide a statewide system of care, Central Intake that helps to identify pregnant women and families early and streamline referrals for HV or other needed prevention services. DCF supports Central Intake in 7 counties. DOH funds 8 counties and will be adding services for the remaining 6 counties this year through the Race To The Top grant.

2-11	Jun-09		Continue the Domestic Violence Liaison Program Implement Family Violence Prevention and Services Act (FVPSA) reporting	Review data that is submitted. Reporting data	1. Continue the Domestic Violence Liaison Program The Domestic Violence Liaison (DVL) Program continues to be a strong collaboration between the NJ Department of Children and Families and the domestic violence provider community. In May 2012 Department of Children and Families expanded this program by adding an additional seven DVL's. At present there are 31 DVL's covering the 21 counties in NJ. The DVL program continues to make difference in assisting DCF-DCP & P staff apply what they have learned about domestic violence in training to their daily practice with fragile families. DVL program data reported for the time period Non-Offending Parents served - 6350 Children served – 10,888 2. Implement Family Violence Prevention and Services Act (FVPSA) reporting Agencies that received FVPSA funding completed the required surveys according to program instructions. The surveys were collected by the Office of DV Services during the period October 1, 2012 to September 30, 2013. Overall, 4078 surveys were completed: 91 % of domestic violence survivors had more strategies for enhancing their safety 89 % of survivors had more knowledge of available community resources It is of note that the FVPSA target of 65% for each measure was exceeded

2-12	Jun-09		Implement CBCAP grant and evaluate effectiveness	Local program quarterly reports and Annual program report	**CBCAP Funds:** ***Office of Early Childhood Services (OECS):*** CBCAP funding was provided for 6 grantees implementing evidence based parenting programs. These grants were funded for four years, ending 6/30/13. OECS staff provided targeted capacity building technical assistance in logic models, evaluation planning, quality implementation and ongoing continuous quality improvement. All grantees submitted strong quarterly reports – that demonstrated improved quality implementation and data collection practices. CBCAP funds were also used to implement a pilot County Councils for Young Children to facilitate successful parent & community engagement for issues that affect the health, education and well-being of their children. Support for Strengthening Families continued as well for training of CCR&R staff. ***Office of Family Support Services (OFSS:*** CBCAP funding was designated to 6 FSCs, training in Family Development Credentials to 74 front line staff and for a FSC statewide conference with 300 individuals in attendance. ***Office of Domestic Violence: CBCAP funds were used to partially*** fund 9 Domestic Violence Liaisons co-located in DCP&P local offices. DVLs assist CP&P casework staff in assessing domestic violence and connecting services to cases where domestic violence may be occurring. **CTF**: funds were provided for three CTF grants targeting infant/preschool mental health. Models include: Triple P / Positive Parenting Program, Common Sense Parenting, and Incredible Years. CBCAP Annual Report/Application was submitted June 2013. Profiles on CBCAP programs appear in section 2D.
2-13	Jun-13		Integrate Strengthening Families New Jersey initiative (SFNJ) into the infant/ toddler/preschool childcare network	Expand and Sustain SFNJ training. Track and assess SFNJ performance	Help Me Grow is now fully integrated with the Early Childhood Comprehensive Systems (ECCS) initiative and connected to the NJ Council for Young Children as the Infant-Child Health Committee. Central intake hubs for linkage and referral are now being developed in all 21 counties—DCF supports seven counties, DOH funds eight counties, and six counties will be linked in 2014 with RTT funds. For more information on SFNJ:http://nj.gov/dcf/families/early/strengthening/

Core Strategy 3 - Implementing a Case Practice Model:
In January 2007, New Jersey articulated a Case Practice Model (CPM), which was accomplished with the input of internal and external stakeholders, primarily throug the use of focus groups, public forums, and e-mail comment opportunities. The core of true reform lies in building a culture within our agencies and with our stakeholder community that allows us to support and partner with children and families in achieving their full potential. As we progressed through our reform, this cor need gave way to the articulation and implementation of a Case Practice Model that embodies this culture shift. The CPM expresses core values, principles, and ke work activities completed with children and families during their experience with the child welfare system. The CPM sets expectations for how well we engage familie and how well system work is accomplished in partnership with children, families, providers, and other system stakeholders, including the community.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
3-1	Jun-09	**CPM is Fully Deployed**			
3-2	Jun-09		Advance CPM deployment agenda according to plan	All 47 LOs have completed immersion	All LO's have completed CPM immersion. As new staff is hired they are enrolled in the CPM training. Efforts to develop staff as facilitators, coaches and master coaches continue on an on-going basis.
3-3	Jun-09	**Model incorporates permanency practice**			
3-4	Jun-09		Case Practice/Concurrent Planning have been integrated along with elements of adolescence practice, mental health into a field guide	Components of the safety guide have been integrated along with elements of adolescence practice, mental health into a field guide and it will be released in spring of 2013	Field guide has been completed. Components of the safety and risk assessments used by judges and attorneys have been fully integrated into the field guide.
3-5	Jun-09	**Involvement of partners is expanded**			
3-6	Jun-09		Continue to provide information to internal and external stakeholders: CSOC, DFCP, County Human Services, CIACC, MDTs	Continue to involve stakeholders in planning process	DCF's Strategic plan created with the assistance of internal and external stakeholders. Case practice sustainability will be supported by Focus on Supervision and community partners will be part of the process.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
3-7	Jun-09		Ongoing expansion of community partners involvement in the Family Teaming process (i.e., Family Team Meetings)	Survey feedback	The number of Family Team Meeting surveys that participants complete continues to increase providing DCP&P value feedback as evidenced by respondent identifications. For FY 13, there were 745 providers and 178 advocates.
3-8	Jun-09	**Evaluation and improvement action systematically occur**			
3-9	Jun-09		Continue QR process Finish 3 year longitudinal evaluation of the Case Practice Model	16 QRs completed annually Report Available	In CY 2013, 16 counties participated in the QR , three counties were carried over from the prior year due to the impact of Super Storm Sandy. Evaluations are completed after each QR by the all those interviewed in the process, the county being reviewed, and the reviewers. A final 2013 QR report was submitted in May 2014 and awaits publishing on the DCF website. See report section 6B
3-10	Jun-09	**CPM Model is sustained as**			
3-11	Jun-09		Focus on training the integrated case handling and using the skills in an applied way to ensure teaming	Continue to build capacity of staff to serve as facilitators, coaches and master coaches.	CY 2013 there have been a total of 2,677 staff were developed: 2,211 facilitators 324 coaches 142 Master Coaches

Core Strategy 4 - Investing in Services:
The constant challenge in service resources is to have an inventory that is sufficiently abundant and agile so as to be available where and when needed. Flexibility of services supports quick response to the presenting issues of children and families. Quick response hopefully prevents further breakdown of the family that leads to greater penetration into the child welfare system.

We noted that developments in our service array over the ending CFSP period included a significant investment in services designed to address all points in the life of the case and the continuum in child welfare: known drivers of involvement (such as substance abuse and domestic violence); prevention and in-community support; family preservation and support; placement and reunification services; and services to support transition away from the child welfare system. As we move forward, it will be important to maintain an agile service system, focusing on availability, accessibility, and quality of service.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
4-1	Jun-09	**Strengthen Adolescent and Transitioning Youth Service Array**			
4-2	Jun-09		Implement Chafee Plan	Chafee Plan goals met per reporting	See report in section 4A
4-3	Jun-09		Implement ETV Plan	Education and Training Voucher plan goals met per reporting	See report in section 4A
4-4	Jun-09		Improve the permanency programs for youth to ensure that all youth transitioning out of the child welfare system have connections to caring, supportive adults	# of youth with permanency pacts	There are 13 contracted agencies statewide as well as the specialized adolescent staff at each DCP&P local office to support the linkage of youth transitioning from the child welfare system to a caring adult.
4-5	Jun-09	**Stabilize Prevention services**			
4-6	Jun-09		Evaluate Reinvested Prevention Funds allocated to previously funded Differential Response project Counties: Camden, Gloucester, Cumberland, Salem, Middlesex and Union Counties.	Re-invested DR Funding	Effective June 30, 2012, the Differential Response (DR) Pilot project funds ($6,380,000) were redirected to the same geographical areas to support additional Family Success Centers (FSCs), develop and/or augment local resources that complement the continuum of prevention and protection services; and enhance services at existing FSCs. This approach allows DCF to maximize limited resources, impact more families, and increase the capacity of local communities and respond to unique needs of families. The end of CY 2013 there was a total of 51 FSC sites statewide.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
4-7	Jun-09		Strengthen Prevention Programs (Home visitation, domestic Violence, School-Based Youth Services) via support and monitoring	Program Stability per updates/monitoring reports	DFCP Program administrators consistently monitor programs for performance outcomes and the provision of quality services. In addition, they partner with DCF Business Office Colleagues on annual contract monitoring visits. All DFCP programs have revised service deliverables and definitions which are being implemented in all DFCP contract renewals and modifications.
4-8	Jun-09	**Strengthen Family Preservation and Support Services**			
4-9	Jun-09		Strengthen Family Preservation Services	Units of Service provided v. Level of Service (LOS)	FPS programs served 877 families & 1900 children and achieved a 94.7% placement prevention rate. 79 families and 225 children received Step Down services after completing initial FPS programming. Statewide LOS for Step-Down is 48-60 families per year. 5 of 6 Step-Down programs continued to exceed contracted levels of service. A new provider in Cumberland County experienced a delayed start-up that resulted in a lower LOS
4-10	Jun-09		Increase creative use of flexible funding and wrap-around supports	Examples of creative use	Security deposits, swimming lessons, rental assistance, books and laptops for college bound adolescents, car repairs, pre-paid phones for children visiting parents out of state, pest control, tutoring, driver education courses, girl scout camp, karate, school field trips, passports, SAT's and prep courses, rental car for foster mother after car accident, personal trainer for a diabetic child who had been disqualified as a kidney recipient due to weight, de-cluttering service to help with a hoarding case.
4-11	Jun-09	**Maintain Needed levels of Resource Family Homes**			
4-12	Jun-09		Continue deployment of specialized recruiting practices	Success vs. target	DCF's CY 2013 target was 1264. We licensed 1449 new families and exceeded our target by 185 newly licensed families.
4-13	Jun-09		Implement Recruitment plans	Success vs. target	In 2013 DCF continues to have a robust pool of nearly 6000 licensed resource families.

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4-14	Jun-09				
4-15	Jun-09		Sustain and stabilize time-limited reunification services (visitation)	Units of service provided v. LOS	Contracted units are either based on "individuals" served or number of hours/sessions/slots provided. Statewide LOS achieved ranges from 45-173% with an average compliance rate of approximately 96.6%. (30 programs achieved 90% LOS or higher; 18 programs exceeded 100%; and 2 programs achieved LOS below 65% as a result of referral issues)
4-16	Jun-09	**Sustain to Strengthen Permanency Services**	sustain therapeutic visitation services	Maintain funding	Funding has been maintained
4-17	Jun-09		Maintain process for direct data entry to document providers' supervised visits.	Maintain process.	The process for direct data entry by providers is maintained. New providers are added when contracts are enhanced/written.
4-18	Jun-09		Improve visitation planning to include both mother and father	Plan review, survey, visit documentation	In order to strengthen visitation practice and connections with families, curriculum was developed to train staff, provider staff, relatives and resource parents on the importance of visitation and elements of visitation, as well as case practice with incarcerated parents. Trainings in the pilot counties were initiated. These trainings are now available to all staff on an ongoing basis.
4-19	Jun-09		Improve tracking/ documentation of visitation	Documentation in case record on NJS Documentation reflects the quality or success of the visit	Visitation log that was created for use by relative care providers and resource families to document visitation continues to be utilized as well as the documentation guide for providers. A multi select drop down box in NJSPIRIT continues to be utilized to ensure that all the activities that occur are captured in the data system.

4-21	Jun-09		Sustain and stabilize Adoption Promotion and Support Services Modify contracts to reflect services for youth up to the age of 21 and standardize how the LOS are measured	Units of service provided v. LOS Contract Modified and standardize how the LOS are measured.	Over the past year DCF initiated a statewide program development effort to improve programming and establish consistency in the delivery of services to children who are preparing for or have achieved permanency in an adoptive or relative care placement. As the first step in a 2-year process, DCF conducted an extensive review of its presently contracted PACS agencies and identified a number of inconsistencies across its provider community. In response to these findings, DCF merged similar services and developed one standard program description (DCF Contract Annex A Section 2.2) for Pre- and Post-Adoption/KLG Counseling Services (PACS). This new program description applies to all contracted agencies that provide counseling and related supports to stabilize adoptive and kinship legal guardianship (KLG) placements before and after the placements have been finalized. All previously segregated service components (pre and post, adoption and KLG counseling) have been consolidated into one broad-based PACS program. Most significantly, “Core” services have been identified and clearly delineated to establish minimum expectations for all programs and instil consistency in the delivery of services statewide Units of service have been re-defined across all contracts as the number of children in adoptive or relative care placements who are served by programs. Contracted levels of service have been merged to equal the sum total of all slots for each previously segregated component. This “slot merger” will allow programs the flexibility to work freely with the entire target population to reduce waiting lists.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
4-22	Jun-09	**Strengthen Health Services**			
4-23	Jun-09		Strengthen ability to identify children in Foster care with Mental Health needs through the development of a curriculum to support the DCP&P mental health screening program that will be relevant for any child under DCP&P supervision. Pediatric Neuropsychologist will provide training around learning, behavior and the association with the development of brain structures	Continue staff training on the DCP&P Mental Health Screening Tool Training of staff begins	The Mental Health Screening Tool training continues to be provided to DCP&P staff year round to ensure that a mental health screen is completed on all children in out of home placement and any child who presents with a mental health need.
4-24	Jun-09		Maintain Health Care Units The CHU will develop a curriculum to support the DCP&P and CHU staff in recognizing RED FLAGS. This curriculum will assist CP&P staff with identifying basic healthcare needs, recognizing "red flags," and engaging families around child health related matters.	CHUs are maintained Curriculum is developed	The CHUs continue to provide health care case management to all children in out of home placement. The CHUs all received Engaging Families training to provide both nurses and staff with family engagement techniques within the CP&P Case Practice Model (CPM), with the goal of strengthening their skills and understanding of the importance of engaging birth families. The Child Health Program updated and expanded its Pediatric Red Flags Training to include four training modules. The curriculums for three of these modules were developed, and CHU nurses began training CP&P staff on them. A Mental Health Red Flags Tool was also developed and this training was given to CHU nurses.

4-25	Jun-09		Review and revise psychotropic medication policy to keep current with FDA guidelines and what we learned about good practice.	Ongoing implementation of the psychotropic medication policy .	The DCF Policy Advisory Group on Psychotropic Medication meets bi-annually and provides input and technical assistance on psychotropic medication policy and prescribing parameters. The Office of Child and Family Health continues to participate in CHCS's Psychotropic Medication Quality Improvement Collaborative with goals of ensuring psychotropic medication policy compliance and reviewing the progress of individual children/youth as well as at-risk cohorts on psychotropic medications.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
4-26	Jun-09	**Sustain Mental and Behavioral Health Service Access**			
4-27	Jun-09		Continue to promote ready access to mental health services for parents and children: Mobile response Care management Family support	MRSS #s stabilized v. served Individuals served v. LOS	Mobile Response (MRSS): 16,104 served 96% stabilized and remaining in living situation Care Management (CMO/YCM/UCM): 17,430 served Family Support (FSO): 12,024 served
4-28	Jun-09		Sustain Evidence-Based practices (multi- systemic and family functional therapy)	Individuals served v. LOS	393 individuals were served
4-29	Jun-09		Insure efficient access to services by Contract Systems Administrator (CSA)	Total calls v. abandoned calls Call Latency	100% of benchmarks were met for total calls answered. 1.76% of calls were abandoned as of 9/30/2013.
4-30	Jun-09	**Strengthen educational supports**			

4-31	Jun-09		Continue to promote practice of educational stability.	Regional and statewide meetings will be held to sustain the practice of educational stability Community partners will be trained	The Office of Educational Support and Programs (OESP) continued to coordinate and facilitate Regional Education Liaison meetings to provide support and technical assistance as well as to keep Local and Area office Liaisons abreast of education news Local Office management meetings were also held at the Western Essex, Bloomfield, Hunterdon and Hudson North Local Offices attended by supervisors, Casework Supervisors, and Local Office Managers. OSEP met with the Atlantic City, Cape May, Pemberton, and Trenton school districts to address barriers and concerns to education stability. OESP continued to provide timely technical assistance to local office staff to ensure compliance with education stability laws and other education laws and regulations (ie; enrollment, discipline and special education). OESP and Office of Research, Evaluation, and Report (ORER) the Education Stability Liaisons on the education windows in NJSpirit so that they could assist case managers and supervisors in entering children's education data.
4-32	Jun-09		Collaborate with DOE to disseminate the "Interagency Guidance Manual to Improve Education Outcomes for Children in Out of Home placements" and develop training for stakeholders on the goals and benchmarks outlined in the Manual.	Manual is disseminated and training is developed.	The Interagency Manual was updated and will be released upon approval from the Governor's Office.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
4-33	Jun-09		Institutionalize the specialized training on "Meeting the Educational Needs of Children in Out of Home Placement" that was developed.	Training is available to all staff through the Training Academy	The two-day education elective course for all DCF staff and community partners continues to be offered thru the Training Partnership.
4-34	Jun-13		Working on data sharing to ensure children in out of home placement receive free meals at school as required by the Healthy Hunger Free Act.	Cross systems collaboration and consultation with the Department of Education and the Department of Agriculture to improve services to children and youth that are served by the three systems	A Memorandum of Understanding with Dept. of Agriculture was developed and circulating for review and approval. The MOU will allow the transmission of data from DCF to Agriculture to identify and ensure foster children receive free meals in participating schools (without the need for an application).
4-35	Jun-13		Collaborate with DOE on data exchange regarding academic achievement, special education students, attendance, drop out and graduation of foster youth.	Data exchange is established.	Ongoing discussions with Dept. of Education about obtaining educational data consistent with FERPA regulations. Dept. of Education prefers that DCF obtain educational data from local school districts. Initiated discussions with Camden City School District

Core Strategy 5 - Workforce Development:
New Jersey understands that competent practice is reinforced through continual learning. Learning opportunities, increased service and expertise supports, and manageable caseloads together provide the best platform from which to develop consistent, sustained service delivery. Workforce development must support outcomes for children and families and strengthen initiatives outlined in other Core Strategy areas. In this core strategy, we include training and professional development as well as new or revised policies, procedures, technical assistance, and/or tools that bear on work delivery.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
5-1	Jun-09	**Sustain a prepared workforce**			
5-2	Jun-09		Meet Pre-service training commitments Continue rolling pre-service trainings for new staff Continue rolling pre-services trainings for new supervisors	# new trained vs # new # trained v. # new supervisors	The NJ Child Welfare Training Academy works in cooperation with the DCF Office of Human Resources to ensure that all new hires are identified and registered for their Pre-Service training within two weeks of hire. Once enrolled, all attendance and grades are carefully monitored by the Academy. Trainees must demonstrate competency in the pre-service training program and specific casework competencies prior to taking on full caseloads. From October 1, 2012 through September 30, 2013, 268 new workers were hired, and 268 successfully completed their pre-service programs. (the rest of the 338 were still cycling through the program)
5-3	Jun-09		Develop tools and processes to promote transfer and sustainability of learning.	#Trainers assigned to assist Local Offices # new Online/paper tools to support learning	5 Training Academy instructors of Pre-Service training and three instructors of new supervisory training regularly make contact with Local Office supervisors and casework supervisors to convey training objectives, share trainee progress, and offer support in promoting transfer of learning of pre-service/supervisory concepts and tools. A new Transfer of Learning initiative on the case planning process was initiated which involves designing an individual one-day training that would be different for each local office, depending on their individual case planning needs. On-line learning in New Worker Training has been developed and is being piloted. This revision allows new workers to begin elements of their training immediately upon placement in a local office

5-4	Jun-09		Meet 40 hour In-Service training requirements Continue to offer ongoing opportunities for staff to develop knowledge and/or skill in functional application Establish and assess core competencies by function	# staff trained # staff trained competencie s identified	The Training Academy staff; consultants from the various colleges and universities that comprise the New Jersey Child Welfare University Partnership; as well as consultants and experts from other private/public social services organizations provide 40 hours of required annual in-service training to more than 3,000 caseload-carrying staff. From October 1, 2012 through September 30, 2013, 2243 caseload carrying staff completed 40 hours or more of in-service training, and 6770 (out of 6,800) DCF staff completed at least six hours or more of in-service training hours.. Attendance at all trainings is documented by the Academy and each case-carrying staff's training record is monitored to ensure they receive, at minimum, the required 40 hours of trainer per calendar year. Trainings are assessed by Academy, Division and/or Area or Local office leadership to ensure they are aimed at developing knowledge/skill in specific and relevant work functions, and that the appropriate individuals attend. Training participants receive Continuing Education Units (CEUs) for attending approved in-service training programs. The Academy continues to work in cooperation with the University Partnership and with DCP&P leadership to identify core competencies by function. Case Worker and Supervisor competency models have been written and vetted with the field. Current and newly designed trainings were assessed for their ability to develop and support these core competencies and improvements made where needed

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
5-5	Jun-09	**Sustain a prepared compliment of Resource families**			
5-6	Jun-09		Improve Resource Families compliance with training opportunities and expanded complement of curricula, e.g. EIS, Safe Sleep, SCR, adolescents Track Compliance	#s trained #s trained vs. licensed	DCF continues to work with Foster and Adoptive Family Services (FAFS) in the review, development and approval of Resource Parent courses for in-service training credit hours as well as Non-FAFS training courses which are delivered at Volunteer Committee Meetings. FAFS offers in-service training to resource families through several modalities including workshops, home correspondence courses, e-learning (on-line courses) and webinars.(Refer to attached narrative on training in section 5A for a breakdown of FAFS courses and Non-FAFS training courses.)

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5-7	Jun-09	**Maintain agile and current curricula**			
5-8	Jun-09		*Develop and/or Adjust curricula as needed to reflect practice* Adjust curricula for skill-specific (e.g. engagement, assessment, investigation, case planning, family team meeting, tracking, documenting, data use. Adjust content and/or develop new courses for targeted knowledge areas identified by DCF stakeholders. Adjust evaluation methodologies to provide more robust measures of skill acquisition. #Trainers assigned to assist Local Offices # new Online/paper tools to support learning	Alignment of curricula with Case Practice Model and Core Competencies Currency of curricula with regard to policy and systems changes. Currency of curricula with evidence-based practice.	Since July 2010 forward, there has been an ongoing menu of skill specific courses offered as in-service programs throughout the State by the Training Academy; the Academy's University Partners and their consultant experts; local experts in the field; and non-Academy DCF personnel. These programs focus on: the various phases of casework (engagement, assessment, investigations, teaming with families, etc.); different stages of child development; supervision; documentation; quality review; and NJ SPIRIT training for targeted trainee populations. Between October 1, 2012 and September 30, 2013, the University Partnership and the Training Academy restructured the manner and speed with which new courses are designed and the process by which a subject area is developed for a training course. In July of 2013 the contract with the University Partnership included specific quotas on the amount of course to be developed in the contract period. In addition, a standard course evaluation form was developed that both the University Partnership and the Training academy use. For the current contract year, the University Partnership produced over 39 new training days, boosting the total of available courses to over 120. For a list of these courses please see section 5B The Training Academy and the University Partnership have now developed pre and posttests on all course offerings. The results of those tests are scanned into a computer. That data is analyzed to assess and improve worker and trainer performance. Monthly and quarterly reports are written which also contain the data and analysis. Test questions and the knowledge gain between the pre and posttest scores are monitored on a regular basis to ensure accuracy The Academy has completed re-assessing earlier curricula for alignment with the NJ competency and case practice models and updating the written curricula as needed.

5-10	Jun-09		# courses with performance tests & on-the-job measures	All Training Academy courses require the students take a pre and posttest to determine the knowledge gained during the class. Pre-service workers must also go through a simulated investigation during the last module of their training where they interview a “family” in a home setting regarding allegations of abuse/neglect. In addition to passing all post-tests for the 32-day pre-service and seven 2-3 day foundation courses, new workers must pass a “Caseload Readiness Assessment” at 6 months of employment to determine readiness to assume a full caseload. This measure is taken by their immediate supervisor. The Case Practice Model training in Family Team Meetings taught in the Local Offices requires follow-up coaching and mentoring to assist workers’ acquisition of skills. Currently all courses have pre and posttests. This information is used to measure training outcomes and as a guide to training modification and improvement Resource Family Licensing has a three-hour home inspection simulation for each inspector to ensure that they fully understand and can translate into performance the job duties that they have been taught

5-11	Jun-09	Develop / adjust learning process as needed to support skill acquisition from learning, practical experience, and supervision.	# alternate delivery methodologies	We continue to add to a supervisory track of courses which currently include: Working with Challenge Corkers, 4 Tiers of Substantiation training for supervisors, Building Resilience in Workers and Supervising Case Workers on Reunification. Development completed on a supervisors' course in DV, Case Plan Transfer of Learning, Executive Writing Skills, Secondary Trauma, and How to Discuss Non-negotiables. This year the "Master Supervisor" program has been initiated which is a certificate program that contains 10 supervisory level courses: Supervisory Issues in Child Sex Abuse First Responders for Supervisors Domestic Violence for Supervisors Coaching the Challenge Employee Building Resiliency in Casework Staff/Counter Transference Supervising Case Workers on Reunification Supervisors and Data Safe Measures for Supervisors Aligning our Values Supervisors and the Transfer of Learning Process In addition the OTPD is planning on a substance abuse certificate program. The Academy is now looking to the expertise contained in the University partnership model to help with online needs. Case plan training was augmented with an on-line course that acquainted one with the family being used in the classroom training as was the 4 Tiers of case substantiation. New Worker training will also incorporate on-line components. Transfer of Learning through follow-up meetings/trainings with offices who have received a mandatory training has also been identified as a key way to support skills acquisition. Transfer of Learning on the case planning process has now been initiated with impressive results so far. Plans were made to incorporate transfer of learning process into Case Plan training. Generally, the trainer would go out to an office twelve months after the Case Plan training was completed equipped with the results of the post tests for that office. Areas where knowledge was lower would be addressed/explored with additional exercises as well as discussions of successes and challenges of implementation.

5-12	Jun-09		Continue consortium partnership	#s trained, products	During this reporting period, the University Partnership contributed to the Training Academy's menu of 40 hour courses by delivering a full menu of different subject or function-specific programs for DCF staff. 5492 DCF staff attended these in-service programs. Additionally, the Partnership delivered: New Worker Foundation courses in Concurrent Planning -254 staff completed, Mental Health- 329 staff completed, and Domestic Violence- 283staff completed; DV Protocol training to 177 staff and mandatory Case Practice Model immersion: Module 1 - New Case Practice Model - Engaging Families and Building Trust-Based Relationships - 322 staff completed Module 2-New Case Practice Model-Making Visits Matter - 334 staff completed Module 3 -New Case Practice Model- Teaming with Families - 325 staff completed Module 4- New Case Practice Model- Assessment – 322 staff completed Module 5- New Case Practice Model- Planning and Intervention - staff completed 266 Module 6- New Case Practice Model- Supervising Case Practice in NJ - 6 staff completed From October 1, 2012 through September 30, 2013, the University Partnership has developed 39 course days where only 24 new courses were required in the 1 year contract period. It has also added additional trainer capacity; there are currently 101 trainer/consultants who work for the university partnership, to meet a growing need for training hours and course materials with the completion of CPM training. Courses developed this year include: " Supervision of Para-Professionals DV for Supervisors Coaching Challenge Employees, The Art of Communication Child Sexual Abuse (8 days) Hoarding How to Succeed at Difficult Conversations Enhanced Visitation Concurrent Planning Revised Using Genograms and Eco maps NJ Parent Link Infant Care Basics for Non-Parent workers Executive Writing Skills Using Genogram and Eco Maps Working with Cognitively Challenged Adults Vicarious Trauma Suicide Prevention Customer Service for the Child Welfare Professional Working with Veterans and their Families Family System Theory Substance Abuse (4 days)

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
5-13	Jun-09				
5-14	Jun-09	**System Partners Routinely Cross-train**	Initiate Licensing/Resource family support unit training	Report on trainings	Training is ongoing for Resource Family and Licensing staff. DCF continues to identify the importance of Resource Family and Licensing staff development ensuring that any new staff coming into these positions are trained for their positions and knowledgeable about each other's responsibilities. All licensing staff completed the 3 hour Inspection Simulation. Resource Family Supervisors were run through the simulation in order to build staff competency. New staff are also run through the simulation after their new worker training. New Resource staff and Licensing staff continue to be co-trained as needed Refer to attached staff training document in Section 5B.
5-15	Jun-09		Continue Court-DCP&P cross-training, i.e. via CIP, IDTA, etc.	Annual Reports	In April of 2013, the New Jersey Judiciary held its annual Family Education Conference. One day of this three day training was focused on CIC related permanency issues as determined by New Jersey's most recent Children and Families Service Review (CFSR). That full day training included workshops on: Kinship Legal Guardianship (KLG), Another Planned Permanent Living Arrangement (APPLA), properly granting Termination of Parental Rights (TPR) Extension, and DCP&P. The afternoon plenary session was used to present a facilitated mock permanency hearing. The day ended with an ethics session. Provided to all attendees were laminated "At-A-Glance" resource documents for all workshop topics.
5-16	Jun-09	**Child Welfare Practice is Strengthened**			
5-17	Jun-09		Continue QR process and refine as necessary	Findings of aggregated QRs done in CY 2012 and identification of any systematic actions to be taken in response	A final 2013 QR report was submitted in May 2014 and awaits publishing on the DCF website. Can be located at: http://nj.gov/dcf/about/divisions/opma/2013_QRAnnualReport.pdf
5-18	Jun-09		Implement improvement cycles (PDCA)	PDCA in place	PDCA is on-going
5-19	Jun-09		Improve Case Contact Frequency	SafeMeasures	DCF reports from SafeMeasures include at least 4 pertaining to case contacts and visits. Data shows that staff are using the Safe Measures tool to increase the frequency of required case contacts.

5-20	Jun-09		Monitor and Manage Casework Contacts	w/ Children in Placmnt (NJ & OOS)	DCF reports from SafeMeasures include at least 4 pertaining to case contacts and visits. Data shows that staff are using the Safe Measures tool to increase the frequency of required case contacts.
5-21	Jun-09		Improve documentation accuracy of casework contacts	Analysis of proper documentation & IT support	Training of staff in prioritizing entry of contacts continues. LOMs and Area Office staff monitor through SafeMeasures. In addition, a multi select drop down box has been created in NJSPIRIT to ensure that all the activities that occur are captured in the data system.
5-22	Jun-09		Improve knowledge of service resources	Include contract information and maintain resource directory	Resource Directory has been developed and continues to appear on the DCF portal page and the sign in page for NJ SPIRIT
5-23	Jun-09		Strengthen supervision	Create & implement additional supervisory	Focus on Supervision pilot has been rolled out. In addition, supervisory courses that parallel classes offered to caseworkers are being developed. This remains active and offices continue to be immersed in the FOS conferencing model
5-24	Jun-13		Strengthening Supports	Resource and Adoption families	The department is transitioning from paper checks to electronic payment system and will afford resource have more timely payments issued to them. We are working to actualize this plan
5-25	Jun-13		Affording opportunities to strengthen documentation	Updated technology to support day to day work	DCF continues to look for opportunity to utilize technology to better assist us in our work. This includes the use of smart phone devices for staff who are supervising visitation to document efficiently. At this item, we have piloted IPOD touches to use camera devices when conduction investigations. We have also launched the use of IPADS to some adolescent, intake/intake and permanency workers. We hope that the use of these devices will help in our documentation of investigative findings, independent living assessments and our visitation with children and families.

5-26	Jun-09				
5-27	Jun-09	**Maintain Guidance : Practice congruence**	Ensure that Presumptive Eligibility Policy is being followed.	Monitor compliance level of licensure.	As part of the commitment to improve the safety, permanency and well-being of children under its care the Kinship Policy and Pre-Placement Protocol was established and implemented. This policy significantly improves DCF's practice to ensure that kinship caregivers are willing and able to meet licensing standards prior to the placement of a child. Once a kinship caregiver is identified, background checks and a Pre-placement Protocol is completed. Local Office Managers are required to give written approval prior to a placement. Resource staff are now involved in the initial assessment of a family and a joint visit to the potential caregiver's home is completed by the resource family worker and the caseworker to ensure that the licensing standards are preliminarily met. If the home is deemed appropriate and the necessary documentation is completed Presumptive Eligibility payments can be approved through the Resource Family Casework Supervisor to the Local Office Manager.

Core Strategy 6 - Data and Accountability

To successfully build and sustain a child welfare system that is responsive to the needs of children and families throughout the service cycle, i.e. from first contact through transition out of the system, we must have data and analysis systems that support our ability to understand needs, evaluate performance, identify opportunities for improvement, and plan strategically to address future challenges. Going forward, efforts in this area will continue to focus on:

• using data to understand performance and drive decision-making

• SACWIS development, implementation, and refinement

• rebuilding the quality system and improving quality in all aspects of practice

• integrating and aligning commitments across our collective plans and obligations, e.g. CFSR, CFSP: IV-B-1, IV-B-2 PSSF, CAPTA, CFCIP, ETV, CJA, APSR,
Title IV-E Reviews, and the Modified Settlement Agreement.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 –	Results (date)
6-1	Jun-09	**NJ SPIRIT functions are integral to operations**			

6-2	Jun-09		SACWIS Review was submitted to ACF in May 2011. We are waiting for feedback from the ACF. DCF worked closely with ACF in completing and submitted the corrective action plan to address the findings. For each finding, DCF analyzed the problem, determined a feasible solution, defined the scope of the solution, allocated resources, and established a reasonable schedule for completion. As a result of these efforts, DCF correction action plan received final approval from ACF on March 1, 2013.	DCF plan to address SACWIS Review findings	**Requirement #59** "Describe how the automated system notifies relevant parties of impending court actions" – (finding) NJ SPIRIT does not support notifications to relevant parties of impending court actions as that function is generally fulfilled by the courts. Those noticing activities performed by DCP&P (formerly DYFS) staff must be recorded in the system. The State should work to enhance functionality or worker training to ensure that the system captures information on provision of these notices. One incident was created to mitigate this finding. Incident 20879 - This enhancement alerts the case worker at the time of the initial placement, if the authority for removal is "emergent removal", and directs them to properly document this action. This ensures that noticing activities performed by DCP&P (formerly DYFS) staff are recorded in the system. This occurred in March 2013. **Requirement #62** "Describe how the automated system supports the accounts payable process (billing, vouchers, etc.)" – (finding) New Jersey uses a form (K-100) for processing one-time payments. There were a number of issues noted with this process: 1. The Payment Request window includes a feature to note the start and end date of the services, as well as a calendar pop up to check off dates services were provided. Workers are able to put in one set of dates on the main window and a different set of dates on the calendar and save the work without generating an error. 2. Even though contracts say that invoices should be paid in a timely manner, user interviews noted that there could often be lags of a number of months between the time the services were delivered and receipt of the approved K-100 for financial processing due to agency handling and approval delays, creating the potential for problems with provider payment being significantly delayed. 3. Financial staff reported having to use workarounds due to the lack of timely receipt of some K-100 forms. For example, one worker received an invoice in February or March for services delivered at the end of the previous calendar year. When she tried to enter the invoice, she could not select the provider's service due to the fact that the contract line was end dated as of the end of the calendar year. Even though there was a valid open contract when the service was delivered, she had to select "unlicensed/uncontracted" service line to get the invoice paid. Two incidents were created to mitigate this finding.

6-2	Jun-09				Incident 19274 enhanced the Payment Request Service Summary dropdown to only display current services. This occurred in October 2013. Incident 20882 enhanced the Payment request Window. Modified the payment service days pop up window to be driven by the dates in the payment request window. This occurred in March 2013. **Requirement #80** "Provide on-line system documentation" - (finding) NJ SPIRIT screens contain links to screen-level help via the "?" icon in upper right of screens, but during the system demonstration the review team noted that in a number of cases the help screens were boiler plate templates that had yet to be filled in with information that could assist a worker with properly utilizing the screen. In other cases, the information in the help screen had not been kept up to date with recent enhancements to the system. One incident was created to mitigate this finding. Incident 20802 The State completed a system wide audit of all the screen-level Help and Policy links to ensure the information contained in each link is comprehensive and current. This occurred in March 2013. **Requirement #3** "Search for prior history" – (finding) NJ SPIRIT was noted to have a large number of duplicate persons in a number of different functional areas. Duplicate persons reduce the effectiveness of the search function and the quality of the data. A multifaceted approach made up of six incidents was developed to mitigate this finding, as well as address additional technical assistance. The last three of these incidents were completed during this reporting period. Incident 19919 added a NJ SPIRIT Case ID search field to the intake Inquiry Window to assist with selecting the correct case/intake participants and improve the efficiency of searches at the intake level. This went into production in November 2012. Incident 19920 added the intake ID to any of the person search windows (intake inquiry search, on demand search>person search tab, and confirmed perpetrator search), whenever we display an intake. This is another step dedicated to prevent the creation of duplicate persons. This went into production in November 2012. Incident 20127 enabled us to display the Resource ID # that is associated with a CPS-IAIU case during a case search. This helps prevent duplicate CPS-IAIU cases from being created by SCR for the same Resource. This went into production in November 2012.

6-2	Jun-09				Incident 20925 enhanced the ability to merge identified duplicate persons. The State modified the system to give Local Office staff the ability to merge these duplicates and include conditions and edits to ensure that work such as placement, payments, etc., remain consistent and valid. This occurred in October 2013. Incident 20923 developed an unknown flag that can be set when a person record is added as a way to facilitate tracking and resolution of unknown records to help guard against data quality degradation. This occurred in March 2013. Incident 20924 added the name and other relevant demographic information to the listing summary of a Related Information search. This occurred in March 2013. **Requirement #10** "Collect and record investigation information" – (Technical Assistance)–The State should consider increasing the size of texts fields that are causing issues. One incident was created to mitigate this 'Request for Information'. Incident 20122 enhanced the system to allow for larger text fields in areas identified by users as being an issue. This occurred in March 2013.

6-3	Jun-09		Continue to support and improve user capability	# Help desk tickets user feedback	**Help Desk Activities** *Staff Support-* The Help Desk staff continued to provide support to field and administrative staff concerning NJ SPIRIT, providing information and receiving 26,016 tickets during FFY 2013. 56% of these tickets were closed within one day or less. *Training:-*The Help Desk offered targeted trainings and one-on-one support across the department, including trainings to: NJ SPIRIT/New Contact Note Multi-Selection Training (November, 2012) -NJ SPIRIT Help Desk representatives conducted training for DCF Policy Unit to introduce new functionality added to NJ Spirit that enables workers to document multiple contact activity note types on a single contact activity note. NJ SPIRIT and Safe Measures Overview – (December 2012) - NJ SPIRIT Help Desk representatives conducted an NJ Spirit overview for the DCF Director of Research, Evaluation, and Reporting. NJ SPIRIT/New Investigation Override Training (December, 2012) - NJ SPIRIT Help Desk representatives conducted training for new functionality added to NJ Spirit that enables Local Office Managers to make authorized changes to an approved investigation. This training was delivered during the DCF Statewide Managers Meeting. NJ SPIRIT Training Review – Division Contract Provider (January , 2013) - A Help Desk representative conducted an NJ Spirit on-site training review for the Cape May Counseling contracted provider agency. The curriculum included a review of how to document supervised visitations via contact activity notes directly in NJ SPIRIT. NJ SPIRIT/Safe Measures Overview – (April, 2013) - NJ SPIRIT Help Desk representatives conducted an on-site NJ Spirit/Safe Measures overview for Camden Central LO staff. *Help Desk Newsletters* The Help Desk publishes newsletters to update field staff about changes to NJ SPIRIT and its associated systems (e.g., Safe Measures). The newsletters use a colorful and succinct format to convey critical information. Twelve monthly newsletters and supplements were published between October 2012 and September 2013. The newsletters are published on a monthly basis (or more

6-4	Jun-09		Continue to promote use of placement request matching system.	Hold Resource Enhancement activities	All new Resource Family Staff continue to be trained on a quarterly basis to ensure their utilization and understanding of NJ Spirit related to the placement request matching system.
6-5		**Data used in decision-making at all levels**			
6-6	Jun-09		Phase II of NCIC grant to manage by data is implemented	Work plan milestones achieved	DCF concluded its three year project with the NCIC to develop the skills of DCP&P management and supervisors in the use of managing by data. In June of 2013, nearly 40 members of DCF graduated from the Fellows Program and were exposed to best practices in utilizing data to support improved case practice and outcomes for children and families. DCF is committed to supporting the program with internal resources after the NCIC grant ended.

6-7	Jun-09		Continue to promote use of data available in SafeMeasures	reports indicate improvement, increased use	The use of SafeMeasures continues to grow amongst DCF staff. Data from SafeMeasures shows an upward trend in the number of times SafeMeasures screens were viewed by staff. This increase ranges between 11% and 15% a year and is more significantly noted amongst supervisors. SafeMeasures is used by staff at all different levels of the organization. Among the users are caseload carrying workers, supervisors and Local Office Managers, Area Directors, Assistant Area Directors, CQI staff and Case Practice Specialists and other Central Office staff. SafeMeasures is also used by executive management to track and monitor targeted measures and outcomes. SafeMeasures also continues to be used by the DCF Fellows to help them track, monitor and analyze trends in case practice in their own local areas using quantitative data . DCF continues to develop and enhance existing screens. The following reports were added in SafeMeasures in 2012 and 2013: • *Pre and Post Response Conferences:* This screen helps staff track all Pre and Post response conferences completed during an investigation/assessment. • *Initial Mental Health Screening*: This screen tracks children in placement who have/do not have an initial mental health screening completed within 30 days of their removal. • *Ongoing Mental Health Screening:* This screen tracks children in placement who have/do not have a subsequent mental health screening every six months that they are in placement. • *Mental Health Assessment:* This screen tracks children with a suspected mental health need who have/do not have a completed mental health assessment within 45 days of their suspected mental health need screening. • N*YTD Follow-Up Population screen:* This screen tracks youth age 19, who require a follow up survey as a result of their participation in FFY2010 Baseline. • Initial Independent Living Assessment: This screen tracks

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
6-8	Jun-09	**Quality System is functional in practice and support areas**			
6-9	Jun-09		With the development of a Department Level Office of Performance Management and Accountability, the focus will be on initiatives or opportunities to improve practice on the local, area and statewide level.	report on activities	A final 2013 QR report was submitted in May 2014 and awaits publishing on the DCF website. AQC in each Area Office continue to be involved in the QR process. In addition, AQC are required to review 15 cases per quarter and discuss the findings with the Local Office staff. The ChildStat process continues to focus on investigations and reopened cases.
6-10	Jun-09		Develop quality tools and refine as needed	tools available	Tool is available on link: http://nj.gov/dcf/about/divisions/opma/QualitativeReviewProtocolandInstrument.pdf
6-11	Jun-09		Continue QR process	Complete 16 QRs annually	In CY 2013, 16 counties participated in the QR for that year.
6-12	Jun-09		Continue Feedback systems	results of surveys, focus groups, etc.	Surveys have been distributed for community participants and staff involved in the QR process. Results have been positive. Staff understand the process and are more comfortable with the QR. Providers have given positive remarks about the QR.
6-13	Jun-09	**Supplier investments align to support outcomes**			
6-14	Jun-09		Implement performance based contracting practices	Business Office will continue to review compliance with measurement	Reviews continue to be completed on an ongoing basis
6-15	Jun-09	**Complete CFSR cycle**			
6-16	Jun-09		Report on Implementation	Quarterly PIP reporting	PIP was successfully completed March 2012
6-17	Jun-09	**Maintain compliance with IV-E requirements**			
6-18	Jun-09		Update IV-E plan to reflect FSCIAA requirements	Continue to follow plan. Adjust as	Plan was approved on 2/16/12 with an effective date of 10/1/10. Adjustments are made as needed.
6-19	Jun-09	**Provisions of federal legislation are implemented**			
6-20	Jun-09		Implement practices/policy to increase IV-E assistance per FCSIAA provisions for Foster Care, Adoption Subsidy, and KLG	Policy and practice guidance documents available and adjustments made as needed.	Policy and practice guidance documents are available.

Core Strategy 7 - Collaboration, Integration, and Synergy:

Collaboration with children and families, agencies, providers, and other system stakeholders, including the community, is an integral and vital aspect of the work of our Child Welfare System, echoed in the Mission of the Department, the Core Values and Principles expressed in the Case Practice Model, and the principles articulated in the Modified Settlement agreement.
Indeed, the increasing importance of collaboration is apparent as we strive to work more efficiently and effectively in these difficult economic times.

Line #	Date Added	5 Year Intent	1 Year Action Plan (for Year 5) (10/1/12 – 9/30/13)	Measures (10/1/12 – 9/30/13)	Results (date)
		Communication infrastructure exists to support exchange of key stakeholders, including children, families, other state agencies, system partners and the community			
7-2	Jun-09		Ensure accuracy and timeliness of communication	Improve frequency of communication distributed by DCF.	Email message from the Commissioner are frequently prepared and distributed to staff and stakeholders.
7-3	Jun-09		Identify strategies to increase public awareness of DCF services and how they can be accessed	Utilize new communication vehicles, online, digital options	Quarterly meetings are held with key stakeholder groups, public website is updated to include service array, data, as well as contact information to promote transparency and collaboration
7-4	Jun-09		Provide mechanisms for two-way communication	Engage in social media	Email is used to communicate with stakeholders

New Jersey Child and Family Services Plan
2010-2014
Five Year Summary of Progress
Safety, Permanency and Well-Being

Strengths and Areas Needing Improvement in Child Welfare

NJ continues to see compliance in several CFSR outcomes as it relates to the domains of safety, permanency and child and family wellbeing as well as several CFSR Systemic Factors over the past five years. There are also identified areas that need further assessment to determine opportunities for growth and improvement.

The next round of CFSR for NJ is scheduled for 2017 with the anticipation of the NJ Statewide Assessment being completed in 2016. In preparation for the Statewide Assessment, the following is a preliminary overview of the performance Child and Family Outcomes and Systemic Factors. NJ will also be requesting additional technical assistance on these in preparation for the Statewide Assessment

Outcomes – Safety

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect

- **National Standard Safety Data Indicator 1**: Absence of Recurrence of Maltreatment – The most recent data available is from the CFSR Statewide Assessment Data Profiles dated 8/26/11, 5/28/13 and 3/21/14 shows where NJ achieved the National Standard of 94.6% or more.
- FFY2009: 94.4% (Data Profile of 8/26/11- not met)
- FFY2010: 94.3% (Data Profile of 5/28/13- not met)
- FFY2011ab: 94.8% (Data Profile of 3/21/14)
- FFY2012ab: 94.9% (Data Profile of 3/21/14)
- FFY2013ab: 94.2% (Data Profile of 3/21/14- not met)

- **National Standard Safety Data Indicator 2**: Absence of Maltreatment in Foster Care – The most recent data available is from the CFSR Statewide Assessment Data Profile dated 8/26/11, 5/28/13 and 3/21/14 shows where NJ achieved the National Standard of 99.68 or more.

- FFY2009: 99.84% (Data Profile of 8/26/11)
- FFY2010: 99.85% (Data Profile of 5/28/13)
- FFY2011ab: 99.87% (Data Profile of 3/21/14)
- FFY2012ab: 99.77% (Data Profile of 3/21/14)
- FFY2013ab: 99.66% (Data Profile of 3/21/14-not met)

DCF understands the importance of ensuring the safety of children and will be conducting analysis to determine trends, patterns and solutions to meet these standards to prevent further downward trends in this area.

- **Item 1- Timeliness of initiating investigations of reports of child maltreatment**- The most recent data available is the case practice performance data submitted for the Modified Settlement Agreement from April 1, 2013 to December 31, 2013. This data includes relevant case record review as well as data information from NJ statewide information system.

  The final benchmark target is 98% for investigations received by the field in a timely manner and investigations commenced within the required response time frame. During this reporting period, NJ exceeded the required benchmark target for investigations received by the field in a timely manner achieving 100% and 97% for investigations commenced within the required response timeframe. The combined percentage meets the final target fulfilling this benchmark.

- **Item 2- Repeat Maltreatment-** The most recent data available is the case practice performance data submitted for the Modified Settlement Agreement from April 1, 2013 to December 31, 2013. This data includes relevant case record review as well as data information from NJ statewide information system. There are three measureable benchmarks consisting of:

  1. Abuse and neglect of children in foster care: No more than 0.49% of child victims
     NJ continues to exceed this benchmark achieving 0.32%

  2. Repeat maltreatment- children who remain in home and have another substantiation of abuse or neglect within 12 months of the initial substantiation: No more than 7.2%
     Although this benchmark has not been fulfilled, NJ continues to make strides in decreasing this outcome to 7.6%.

  3. Repeat maltreatment- children who become repeat victims of abuse or neglect within 12 months after date of reunification: No more than 4.8%
     This is an area needing improvement for NJ. The percentage that continues to be maintained at this time is 8.5%. This is an area that continues to be closely monitored and reviewed to determine trends and patterns as well as ways to reduce percentage.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

- **Item 3- Services to family to protect child(ren) in home and prevent removal or re-entry into foster care-** The most recent data available is the case practice performance data submitted for the Modified Settlement Agreement from April 1, 2013 to December 31, 2013. This data includes relevant case record review as well as data information from NJ statewide Information system- NJSPIRIT and Safe Measures.

Initial out of home placement rates per 1,000 children in NJ saw a decline beginning in 2009-2011 from 2.3 to 2.0. Placement rates rose in 2012 and again in 2013 to 2.2. This data correlates with the increase in referral reports for child abuse/neglect and family services. In CY 2012 there were a total of 73,733 reports received and in CY 2013 there were 75,541.

NJ has also seen an increase in the number of families under supervision. In 2009 and 2010 there were fewer than 23,000 families under supervision. This number spiked to over 26,000 in 2011 with a gradual decrease. As of September 2013 that number was 24,633.

In contrast, NJ has seen a steady decline in the number of children in out of home placement. In CY 2009 there were a total of 7,900 children in out of home placement compared to CY 2013 where there were 7,322 children in out of home placement.

NJ continues to have more children exit from out of home care than enter care. In CY 2009 there were 6,039 children exit out of home placement as compared to 5,181 enter care. In CY 2013 there were 5,769 children exit out of home placement as compared to 5,555 enter care.

A plausible explanation for these trend lines could be after effects from Superstorm Sandy which had a tremendous impact on the families of NJ. Additional services and family stressors would account for an increase in hotline referrals, increase in families under supervision as well as why there were more children entering out of home placement as opposed to exiting placement in 2012. See figures 10, 11,12 and 17 in Section 1 for comparative data.

- **Item 4- Risk assessment and safety management-** The most recent data available is the case practice performance data submitted for the Modified Settlement Agreement from April 1, 2013 to December 31, 2013. This data includes relevant case record review as well as data information from NJ SPIRIT and Safe Measures. Also included are the results of the NJ 2013 Qualitative Review Child and Family Status Indicator for Safety.

The final benchmark of cases that have a completed safety and risk assessment is 98% for the following areas:

a) 98% of investigations will have a completed safety assessment
b) 98% of investigations will have a completed risk assessment
c) 98% of non-investigation cases will have a risk assessment or risk-reassessment completed 30 days prior to closure.

NJ performance in these areas include:

a) 100% of investigations have a completed safety assessment- this exceeds the required benchmark
b) 100% of investigations have a completed risk assessment- again this exceeds the required benchmark
c) 92% on non-investigation cases will have a risk assessment or risk re-assessment completed 30 days prior to closure- although this performance benchmark was not reached, there continues to be an incline in performance.

NJ Qualitative Review for 2013 reviewed cases from 16 out of the 21 counties to include a total of 192 children/youth. Stakeholders continue to inform and participate in the Qualitative review process. There are two indicator measures of Safety that are reviewed:

1. Safety of the Child at home
2. Safety of the Child- Other settings

An indicator is considered a strength when 70% of all cases are rated as acceptable. NJ safety indicator ratings are as follows:

1. Safety of the Child at home = 97%
2. Safety of the Child- other settings = 98%

These indicators inform NJ that safety of children continues to be a strength and a priority.

Outcomes - Permanency

Permanency Outcome 1: Children have permanency and stability in their living situations

- **National Standard Permanency Composites:** The most recent data available is from the CFSR Statewide Assessment Data Profile dated 8/26/11, 5/28/13 and 3/21/14. The Data Profile reveals:

- **Permanency Composite 1 –** Timeliness and Permanency of Reunification- National Standard 122.6 or higher. NJ continues to strive to meet this standard.

- FFY2009: 118 (Data Profile of 8/26/11)
- FFY2010: 119 (Data Profile of 5/28/13)
- FFY2011ab: 116 (Data Profile of 3/21/14)
- FFY2012ab: 120 (Data Profile of 3/21/14)
- FFY2013ab: 115 (Data Profile of 3/21/14)

- **Permanency Composite 2 -** Timeliness of Adoption- National Standard of 106.4 or higher shows that NJ has continued to be in substantial conformity and exceed this standard.

  - FFY2009: 122 (Data Profile of 8/26/11)
  - FFY2010: 130.1 (Data Profile of 5/28/13)
  - FFY2011ab: 133.0 (Data Profile of 3/21/14)
  - FFY2012ab: 141.3 (Data Profile of 3/21/14)
  - FFY2013ab: 129.2 (Data Profile of 3/21/14)

- **Permanency Composite 3 -** Permanency for Children and Youth in Care for Long Periods of Time- National Standard of 121.7 or higher shows that NJ has continued to be in substantial conformity and exceed this standard.

- FFY2009: 143.4 (Data Profile of 8/26/11)
- FFY2010: 136.6 (Data Profile of 5/28/13)
- FFY2011ab: 138.5 (Data Profile of 3/21/14)
- FFY2012ab: 143.3 (Data Profile of 3/21/14)

- FFY2013ab: 144.5 (Data Profile of 3/21/14)

- **Permanency Composite 4 -** Placement Stability- National Standard of 101.5 or higher shows that NJ has continued to be in substantial conformity and exceed this standard.

- FFY2009: 105.8 (Data Profile of 8/26/11)
- FFY2010: 105.4 (Data Profile of 5/28/13)
- FFY2011ab: 106.7 (Data Profile of 3/21/14)
- FFY2012ab: 107.8 (Data Profile of 3/21/14)
- FFY2013ab: 108.6 (Data Profile of 3/21/14)

- **Item 5- Foster Care re-entry-** There has been an incline in the number of children who re-enter out of home placement within 12 months of discharge from placement. The standard of 8.6% or less was substantially exceeded in 2009 with 7.1% as per the FFY 2009 CFSR Statewide assessment data profile. However FFY2013ab assessment data profile shows that NJ is at 10.1%. This recent change could be an example of the devastating after effects that Superstorm Sandy had on NJ population. This trend is being closely monitored and analyzed.

- **Item 6- Stability of foster care placement**

  Progress has been made in limiting, or in some cases eliminating inappropriate placement in shelters, in congregate care settings.
    - The MSA standard for the number of youth over age 13 appropriately placed in shelters is 90%. NJ continues to exceed this benchmark during the reporting period of April-December 2013achieving 96%.

    - Also during this time no children under age 13 in out-of home placement were placed in a shelter.

    - The number of youth in out of state congregate care placements as of December 2013 is 3.

The point in time CFSR Permanency Profile shows that almost 45% of all children who have a removal episode experience stability in one placement:
- FFY2009: 40.1% (Data Profile of 8/26/11)
- FFY2010: 40.4% (Data Profile of 5/28/13)
- FFY2011ab: 42.6% (Data Profile of 3/21/14)
- FFY2012ab: 43.9% (Data Profile of 3/21/14)
- FFY2013ab: 44.6% (Data Profile of 3/21/14)

There continues to be an increase over time in achieving placement stability for children.

Although NJ did not meet the MSA benchmark of 88% for stability of placement, the results of the 2013 Qualitative Review identifies stability indicators as a strength. They are:

a) Stability home setting (includes foster care) = 78%

b) Stability at school = 88%

- **Item 7- Permanency Goal for Child**

NJ continues to see a decrease in the length of time to achieve permanency goal of reunification over time:

- FFY2009: 6.6 months to discharge (Data Profile of 8/26/11)
- FFY2010: 6.3 months to discharge (Data Profile of 5/28/13)
- FFY2011ab: 6.2 months to discharge (Data Profile of 3/21/14)
- FFY2012ab: 4.4 months to discharge (Data Profile of 3/21/14)
- FFY2013ab: 4.9 months to discharge (Data Profile of 3/21/14)

An area needing improvement is the length of time to achieve permanency goal of adoption and guardianship:

- FFY2009: 32.2 months to discharge of adoption (Data Profile of 8/26/11)
  26.9 months to discharge of guardianship

- FFY2010: 32.6 months to discharge of adoption (Data Profile of 5/28/13)
  24.6 months to discharge of guardianship
- FFY2011ab: 31.2 months to discharge of adoption (Data Profile of 3/21/14)
  22.8 months to discharge of guardianship
- FFY2012ab: 31.0 months to discharge of adoption (Data Profile of 3/21/14)
  23.6 months to discharge of guardianship
- FFY2013ab: 32.3 months to discharge of adoption (Data Profile of 3/21/14)
  23.8 months to discharge of guardianship

- **Item 8- Reunification, guardianship or permanent placement with relatives**

NJ continues to see an increase in the number of children with a permanency goal of reunification, an upward trend that has continued over time:

- FFY2009: 40.9% (Data Profile of 8/26/11)
- FFY2010: 44.2% (Data Profile of 5/28/13)
- FFY2011ab: 46.7% (Data Profile of 3/21/14)
- FFY2012ab: 51.9% (Data Profile of 3/21/14)
- FFY2013ab: 52.6% (Data Profile of 3/21/14)

NJ continues to invest more in permanency than in placement, with the number of children in permanency under subsidized kinship legal guardianship or adoption steadily rose from 15,351 in CY2009 to 16,079 in CY2013, while the number of children in placement has declined from 8,603 in CY 2009 to 7,630 in CY2013 over the same time.

NJ has seen a downward trend in the number of subsidized Kinship Legal Guardianship from 2,655 in CY 2009 to 2,161 in CY 2013

- **Item 9- Adoption**

  NJ has seen a downward trend in the number of finalized adoptions from 1,418 in CY 2009 to only 943 in CY 2012. However there were 1,021 adoptions finalized in CY 2013.

  There has been a steady increase in the number of children with permanency under subsidized adoption from 13,028 in CY 2009 to 13,890 in CY 2013.

  There has been a fluctuation of children leally free for adoption. In December 2010 there were 1,223 children legally free. By December 2012, that number decreased to 833. As of December 2013 there are 1,047 children legally free for adoption.

- **Item 10- Other planned permanent living arrangement**

  The point in time permanency profile shows that there has been a downward trend in the number of children achieving a permanency goal of other:

- FFY2009: 498 (Data Profile of 8/26/11)
- FFY2010: 631 (Data Profile of 5/28/13)
- FFY2011ab: 569 (Data Profile of 3/21/14)
- FFY2012ab: 486 (Data Profile of 3/21/14)
- FFY2013ab: 463 (Data Profile of 3/21/14)

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

- **Item 11- Proximity of foster care placement-** The most recent data available is the case practice performance data submitted for the Modified Settlement Agreement from April 1, 2013 to December 31, 2013. This data includes relevant case record review as well as data information from NJ SPIRIT and Safe Measures. Also included are the results of the NJ 2013 Qualitative Review Child and Family Status Indicator for Living Arrangement.

  NJ is required to meet the final target benchmark of 90% of all cases score appropriately as measured by QR modules for combined assessment of appropriateness of placement based on:
  a) Placement within appropriate proximity of parents residence
  b) Capacity of caregiver/placement to meet child's needs
  c) Placement selection has taken into account the location of the child's school

  Based on the MSA report and QR results, NJ December 2013 performance measure is at 99%, exceeding the final target.

- **Item 12- Placement with siblings**

NJ is required to meet the final target benchmark of 80% of all sibling groups of 2-3 will be placed together. NJ exceeded this benchmark in March of 2013 with achieving 82%, however saw a decline to 77% in December 2013.

In terms of larger sibling groups of 4 or more, NJ is required to meet the final target benchmark of 40% will be placed together. NJ continues to struggle to achieve this benchmark in CY 2013 with 26% achievement rate.

- **Item 13- Visiting with parents and siblings in foster care**

NJ is required to meet the final target benchmark of 60% of children shall have weekly visits with their parents and 85% shall have visits every other week. Although these benchmarks have not been fully met, NJ continues to make progress and is closing the gap with success rates of 56% of children having weekly visits and 78% having visits every other week. Visitation between siblings is another measure required by the MSA with a final target performance of 85% of children in placement shall have monthly visits with siblings who are placed apart. NJ continues to see progress in meeting this benchmark. In March 2013 NJ performance was at 63% with an increase to 71% in December 2013.

- **Item 14- Preserving Connections**

NJ has seen progress in this area as rated in the Qualitative Review Practice Performance Indicator of Family and Community Connections. In 2012, the overall rating for this indicator was 69% and identified as an area needing improvement. In 2013 this indicator increased to 71% of all cases reviewed scored acceptable with an overall rating as a strength.

- **Item 15- Relative Placement**

NJ continues to not only meet this MSA performance benchmark but also sustain substantial conformity by continually exceeding this benchmark. The final target benchmark for this performance measurement is 85% of children will be placed in a family setting. As of December 2013, 89% of all children placed were placed in a family setting.

Based on the point in time CFSR permanency profile data, NJ continues to place over 1/3 of all children in relative family placements.

- FFY2009: 35.2% (Data Profile of 8/26/11)
- FFY2010: 35.6% (Data Profile of 5/28/13)
- FFY2011ab: 34.4% (Data Profile of 3/21/14)
- FFY2012ab: 33.6% (Data Profile of 3/21/14)
- FFY2013ab: 34.5% (Data Profile of 3/21/14)

- **Item 16- Relationship of child in care with parents**

See item 14 for performance indicators.

Outcomes – Well-Being

Child and Family Well Being Outcome 1: Families have enhanced capacity to provide for their children's needs

- **Item 17- Needs of services of child, parents and foster parents**

Services and resources are measured through NJ Qualitative Review process as well as several benchmark performance measures for the MSA. Resource availability is a practice performance indicator through the QR process. This indicator measures whether resources were individualized, implemented sufficiently and timely as well as whether they were culturally appropriate and sufficient in intensity and duration. In order for this indicator to be seen as a strength, 70% of all cases reviewed have to score in the acceptable range. For CY 2013 this indicator was seen as a strength with a performance measurement of 84%

To help support families within the community as measured by the MSA, NJ continues to expand Family Success Centers with a total of 51 as of December 2013.

The MSA also requires that provision of Domestic Violence services are supported by NJ DCF. As of December 2013 this performance measure continues to be sustained in compliance with an increase in the number of Domestic Violence liaisons in each Local Office.

Another MSA performance measure are services to older youth to include Independent Living Assessments. The final benchmark for this performance indicator is 95%. As of December 2013, NJ exceeded this benchmark with a rating of 96%.

Youth exiting care is another MSA performance measure with a benchmark of 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program. Although NJ has yet to meet this benchmark, there continues to be progress with a performance measure of 93% of youth retaining housing and 65% of youth either employed or enrolled in an education or vocational training program.

Services to older youth as rated by the QR process are a MSA benchmark requirement as well. The final target performance is 90% of youth are receiving acceptable services as measured by the NJ QR. As of December 2013, NJ performance rating is 66%.

Services to support transitions are another area needing improvement. The MSA final benchmark target for this performance indicator is 90% of cases will score appropriately as measured by QR. As of December 2013, 49% of cases reviewed met an acceptable rating for this performance indicator.

- **Item 18- Child and Family involvement in case planning**

Timeliness of case plans is crucial in working with children and families. Performance for NJ is measured by data submitted for the MSA standards. The MSA requires that 95% case plans are

completed within 30 days. NJ continues to exceed this benchmark in completing case plans in a timely manner. As of December 2013, NJ final target was 97%.

On-going review, modification and adjustment of child and family case plans ensures that as children and families change, their plans change to address their needs. The MSA requires that 95% of case plans for children and families be reviewed and modified at least every six months. This area is also a strength for NJ which continues to exceed this benchmark. As of December 2013, NJ final target was 98%.

An area needing improvement is in the quality of case planning and plan implementation. Both the MSA performance measures as well as the QR practice performance indicators for case planning and plan implementation support this area of need.

The MSA performance measure final target for quality of case and service plan is 90% of case plans shall be rated acceptable as measure by the QR. As of December 2013, NJ final target was 41%.

This area of need is also reflected in the QR practice performance indicators of case planning process with an average rating of 46% of cases scored as acceptable. Other case planning indicators include plan implementation with an average rating of 59% acceptable and track and adjusting with an average rating of 60% acceptable score rating.

- **Item 19- Caseworker visits with child**

  NJ continues to exceed with this Federal requirement. Data analysis of Safe Measure shows on-going substantial conformity in meeting or exceeding the Federal Standard of 90% of monthly caseworker visits to children over the past three years.

- FFY2009: 50%
- FFY2010: 65%
- FFY2011: 90%
- FFY2012: 96%
- FFY2013: 98%

  Another area of strength are monthly caseworker visits to children that occurred in the child's residence. The federal standard of 50% was continuously met or exceeded by NJ:

- FFY2009: 85%
- FFY2010: 85%
- FFY2011: 96.8%
- FFY2012: 96%
- FFY2013: 96%

- **Item 20- Caseworker visits with parents**

This is an area needing improvement as seen through the MSA performance measures of caseworker visits with parents/family members. There are two MSA requirements that measure performance in this area:

a) Caseworker visits with parents/family members- two face to face visits per month- 95%
b) Caseworker visits with parents/family members- at least one face to face visit per month- 85%

NJ target performance for these measures as of December 2013 is:

a) 74%
b) 66%

Child and Family Well Being Outcome 2: Children receive appropriate services to meet their physical and mental health needs.

- **Item 21- Educational needs of children**

The Child and Family Status Indicator of Learning and Development through the QR process measures whether key milestones for educational needs as well as developmental needs are met for children under five as well as children over five. For CY 2013 the overall rating for learning and development for children under five was 95% and for children over five it was 83%. These performance measures support that this is an area of strength for NJ.

Child and Family Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

- **Item 22- Physical health of the child**

NJ continues to be in substantial conformity with this measure as seen through the MSA performance benchmarks as well as the QR indicators. Provision of health care services continues to be a strength for NJ.

MSA performance benchmarks for pre-placement medical assessments require that 98% of children will receive an assessment either in a non-emergency room setting or in an ER setting if the child needed emergency medical attention. As of December 2013, NJ exceeded this benchmark with a performance rating of 100% of all children entering placement received a pre-placement assessment (PPA) with 99% of PPAs occurring in an appropriate setting.

Another MSA performance measure is Initial Medical Examinations which require that 85% of children shall receive a full medical examination within 30 days of entering out of home placement. Secondary measure requires that 98% of children receive a full medical exam within 60 days. Between April and December of 2013, 85% of children received a comprehensive medical exam within 30 days and 98% received one within 60 days. This substantial performance has been maintained since July 2012.

Also in substantial conformity is the performance measurement for follow up care and treatment which requires that 90% of children will receive timely, accessible and appropriate follow up care and treatment to meet health care and mental health needs. For CY 2013 NJ maintained a performance rating of 95%.

Annual and Semi-annual dental examinations for children three and older is also measured by the MSA. Final target performance measurement for annual dental examinations is 98% and for semi-annual it is 90%. For CY 2013 NJ has maintained substantial conformity for annual dental examinations achieving a performance rating of 98% and semi-annual exams achieving slightly lower than target at 84%.

The MSA also measures performance on ensuring children in custody receives current immunizations to promote their health and wellbeing. The final target benchmark is 98% of children will be current with immunizations. NJ has partially met this target with a 94% rating. Although this benchmark has not been met, this represents that NJ is committed to sustaining access to health care for children in out of home placement.

The final benchmark that is measure by the MSA in relation to physical health is timeframes that parents/caregivers receive current health passports within five days of a child's placement. The final target for this performance measure is 95% of caregivers will receive a current health passport within five days. Although NJ did not meet this benchmark with a rating of 65% within five days, 98% of caregivers did receive a current health passport within 30 days.

Physical health care of the child as well as provision of health care services is two indicators measured through the QR process. Physical health of the child is a child and family status indicator which examines the child's current health and the system's ability to effectively identify health needs. This indicator was rated as a strength in CY 2012 as well as CY 2013 with a rating of 95% and 97% respectfully.

Provision of health care services is a practice performance indicator which examines access to effective and timely preventative and on-going medical health care. This indicator was also rated as a strength in CY 2012 and CY 2013 with ratings of 98% and 96% respectfully.

- **Item 23- Mental Health/Behavioral health of the child**

The QR child and family status indicator of emotional wellbeing examines the emotional development, adjustment, risk and protective factors as well as emotional and behavioral challenges and the management of these challenges. In both CY 2012 and CY 2013, this indicator was rated as a strength with an overall rating of 88% and 86% respectfully.

The MSA measures mental health/behavioral health indicators as well. As noted in item 22 for follow up care and treatment, NJ maintains substantial conformity by achieving 95% of children receiving follow up care for needs identified during the comprehensive medical exam which includes mental health/behavioral health needs.

In addition, the MSA also measures the percent of children with a suspected mental health need will receive a mental health assessment. The final target for this performance measure is 90%. NJ has exceeded this benchmark achieving 99% rating since May 2012.

NJ continues to fulfill the requirement under the MSA to support the provision of in-home and community based mental health services for children and their families. This requirement has been substantially maintained and is monitored on an on-going basis.

Systemic Factors

- **Item 24- Statewide Information System**

NJ has a statewide Information System that continues to substantially identify the status, demographic characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 months has been) in foster care. Since its implementation in 2007, NJ's SACWIS system, NJ SPIRIT or NJS, handles all aspects of case management from the first point of contact through a child protective service report or child welfare assessment to the end point of contact through the completion of investigation or permanency case management. This factor has been a substantial strength for NJ in previous CFSR rounds.

Continuous enhancements allow for on-going user friendly applications for case management as well as AFCAR reporting systems and fiscal information.

NJS along with the Safe Measures system allows for case management staff as well as supervisory staff to monitor all aspects of case activities as well as monitor outcome performance measures.

On March 1, 2013 DCF received final approval from ACF on the SACWIS Assessment Review Report (SARR) Corrective Action Plan. Ongoing enhancements continue to bring this system up to meet all required elements.

Please see section 6A for detailed update on NJS and Safe Measures as well as the corrective action enhancements.

Case Review System

- **Item 25- The state provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provision.**

Since the inception of the case practice model, NJ has strived to enhance partnerships with parents and caregivers by teaming with them to jointly plan for their family. Individualized case plans assist a family in identifying their strengths as well as actionable items to improve upon to ensure their children safe and maximize their family's potential. There are three areas under the Modified Settlement Agreement that NJ measures the progress and performance for case planning with families.

1. Timeliness of Initial Case Plans- data from safe measures identifies the performance for this measure. The final target benchmark for this indicator is 95% of initial case plans to be completed within 30 days. NJ continues to meet this standard and as of December 2013 achieved 97% compliance.

2. Timeliness of Current Case Plans- data from safe measures identifies the performance for this measure. The final target benchmark for this indicator is 95% of current case plans to be reviewed and modified as necessary at least every six months. Again NJ continues to meet this standard benchmark and as of December 2013 achieved 98% compliance.

3. Quality of Case and Service Planning- NJ Qualitative Review Process identifies the performance for this benchmark. There are two indicators within the QR that specifically quantifies this indicator: Case Planning Process and Tracking and Adjusting. The final target benchmark for this indicator is 90% of case plans rated acceptable as measure by the QR. In review of the data from the 2013 QR, NJ has some areas to improve upon with an overall rating of 41% for both QR indicators. NJ has seen an increase in performance for this measure and continues to monitor this area. During the last CFSR, this area was identified as an area needing improvement.

- **Item 26- The state provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.**

As part of the enhanced review process, NJ conducts reviews at the initial five months of placement of a child, known as the five month enhanced review or regional review. Other reviews both internally as well as through the Child Placement Review Boards and the Court System occur throughout the life of a litigated case. These include the pre-placement conference which is held with parents/caregivers and other interested parties within the first 72 hours of a child's placement into out of home care. This begins the engagement process as well as provides an opportunity for full disclosure. Discussion of ASFA timeframes as well as permanency planning begins. Interval 30 day and 90 day staffing reviews are held with case management staff to review case plan goals, family assessments and other tasks identified. The 5 month enhanced regional review is conducted by the Regional Reviewer. This is a formal interview process which includes case management staff, parents/caregivers, the child if age appropriate and any other interested parties. This review process is in compliance with ASFA requirements. The focus of this review process is to identify progress of the case plan and completion of permanency elements.

The 5 month enhanced regional review process as well as other enhanced reviews is monitored for compliance through Safe Measures. Review of Safe Measures indicates that in CY 2013 5 month regional reviews were completed 94% on average of all cases statewide with the lowest percentage in February of 89.5% and the highest in May of 96.3%.

Other internal reviews include the 10 month placement review and 10 month litigation conference. The 10 month placement review is held with parents/caregivers, child if appropriate and other interested parties to include the concurrent planning specialist to assess the likelihood of reunification and concrete permanency planning if reunification is not feasible. The 10 month litigation conference is conducted with DCF staff as well as litigation staff to review and establish the recommended permanency goal in preparation for the permanency hearing.

In addition, the courts will hold compliance reviews every 2-3 months, the CPRB will conduct an initial review within 45 days of a child's placement, at 6 months of placement and an annual permanency review.

All reviews both internal as well as those conducted through the CPRB and court system in which parents, caregivers, the child and other interested parties who should participate are notified timely.

During the last CFSR, this item was rated as a strength.

- **Item 27- The state provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently that every 12 months thereafter.**

NJ CP&P as well as the Court system understand the need for timely permanency for children in out of home placement. One area to ensure that permanency outcomes are being achieved within ASFA timeframes is the 12 month permanency hearing. Data reports from NJ Judiciary Court Management June 2014 shows a caseload profile timeline of permanency hearing compliance from July 2013 to June 2014. During this time frame there were 8,329 total pending cases of which 100% were in the accepted normative case-processing time frame of 12 month permanency hearing. There 35 backlog cases were identified that did not meet the permanency hearing timeframe; however this is -5% of the total and therefore is not statistically significant. This data shows that NJ child protective services as well as NJ courts continue to make permanency planning a priority for children. For the data report please review: http://www.judiciary.state.nj.us/quant/

During the last CFSR this item was rated as a strength.

- **Item 28- The state provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.**

NJ does have a process for termination of parental rights proceedings. Timely action on the provisions of ASFA is a shared priority both for DCF as well as the NJ court system. The NJ CFSR data profile over the last five FFY under Measure C2-4, Children in care 17+ months achieving legal freedom within 6 months highlights this priority as NJ has exceeded both the national median of 8.8% as well as the 75th Percentile of 10.9% each year:

- FFY2009: 11.8% (Data Profile of 8/26/11)
- FFY2010: 17.0% (Data Profile of 5/28/13)
- FFY2011ab: 14.1% (Data Profile of 3/21/14)
- FFY2012ab: 18.4% (Data Profile of 3/21/14)
- FFY2013ab: 16.3% (Data Profile of 3/21/14)

This data is mirrored in Safe Measures screens for ASFA Compliance. Data from May 2014 shows that NJ was in compliance for 85.1% of cases that required a TPR filing, granting of TPR or TPR exception.

- **Item 29- The state provides a process for foster parents, pre-adoptive parents and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in any review or hearing held with respect to the child.**

As reported in item 26, there is a NJ process in which foster parents, pre-adoptive parents and relative caregivers are notified of any hearing or review with respect to the child in their care. In preparation for the internal 5th month regional review, the regional reviewer will have notices sent out two weeks in advance to all pertinent parties to include all resource caregivers. This is mirrored for the 10 month enhanced review as well. Once a child enters out of home care, the CPR coordinator notifies the court and CPRB of the child's placement information and the judiciary database will generate notifications to include resource caregivers.

Participation in Family Team Meetings of foster parents, pre-adoptive parents and relative caregivers is encouraged throughout the life of the child's placement as well.

During the last CFSR this item was rated as a strength.

Quality Assurance System

- **Item 30- The state has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.**

NJ continues to maintain high quality standards to ensure that children in foster care are protected in all life domains. Resource homes, both kin and non kin continue to require

stringent state licensing regulations including thorough background checks, home study evaluation and training. All resource homes are licensed through the NJ State Office of Licensing. There are several MSA performance measures that show NJ's ongoing commitment to the safety and wellbeing of children in foster care. These measures are seen through data collection as well as QR results.

One performance indicator where NJ exceeds the final target benchmark is the indicator of Abuse and Neglect of Children in Foster Care. The final target benchmark requires that there is no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member. In both CY 2012 and CY 2013 NJ exceeded this benchmark with 0.21% in CY 2012 and 0.32% in CY 2013. It should be noted that the increase in percentage could correlate with the increase in the number of children in foster care from 2012 to 2013.

Another performance indicator identified in the MSA is the placement of children in family settings. Children's safety and wellbeing needs are better met when placed in a family environment and NJ continues to exceed in this area. The final benchmark for this indicator is 85% of all children in out of home care will be placed in a family setting. For CY 2013 NJ performance is 89%, highlighting that when children cannot be safely maintained in their home environment, NJ strives to transition into a loving family setting.

The third performance indicator assesses the appropriateness of a child's placement based on three meters:

a) Placement within appropriate proximity of their parents residence
b) Capacity of caregiver/placement to meet the child's needs
c) Placement selection has taken into account the location of the child's school

These modules are measured through the NJ QR process and the final target for performance is 90% of cases will score appropriately. For CY 2013, 99% of cases rated acceptable on the QR indicator for "Appropriateness of Placement". This highlights that children in out of home care are being placed in safe, stable and loving homes that are meeting their needs.

- **Item 31- The state is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Service Plan (CFSP) are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.**

Since the last CFSR, NJ has embarked on and embraced the Qualitative Review process as a means to provide insight to strengthen practice and improve outcomes for children and families. This QR process mimics the CFSR in that it is an in-depth review process to include record review and interviews with parents, caregivers, children as well as pertinent stakeholders to each case. Both internal and external stakeholders are also trained as reviewers so it becomes a collaborative opportunity to identify strengths as well as areas needing improvement within DCF.

The QR process assesses the performance of DCF in two ways; Child and Family Status Indicators and Practice Performance Indicators. Similar to the CFSR Outcome and Systemic Factors, these indicators evaluate the safety, permanency, wellbeing, learning and development as well as overall practice, service provision, planning and engagement with families, caregivers, children and other community stakeholders.

The QR process assesses 16 out of 21 counties in a calendar year and reviews 12 cases in each county. The remaining five counties are reviewed in the following calendar year so that each jurisdiction is covered. For CY 2013, the QR process reviewed 192 children/youth cases to include 1,811 in depth interviews.

Another quality assurance process that DCF engages in is the Child Stat process. Through a systems lens, Child Stat analyzes practice, policy and procedures using a case conferencing model. Cases are presented with internal and external partners with the focus on the quality of practice and services offered to families who have been reunified with their children. Strengths as well as areas needing improvement are highlighted and provide learning opportunities through self-diagnostic processes.

Please refer to section 6B for further CQI activities and updates.

Staff and Provider Training

- **Item 32- The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.**

Through the Office of Training and Professional Workforce Development (OTPWD), DCF provides a comprehensive initial training program for staff that promotes best practices of child welfare and better outcomes for children and families. The Pre-Service training is the initial training phase which includes 180 training hours over 31 classroom days and 24 field days. Simulation exercises are incorporated into the curriculum to provide trainees with a realistic setting to conduct interviews family participants, professionals and other child welfare partners. Components of training include intake, assessments, community resources, Genograms, child passenger restraint and critical components of the case practice model. All staff is enrolled within two weeks of their start date and competency exams are completed to ensure that staff has concrete understanding of the training material.

Newly hired staff begins with a 3 day DCF orientation and then transition into the pre-service training which consists of 10 course work modules. All newly hired staff within the first year of hire must complete a series of Foundation courses and pass competency exams in addition to the completion of the 10 modules.

Newly hired supervisory staff also complete 14 days of combined classroom and field supervisory training and must pass competency assessments at the end of their training coursework.

Please refer to section 5B for an overview of workforce development and list of course work activities.

- **Item 33- The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.**

After the first year and annually thereafter, staff are required to complete 40 hours of in-service training per calendar year. In partnership with Rutgers University, Montclair State University and the Richard Stockton College, the OTPWD offers over 120 training courses on a variety of relevant topics for all staff levels. Topics include but are not limited to substance abuse, mental health, domestic violence and child sexual abuse. In addition, the OTPWD continues to sponsor the Baccalaureate in Child Welfare Program (BCWEP) that provides a two-year post-graduation employment opportunity for graduates with DCF; MSW program that allows for staff to continue full time employment while pursuing an advanced degree as well as a Child Advocacy Certificate Program to enhance child advocacy knowledge and skills of staff.

Please refer to section 5B for an overview of workforce development and list of course work activities.

- **Item 34- The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.**

All resource parents whether prospective or current are afforded a plethora of training that addresses and enhances the skills and knowledge necessary to carry out their duties regarding the children entrusted in their care.

All potential Resource Families complete PRIDE Pre-Service training. This training program is designed to strengthen the quality of resource and adoption services by providing a standardized, consistent, structured framework for the competency-based recruitment, preparation, and selection of foster and adoptive parents. This program offers a competency-based, integrated approach to recruitment, family assessment, and pre-service training. Through a series of at-home consultations and competency-based training sessions, prospective families have an opportunity to learn and practice the knowledge and skills they will need as new foster and adoptive parents. The readiness of families to foster or adopt is assessed in the context of their ability and willingness to meet the essential competencies. This training is facilitated by trainers in the Resource Family Support Units and is usually co-

facilitated by a seasoned resource parent. This pre-service training course consists of 27 training hours and 9 modules.

For perspective kinship resource parents, the option if available is an 18 hour standardized training geared specifically for the needs of relatives. The Traditions of Caring training can be completed in lieu of PRIDE, however the successful completion of one training program is required prior to the issuance of a license by the Office of Licensing as part of the completion of the home study process.

In collaboration with the NJ Foster and Adoptive Family Services (NJFAFS), resource parents are afforded many training opportunities and supportive services to ensure they meet and maintain the licensing standards. Upon licensing approval, all primary resource parents must complete 7 training hours annually or 21 hours over a 3 year licensing cycle. Secondary resource parents must complete 5 training hours annually or 15 hours over a 3 year licensing cycle. All training opportunities, whether they are county based workshops, home correspondence courses, online training or webinars are free for all New Jersey licensed resource families. The multitude of training topics are designed to assist resource parents in meeting the special needs of the children placed in their care.

During the last CFSR this item was rated as a strength.

Please refer to section 5A for an overview of resource family training activities.

Service Array and Development

- **Item 35- The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.**

NJ continues to expand on its existing comprehensive array of services to address the needs of children and families. This includes services that are delivered both publically and privately. As outlined and described under the DCF Structure and Mission section, NJ DCF organizes the service array under several divisions or offices depending on the identified service need while acknowledging that families may require a multitude of services.

The Division of Child Protection and Permanency provides services that focuses on four prongs: 1. Investigation and Assessment of child abuse and neglect or welfare services; 2. Out of home placement services when necessary; 3. Family support services for both intact families as well as for those whose children have been separated and finally 4. Permanency services to include reunification, adoption, Kinship Legal Guardianship as well as transition to independence services for adolescents.

The Division of Family and Community Partnerships (DFCP) administers community-based child abuse prevention and intervention programs that are culturally competent, strengths-based, and family-centered with a strong emphasis on child abuse prevention. These services

include Early Childhood Services which focus on children under 6 years of age. Some of the services under Early Childhood Services include but are not limited to home visitation, healthy families, NJ Strengthing Families Initiative and the Childrens Trust Fund. School-linked services also fall within DFCP which include programs such as school based youth services, Family Empowerment Programs, Adolescent Pregnancy Prevention Initiative and NJ Child Assault Prevention Project to name a few. Other services include family support services and Domestic Violence services as well.

There continues to be service integration within as well as across counties statewide and DFCP works with local entities and organizations, such as the Task Force on Child Abuse & Neglect Prevention Subcommittee; Child Welfare Agencies and Human Service Advisory Councils to create a network for planning, prioritizing, and implementing effective prevention efforts that are county-focused and county-driven.

All DCFP services can be found on the directory at:
http://nj.gov/dcf/families/dfcp/DFCPDirectory.pdf

The Childrens System of Care (CSOC) provides comprehensive mental health, behavioral health services to children and adolescents experiencing challenges in those domains. CSOC also services children with developmental and intellectual disabilities. All services are family centered and community based with one central statewide point of entry through Perform Care. Services include but are not limited to Mobile Response and Stabilization Services; Residential Services; Family Support Organizations; In-Community Behavioral Assistance; Care Management Organizations and Youth Case Management. Comprehensive service description can be found at:

http://nj.gov/dcf/families/csc/index.html

The Division of Women (DOW) within DCF funds, monitors and evaluates programs for the advancement of women in the state of NJ. DOW oversees services to include the Sexual Assault Direct Services, Sexual Assault Prevention Services and Displaced Homemaker services. In addition, DOW develops and analyzes policies that affect women as well as advance new programs to better serve this population. DOW is a lead agency to advance public awareness and promote discussions surrounding critical issues to the women of New Jersey while collaborating with other state departments to address these issues and concerns. More comprehensive information and services under DOW can be found at:

http://nj.gov/dcf/women/

The Office of Adolescent Services (OAS) is a robust service system that provides services and supports to NJ youth in need in a timely manner. Some of these services include but are not limited to safe and stable housing, transportation, job training and education, financial stability, life skills and other training to promote positive development, physical and mental health care, connections to caring adults to assist with life decision and provide emotional support, engagement activities in programs and communities, and preparation for economic self-sufficiency, interdependence, and healthy life-styles. These services are available to youth

up to 21 years of age. For a more comprehensive overview of the services and programs offered through OAS please go to:

http://nj.gov/dcf/adolescent/index.html

Other direct services can be seen in several sections throughout this submission. For instance, Section 2B comprises those services to populations at the greatest risk of maltreatment including primary, secondary and tertiary prevention services. Section 2D contains the CAPTA State Grant programs which include community based Child Abuse Prevention programs. Section 2E reports on the CAPTA Child Protection Substance Abuse Initiative Program services. Section 3 contains all of the services under Promoting Safe and Stable Families which include Family Preservation Services, Family Support Services, Time-limited Family Reunification Services and Adoption Promotion and Support Services. Section 4A and B describe services that are available to all NJ youth and young adult population up to age 21. These services include Chafee funded services, services to the LGBTQ population as well as Youth Advisory Boards.

During the last CFSR this item was rated as a strength.

- **Item 36- The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.**

  NJ understands that services not only have to be of quality and relevance to the needs of children and families, they also have to be readily accessible. NJ has made tremendous strides in expanding the populous of service provision across the state to meet the ever growing needs of the families to which it serves. As previously reported under the Summary of Progress and Accomplishments, the expansion of accessible services includes the availability of Family Success Centers in all 21 counties in the state. These comprehensive centers provide services to between 3-4,000 children and families per month. Services previously under the Department of Human Services have been realigned under DCF to provide a seamless system of care for children and youth with developmental needs, behavioral health needs, addiction service needs as well as the provision of services where child abuse and domestic violence co-exist. The NJ QR process examines the array of services and supports to ensure that they are not only individualized, culturally appropriate and sufficient, but that they are readily available. As reported in the 2013 QR Report, resource availability was rated as a strength with an average of 82% Strength Rating. Out of 16 counties reviewed, 13 of them had a strength rating above 75% and 9 counties had a strength rating above 90%, emphasizing that NJ is on the right path in matching children and families to accessible services and resources.

  As an ever evolving organization, NJ DCF understands the need to continue to evaluate and monitor the services available and has begun the process of a statewide Needs Assessment. This assessment will be a mixed method approach of both quantitative and qualitative data and will identify and prioritize placement and service needs, evaluate and analyze the current contracted and community based service array within DCP&P, identify

gaps in services and resources, partner with external stakeholders to develop prioritized recommendations. These recommendations will then be developed to enhance and/or create services to improve the safety, permanency and well-being of the children, youth and families of NJ. For a full review of the Needs Assessment please go to:

http://nj.gov/dcf/childdata/continuous/NJDCF%20Needs%20Assessment%20July%202014.pdf

- **Item 37- The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.**

  In order for services to be individualized to meet the unique needs of children and families, there needs to be an overall understanding and assessment of what those needs are as well as engagement with families to provide them an opportunity to identify what services will best suit their needs. Once these needs and services are identified, they should be memorialized in a family centered plan that is custom to each individual.
  As stated in Item 36, a review through the NJ QR process shows that services and resources are rated as a strength in meeting the needs of the children and families that NJ DCF serves. In addition to availability of services and resources, assessment and understanding is also a factor that is rated. The 2013 QR report indicates that assessment and understanding of the needs of the children and youth as well as resource caregivers in NJ is a strength. Engagement efforts with children and youth as well as resource parents are also seen as a strength. Strength in these two critical areas will assist NJ in cultivating individualized plans to meet their needs. An area needing improvement as identified in the 2013 QR report for NJ is the assessment and understanding as well as overall engagement with parents. Another area for improvement in NJ is provision, quality and implementation of case plans for families. As seen in the Period XIV MSA report, NJ can effectively initiate case plans for children in a timely manner for both initial as well as ongoing case plans and has exceeded the MSA target of 95% in both areas. However quality case plans continue to be a struggle for NJ. The 2013 QR report supports this area needing improvement as well.

Agency Responsiveness to the Community

- **Item 38- In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.**

  As reported in the Collaboration section, NJ engages in ongoing consultation at many levels with pertinent stakeholders to assist, inform and guide the critical work of ensuring the safety, permanency and well-being of the children and families that are served. DCF embarked on a developing a comprehensive strategic plan over the past several years. This comprehensive process included the input and recommendations of many stakeholders to include community partners, child welfare system partners, service

providers, Citizen Review Panels, parents, resource parents and youth to help guide and steer the course for DCF. Through formalized engagement opportunities and informal consultations, this ambitious process took over a year to complete and helped spawn the 2014-2016 DCF Strategic Plan. It is a natural progression that the DCF Strategic Plan influence the 2014-2019 Child and Family Services Plan. The CFSP contains core strategies that are aligned with the DCF strategic plan and mimic the goals and objectives necessary to carry out the principles of the Mission, Vision and Priorities of DCF.

- **Item 39- The agency develops, in consultation with these representatives, Annual Progress and Services Reports pursuant to the CFSP.**

  Each year NJ DCF develops and produces an Annual Progress and Services Report pursuant to the CFSP in consultation with the system partners identified in Item 38 through formal and informal meetings. Moving forward, DCF will embark on strategic meetings with these system partners with the exclusive priority of gathering on going feedback as it relates to the progress of the implementation of the CFSP. Meetings will include but not limited to the Citizen Review Panels, the Administrative Office of the Courts, County Human Service Directors, NJ Association of Mental Health and Addiction Agencies (NJAMHAA), NJ Alliance for Children Youth and Families as well as statewide Youth Advisory Board meetings. The specific agenda at these meetings will be to illicit input on the progress and continuance of the identified Priority Strategic Goals.

- **Item 40- The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.**

  As reported in the Collaboration section, previous services under NJ DHS have been restructured and aligned under DCF which adds to the plethora of services and better coordination of benefits and services on behalf of the children and families that are served. The identified Divisions and Offices under DCF encompass a vast array of services under one umbrella, promoting easier coordination and collaboration. Services that do not fall within the DCF family are coordinated at the Community Level through ongoing communication and collaboration. This can be in the form of formal or informal collaborative mechanisms such as meetings, educational opportunities and partnerships. NJ continues to increase the opportunities to engage in collaborative efforts with the many services at the individual case, interagency and community levels.

  This area was rated as a strength during the last CFSR.

Foster and Adoptive Parent Licensing, Recruitment and Retention

- **Item 41- The State has implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards.**
  NJ continues to implement and maintain standards for resource family homes, regular, kinship as well as adoptive homes and child care institutions in accord with recommended national standards. These standards are established through policy, regulations and statutes that govern the licensing, approval and maintenance of all resource, adoptive and

child care institutions. The Office of Licensing which is the governing entity for DCF regulates and licenses all resource homes to include regular, kinship and adoptive homes as well as all child care institutions, residential and other youth placement programs and all adoption agencies.

Licensing standards are codified through NJ Administrative Codes as well as NJ State Statutes and can be reviewed at:

http://www.state.nj.us/dcf/providers/licensing/laws/

At a minimum, licensing regulations require all resource and adoptive homes, adoption agencies, child care institutions as well as residential and other youth placement programs to meet and successfully complete the following:

- Criminal Background History Investigation (CHRI) check for both state and federal
- Child Abuse and Registry Investigation (CARI) check
- Pre-service and annual training credit requirements
- In person on site life/safety inspection/evaluation of physical location
- Homes study for resource and adoptive homes

Please refer to systemic Item 34 for additional information training activities as well as Section 5A for supplementary information.

This area was rated as a strength during the last CFSR.

- **Item 42- The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.**

  As stated in Systemic Factor Item 41, all resource family homes, adoptive homes and agencies, child care institutions as well as residential and other youth placement programs that are funded under title IV-E or IV-B must be licensed prior to approval for any placement of a child. Licensing standards from application to approval are monitored, regulated, reviewed and evaluated through the Office of Licensing as regulated by NJ Administrative Codes and NJ State Statutes. See Item 41 for additional information as well as:

  http://www.state.nj.us/dcf/providers/licensing/laws/

  This area was rated as a strength during the last CFSR.

- **Item 43- The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.**

DCF continues to meet and comply with state and federal requirements for criminal background clearance as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children. Thorough criminal background checks for every applicant and every adult household member over the age of 18 are required prior to the licensing and approval of any resource or adoptive home. These criminal checks include:

- Local Police checks for every address listed in the previous 5 years
- Human Service Police checks to include Domestic Violence Registry
- Promis Gavel check which is an automated criminal case tracking system through the Administrative Office of the Courts
- State and federal fingerprinting

In addition to the home study and licensing process to ensure the safety and well-being of children in placement in resource and adoptive homes, there is case planning processes in place as well. Upon the initial placement of a child in an approved licensed resource or adoptive home a safety assessment is completed within 5 days of placement. If the child(ren) is placed in a kinship home on an emergent basis, criminal backgrounds checks as well as a safety assessment are completed immediately prior to the approval of the placement under presumptive eligibility. The kinship home must then complete all licensing requirements within the regulated time frame. Safety assessments are to be completed during every caseworker/child visit. For placements in congregate care settings, the congregate care safety questionnaire is completed within one month of placement and every 6 months thereafter. Safety as well as congregate care assessments is also completed during a child protection investigation by the Institutional Abuse Investigation Unit (IAIU), when following up with a Correction Action Plan after an IAIU investigation, during the annual re-evaluation and when a request is made for an exception to the population limitations of a home. Each resource and adoptive home is assigned a resource family support worker who inspects, evaluates, advocates and plans with the resource family. This includes the participation in the placement child(ren) case plan as well as family team meetings, participation in the review process described in Systemic Factor Item 26 as well as the inclusion in the caregiver and child strength and needs assessments.

This area was rated as a strength during the last CFSR.

- **Item 44- The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.**

NJ DCF continues to recruit and maintain a substantial pool of resource and adoptive families who reflect the ethnic and racial diversity of the children for whom the homes are needed. The focus of localized and targeted recruitment efforts continue to be data driven and based on the neighborhoods and communities where children requiring out of home placements reside. As noted in the APSR accomplishments, in CY 2013 DCF newly

licensed 1449 resource homes, exceeding the recruitment licensing target of 1264 established for that year. This accomplishment was made possible by the diligent recruitment efforts statewide. The Office of Resource Families oversees the statewide recruitment efforts which include incorporating all local office recruiters from the DCP&P local level into the Central office operations. This allows for recruiters to focus solely on their recruitment efforts and improve efficiency. In addition, the Office of Resource Families maintains a Statewide Retention Specialist, Recruitment and Retention Communications Specialist and a Statewide Recruitment Specialist who continue to oversee the statewide recruitment and retention efforts by improving and strengthening support and customer service.

Technical assistance was requested to assist with Market Segmentation recruitment. The implementation of this effort has shown much promise and will be implemented statewide.

In addition, the Office of Resource Families works in partnership with Foster and Adoptive Family Services (FAFS) for support in the retention and recruitment efforts statewide.

Additional comprehensive recruitment and retention information can be reviewed in Sections 4C and 4D.

This area was rated as a strength during the last CFSR.

- **Item 45- The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.**

  NJ embarked on a significant recruitment effort to achieve permanency for the 100 longest waiting teens. This recruitment effort through the use of the Interstate Compact Unit, the Adoption Resource Exchange as well as the Office of Adolescent Services and Office of Adoption Operations has successfully achieved permanency for all of the identified longest waiting teens. These recruitment efforts have been expanded and are utilized to facilitate timely adoptive and permanency placements for children who are currently legally free as well as those who are not yet legally free but who are in out of home placements that are not committed to providing a permanent home.

  NJ continues to utilize the Adoption Resource Exchange to register legally free children so that families nationwide from other agencies can provide permanent homes. Children are registered through AdoptUSKIDS .org at:

  http://www.adoptuskids.org/states/nj/index.aspx.

  Recruitment efforts for permanency through AdoptUSKIDS.org include photo listing, profile production and media spots. These efforts allow for a wider audience of potential permanent candidates for the children of NJ.

  The Office of Interstate Services Unit within DCF oversees the activities necessary to place a child within another states jurisdiction and ensure that the receiving state

establishes supervision and complies with all federal and fiscal mandates under the Interstate Compact on Placement of Children (ICPC).

NJ continues to be part of the Interstate Compact on Adoption and Medical Assistance (ICAMA) maintaining the delivery vital services for children and families who are relocated to another jurisdiction. Services include but are not limited to Medicaid and subsidy.

NJ also continues to be a member of the Association of Administrators of the ICPC (AAICPC) which affords NJ the opportunity to work with other states in a cooperative and collaborative manner to ensure that the children of NJ who move to another jurisdiction receive the necessary services to achieve permanency.

This data helps to build upon and frame the next five years.

The New Jersey Department of Children and Families (DCF) has made tremendous progress over the past five years. We have reduced the number of children in out of home placement from 8,603 in 2009 to 7,322 in 2013. We have licensed 8,395 resource homes over the past five years. We have also finalized 6,013 adoptions over the last five years. We have reduced the number of youth in out of state congregate care placement from 98 in 2009 to 3 in 2013. We have expanded our service array to include 51 Family Success Centers statewide which service between 3-4,000 families monthly. We continue to maintain manageable investigation and permanency caseloads and expand upon training and development opportunities to staff as well as system partners. Other accomplishments are noted in the Final APSR report.

In particular, over the past several years we have developed and begun to implement a strategic plan that will guide our work in the coming years. That process took over a year to complete and offered stakeholders, parents and staff an opportunity to help guide what the work of DCF will look like. The DCF Strategic Plan is an ambitious yet grounded plan for the on-going development of the department, its staff, its services and its partnerships with its providers, families, children and women.

The Child and Family Services Plan (CFSP) for 2014- 2019 leverages and is aligned with the work of the DCF Strategic Plan. Specifically, the DCF Strategic Plan guided the selection of the Core Strategies as well as the goals for the initial year of implementation of the CFSP. Additionally, the current CFSP builds on the accomplishments seen in the 2010-2014 CFSP which provided a solid foundation for continued development of the DCF system.

Hence, we will frame this plan according to the following core strategies:

- Strengthening the Case Practice Model
- Refinement of the Service Array
- Continuous Quality Improvement
- Organizational Development
- Enhancing Partnerships

Three key themes will continue to be evident in our work: 1) the continued commitment to the Case Practice Model, 2) the use of data to manage work, assess performance, and guide decision-making; and 3) the development of a strong organizational structure to sustain and institutionalize systems progress and changes.

Since New Jersey successfully completed its Program Improvement Plan (PIP) March 31, 2012 and has not had another Child and Family Services Review, DCF has not engaged in the Statewide Assessment process. However, New Jersey believes the areas chosen as Priority Strategic Goals represent the current and future work of DCF and that accomplishing these goals will build a strong system which promotes the safety, permanency and well-being of the children and families served.

Priority Strategic Goal 1: Strengthening the Case Practice Model

In 2007, DCF embarked on an ambitious plan to implement a new Case Practice Model (CPM) in order to standardize and strengthen the way staff from the Division of Child Protection and Permanency (CPP) work with the children and families they serve. The foundation of the CPM is partnerships with families through engagement of formal and informal supports, joint planning and teaming for desired outcomes, as well as individualized services to address the specific and unique needs of families.

Over the past seven years, DCF has taken the following steps:

- Provided training to all of its over 5000 CP&P frontline, supervisory and leadership staff on the CPM.
- Integrated CPM elements into training development and curriculum.
- Launched *Focus on Supervision* in 9 counties as the next step in CPM to model quality assessment, teaming and service planning.
- Monitored implementation through the use of the Qualitative Review (QR) As we move forward and as noted in the CFSP from 2009-2014, the initial work was in laying the groundwork of the CPM for staff and stakeholders and the future work lies with the organization's ability to truly have the CPM evident in each interaction with its families, children, youth and stakeholders.
- Monitored frequency of Family Team Meetings through SafeMeasures©, Key Performance Indicator conference calls and greater dissemination and transparency of local and statewide data.

Throughout this process, DCF has assessed its own performance through the Qualitative Review (QR) process. Those results when analyzed over time, show that there are fairly consistent areas of strength and areas that need improvement. The most recent QR annual report for 2013 noted that action was needed in the areas of teaming and planning to improve permanency outcomes as well as support families' ability to secure services to meet their own needs.

Additionally, during this same time period, we saw our qualitative performance measures through SafeMeasures© improve. Specifically, the measures for timeliness completion of case plans and the timely initiation of initial Family Team Meetings both trended in an upward direction. Both of these areas have been impacted by refined agency focus through monthly conference calls with leadership to look at upcoming work and focus on appropriate documentation of work completed.

Therefore, our focus to recommit to the CPM will continue to focus on making improvements in these key areas and will seek to improve both the quality and quantity measures. Specifically, the following will occur:

- Increased frequency of the occurrence of key performance indicators linked to CPM in selected pilot areas initially. Examples include initial and quarterly Family Team Meetings, timely completion of case plans.
- Families will experience increased effectiveness of the teaming and case planning as demonstrated through QR scores.
- Staff will gain knowledge in case conferencing for improved family outcomes.

Priority Strategic Goal 2: Refinement of Service Array

DCF has over 275 contracted providers statewide and spends over $200 million annually to provide an array of services for children and families. In recent years, DCF has engaged in a process to ensure that children, youth and families have access to the services they need to both prevent entry into the child welfare system as well as to provide services once involved. DCF is pleased to have a vast number of services available across the state. However, as with any system, the service array must change to accommodate the new and emerging populations, new challenges for families and new trends in assessment and treatment.

As a first step in understanding more about the 'underlying' needs of the family or individual, DCF will conduct a needs assessment. The purpose of the DCF Needs Assessment is to understand through a mixed methods approach the needs and services available to families and youth served by CP&P. Specifically, the DCF Needs Assessment will ask families, staff, stakeholders and community based organizations to help shape the understanding of needs and the services available to meet them. Data from the SACWIS system as well as interviews, focus groups and contracting information will be leveraged to understand holistically what services are available. Advisory groups will charged with helping DCF make decisions about priority areas.

A separate but related process of unpacking the existing service array on a local level will also be in process. This encourages understanding of available services, utilization and strategic planning for limited funding. These local meetings will start with services for visitation programs for children in out of home (OOH) placement

Concurrent to the DCF Needs Assessment and the focus on services for children in OOH placement, is process is the focus on ensuring that children placed outside their biological home can remain connected with their siblings. This is accomplished both the placement of siblings together as well as ensuring sibling visitation when not placed together. New Jersey has seen an increase in families with large sibling groups in CY 2012 and CY2013 which necessitates a need for increased efforts to recruit resource homes to accommodate such groups.

As we move forward, development of a high quality, flexible and responsive service array promotes attainment of the key outcomes of safety, permanency, stability and well-being.

Priority Strategic Goal 3: Organizational Development

As part of the process to become a learning organization, DCF has laid the foundation to develop competent and professional staff. Through many initiatives and plans completed over the last several years, DCF has also built a culture of learning across the entire department. DCF recognized the importance of providing a broad array of educational opportunities, both in-house and through leveraging the expertise in the provider and academic communities. DCF further recognizes that organizational development is larger than classroom training and certificate programs- it means investing in the staff for the future growth and sustainability of the agency.

Organizational development builds on the accomplishments made in training and development of its workforce; coupled with the increased availability of access to the tools necessary for staff to effectively and efficiently work with the children, youth and families we serve. DCF believes that through strengthening the technological tools available to staff, work with children and families becomes more effective and efficient. For example, there is greater individual and organizational accountability when policies are available publically via the internet. Staff, stakeholders and families all understand expectations and guidelines for success. Additionally, staff that are able to access a system that helps them track current and upcoming work, are better able to plan their time with families and manage workload demands.

Families can expect that staff with access to training, working in a culture that values learning will have a positive experience.

Priority Strategic Goal 4: Continuous Quality Improvement

As part of its path to become a learning organization, DCF is committed the development of a robust and fully functioning Continuous Quality Improvement (CQI) system that ensures the integrity and quality of the entire system of care. In fact, DCF's Strategic Plan identifies CQI as a strategic pillar for the agency. DCF recognized through the Strategic Plan that a key to ensuring high quality services delivered with integrity was the continual assessment of its processes through CQI activities.

Currently there are many parts of the CQI system that are in place at DCF and guide the system's assessment of its performance across an array of benchmarks and measures. But CQI goes beyond what can be measured using quantitative metrics; rather it marries the quantitative and the qualitative to provide a fuller picture of performance.

Once fully developed, this Priority Strategic Goal will contain the five component parts of a functioning CQI system:

- Foundational Administrative Structure
- Quality Data Collection
- Case Record Review Data and Process
- Analysis and Dissemination of Quality Data
- Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

DCF recognizes that there are multiple steps under each one of the five component parts of the CQI system. In particular, there is work needed to align the current case review process with the requirements for the Child and Family Services Review process for Round 3. This will likely entail modifications to the current case record review process as well as additional work to engage stakeholders.

A CQI system ensures accountability and monitoring of activities both for and about the children and families served.

Priority Strategic Goal 5: Strengthening and Enhancing Partnerships

DCF is committed to the process of collaboration with stakeholders and community partners to improve outcomes for those we serve. Building on the successes in joining with our partners to implement the CPM, we plan to strengthen and enhance our partnerships through the development of strategic initiatives, the implementation of key projects to ensure safety, permanency and well-being.

DCF is moving to become more accountable and transparent with our stakeholders, partners as well as the families, youth and children we serve. This will be evident through our activities to engage families and use their input toward change as well as through our efforts at providing the public increased access to data and information that guides our decision-making.

Additionally, DCF recognizes that clear and accessible processes need to be in place for stakeholder input. Gathering and synthesizing information from stakeholders is critical to their voices being integrated into decision-making. This is evident in the QR process as they invite stakeholders to participate in reviews, hear local results and engage in planning for system improvement. Other similar processes include the dissemination and sharing of information relating to the Child and Family Services Plan itself to encourage transparency and partnership to accomplish mutual goals.

Core Strategy 1 – Strengthening the Case Practice Model

The Case Practice Model (CPM) is the foundation of the work at the Department and is envisioned to be infused in all interactions with children, youth and families. The core of the CPM is partnerships with families through engagement of formal and informal supports, joint planning and teaming for desired outcomes, as well as individualized services to address the specific and unique needs of families. Over the next five years, the Department will build on the implementation of the CPM model to pilot initiatives aimed as refocusing staff attention on CPM core strategies like teaming and case planning. Through these efforts, it is expected that families will experience thorough joint planning and teaming will aid in providing supports for the family after child welfare involvement has ended.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
1-1	14-Jun	**Families will experience collaborative service planning through timely completion of case plans and greater quality of case plans.**	Assess Sustainability Plans for counties Initiate a county based pilot (Cumberland) to re-engaged staff in CPM Assess and phase into other counties based on results	Build on sustainable initiatives Increase in frequency of case planning (NJS) by 5% in Cumberland Determine baseline in quality of case planning (QR) by 5% in Cumberland	

				Assess results and implement next steps	
1-2	14-Jun	**Teaming process will lead to positive permanency outcomes**	Focus on increasing family engagement in teaming in two pilot counties (Hudson and Bergen)	Increase frequency of teaming by 5% in pilot counties Expand pilot based on lessons learned	
			Ensure adequate staff are trained on teaming	5% of increase in staff as FTM facilitators/ coaches in pilot counties	
1-3	14-Jun	**Families' needs and histories are understood and inform engagement strategies**	Strategic phase in of case conferencing model Focus on Supervision	10% of cases conferenced are reviewed for improved outcomes	

Core Strategy 2 - Refinement of the Service Array

DCF will conduct a robust statewide assessment of the array of services available to children, youth and families. Services must be flexible and reflect current thinking on interventions as well as be nimble enough to respond to emerging needs for its service recipients. The statewide assessment process will result in better availability of services to address needs in the population; including prevention services and services to children in need of out of home placement.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
2-1	14-Jun	**The needs of the children and families served by DCF are well understood and services are in alignment with identified needs**	Initiate a statewide needs assessment process beginning with analysis of existing information on needs through other assessment processes and quantitative data	Meta analysis of DCF assessment processes Data set identified	
2-2	14-Jun	**Families will have access to evidence supported services to address their needs**	Conduct Area-wide contracting meetings to refine local service array process	Identify the number of contracted services using evidence supported interventions	

2-3	14-Jun	**Children have family based settings that allows them to remain connected with their siblings in OOH placement**	Resource homes are available to serve larger sibling groups (SIBS homes). Siblings place apart have regular contact with one another.	Increase available homes for large sibling groups by 10% Children with 3 or more siblings able to be placed together is increased by 5% 60% of children visit regularly with their siblings	

Core Strategy 3 – Organizational Development

Organizational development builds on the accomplishments made in training and development of its workforce; coupled with the increased availability of access to the tools necessary for staff to effectively and efficiently work with the children, youth and families we serve. This Core Strategy also includes steps to strengthen the technology available to staff to effectively and efficiently work with children, youth and families. The strengthening of the organization helps staff accomplish the broader positive outcomes for those it serves.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measurement/Evidence	Results
		Families benefit from well trained staff that			

3-1	14-Jun	**are competent in their ability to engage and team with families.**	Maintain support for certificate programs in specialty areas like domestic violence, managing by data, adolescent services Use educational incentive programs to recruit and retain social workers into the agency (BCWEP, MCWEP)	Percentage of staff completing the program (total completion/total enrolled) Percentage of staff completing the program (total completion/total enrolled Percentage of staff still employed 2 years post program (total retained/total graduated)	
3-2	14-Jun	Align staff training to critical or emerging areas of practice	Conduct a trauma focused symposium to provide basic understanding of trauma to front line staff Conduct training on serving victims of human trafficking	Staff participating in training opportunities (total staff trained/total staff of agency)	
3-3	14-Jun				

3-4	14-Jun	**Provide enhancements to technology to improve workflow for staff and transparency to ensure staff are prepared**	Continue NJ SPIRIT releases as scheduled	Release schedule followed	
			Provide access to tools to enhance knowledge and skill	CP&P policies are available on DCF internet page	
			Post longitudinal data for internal use	HZ Longitudinal data available on DCF intranet	
3-5	14-Jun		Update SafeMeasures to version 5	Change over time during year 1 in the number of staff utilizing Safe Measures to regularly track and monitor workload and performance	
			Deploy new screens for tracking performance based on organizational need	Screen shots of new screens	

3-6	14-Jun		Request technical assistance (TA) to further development of the information and data associated with the Systemic Factors	Request is planned and initiated Follow plan as needed	

Core Strategy 4 – Continuous Quality Improvement

Continuous Quality Improvement (CQI) at the Department includes the development of a fully functioning and sustainable system that has the organizational structure to support high quality data collection including case record review processes, data analysis, with stakeholder feedback processes as well as ways for public dissemination of information. Many of the component parts are present and with some refinements will form the basis for the CQI system.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
		Develop a robust and fully functioning CQI system			
4-2	14-Jun		Gather understanding about current status of CQI activities Initiate policy and process development to guide practice	Baseline accounting of CQI activities statewide Draft policies	
4-3	14-Jun				
			Identify core components of CQI training	Draft CQI employee training	
4-4	14-Jun				

			Operate a quality data collection process	Pilot accountability/quality control after a targeted review and follow next steps	
			Initiate process to build additional controls around data collection Complete AFCARS PIP	PIP completion	
4-5	14-Jun				
			Operate a case record review process	# QRs completed	
			Continue implementation of the QR process and made modifications as needed Begin discussions to understand implications of Round 3 case reviews	Annual summary report published	
4-6	14-Jun		Complete targeted reviews on the quality of investigations as well as the quality of services to older adolescents	Results of the reviews and recommendation follow up	
4-7	14-Jun				

			Analyze and disseminate quality data Complete in-depth Data Quality and Compliance meetings to review outcomes with each CP&P Area that integrate data from AFCARS, the MSA, longitudinal measures	Lessons learned	
4-8	14-Jun		Provide data reports on key agency performance indicators to the public	# of reports posted publically	
4-9	14-Jun				
			Integrate feedback from stakeholders into processes and systems Counties with QRs during period have completed Program Improvement Plans from a systems perspective with input from stakeholders	review of PIP participants and PIPs for statewide themes	
4-12	14-Jun		Identify future opportunities to discuss CFSP goals with stakeholders	Calendar of meetings with CFSP as agenda items Plan for feedback from stakeholders	

				Update on strategic plan	

Core Strategy 5 – Strengthening and Enhancing Partnerships

DCF is committed to the process of collaboration with stakeholders and community partners to improve outcomes for those we serve. Accountability and transparency are two key components to enhancing partnerships. Additionally, partnership must reflect the voices and input of those served by the system. Formal systems of data collection and information gathering from stakeholders and partners must be in place and leveraged in decision-making and planning for true systems change.

Line #	Date Added	5 Year Intent	1 Year Action Plan	Measures	Results (date)
5-1	14-Jun	**Partnerships are strengthened through transparency**			
5-2	14-Jun		Make data reports available to the public through the DCF webpage	CIACC reports and Data Dashboard are available monthly on the DCF website	
5-3	14-Jun		Partner with entities in the research committee to disseminate knowledge	# of research projects approved # of articles published	
5-4	14-Jun	**Youth perspective is incorporated into the DCF system**			
5-5	14-Jun		The Youth Advisory Boards are restructured and systems recommendations to DCF are made	# of engaged youth in YABs	

				DCF response to recommendations	
5-6	14-Jun	**Mechanisms are available to receive stakeholder feedback and feedback is used to inform the system**			
			Resource families are engaged have structured opportunities to provide input and feedback on the system	Final Report on Resource Family Assessment Next Steps are implemented	
5-7	14-Jun		Family surveys are completed by those engaged in the Teaming process	Quarterly reports on FTM survey	

Section 1

Managing & Sustaining Child Welfare Caseloads

Supporting Data

The following supporting data charts reflect data that has been calculated from NJ DCF SACWIS reporting systems from Safe Measures and NJS unless otherwise noted. Continuous review of data helps and assists DCF in identifying areas of strength and areas that need to be monitored in order to promote the Mission, Vision and Goals of DCF.

Figure 4

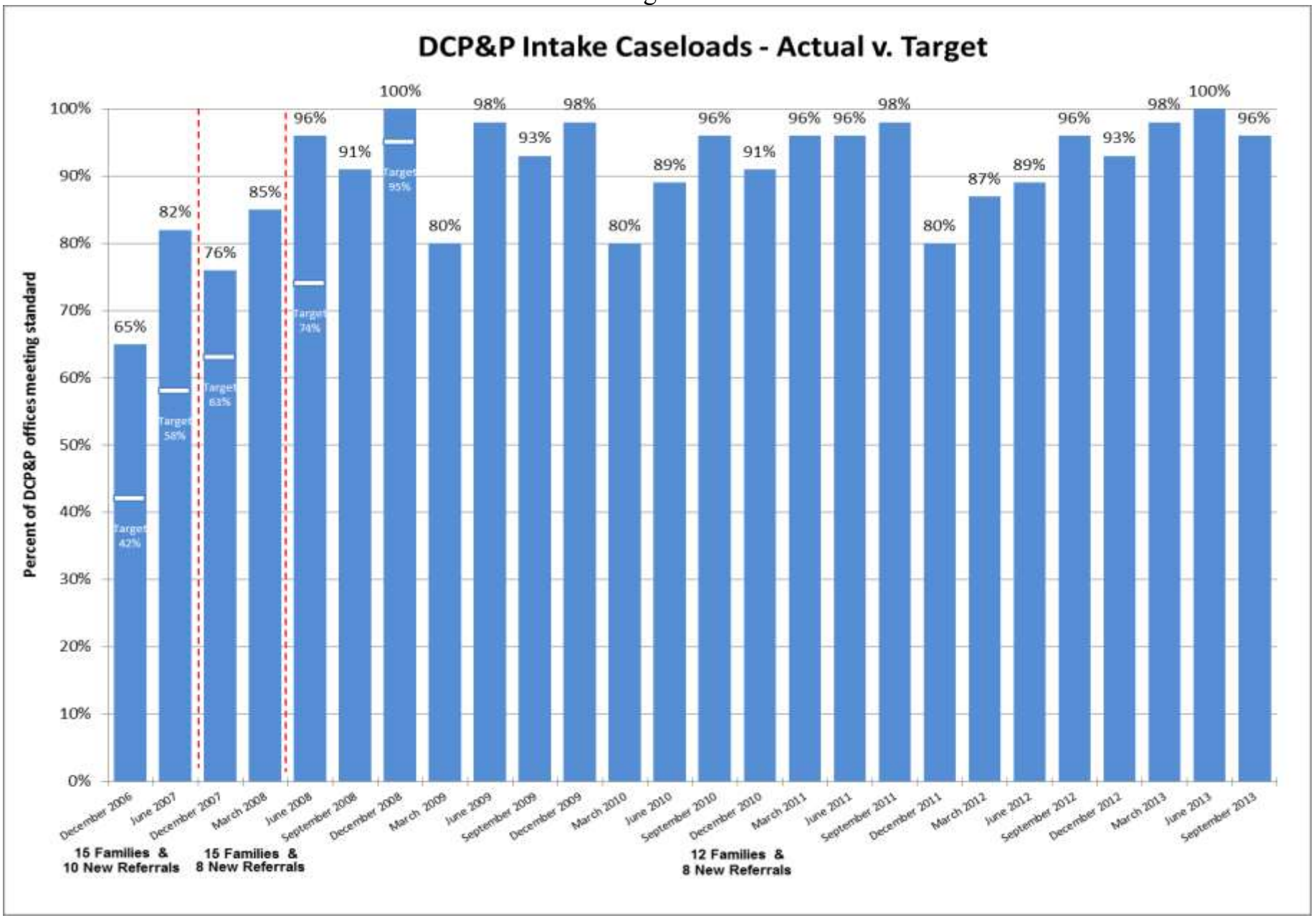

DCP&P Intake Caseloads - Actual v. Target
Percent of DCP&P offices meeting standard
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
65%
82%
76%
85%
96%
91%
100%
80%
98%
93%
98%
80%
89%
96%
91%
96%
96%
98%
80%
87%
89%
96%
93%
98%
100%
96%
Target 42%
Target 58%
Target 63%
Target 74%
Target 95%
December 2006
June 2007
December 2007
March 2008
June 2008
September 2008
December 2008
March 2009
June 2009
September 2009
December 2009
March 2010
June 2010
September 2010
December 2010
March 2011
June 2011
September 2011
December 2011
March 2012
June 2012
September 2012
December 2012
March 2013
June 2013
September 2013
15 Families & 10 New Referrals
15 Families & 8 New Referrals
12 Families & 8 New Referrals

Figure 5

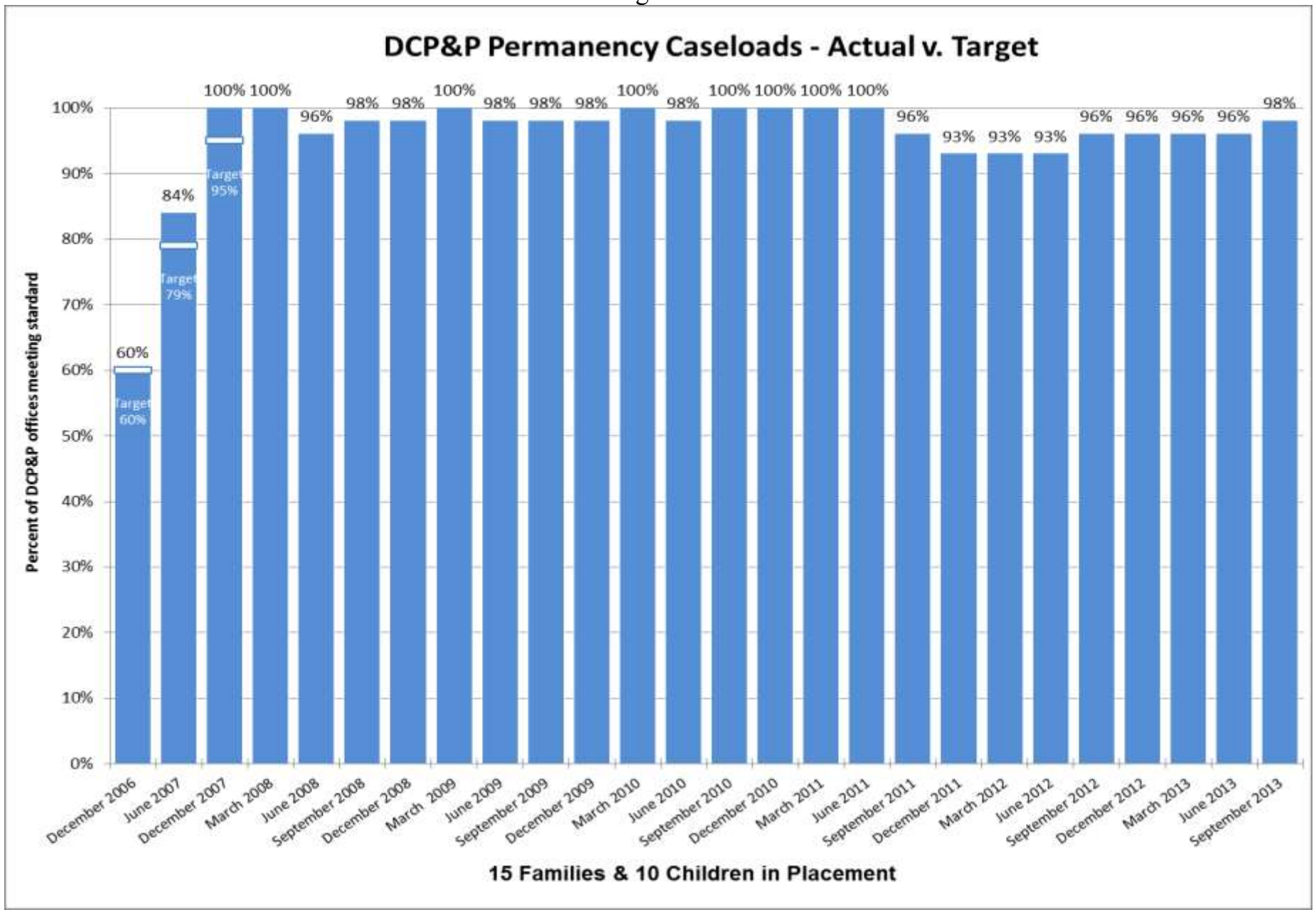

DCP&P Permanency Caseloads - Actual v. Target
Percent of DCP&P offices meeting standard
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
60%
Target 60%
84%
Target 79%
100%
Target 95%
100%
96%
98%
98%
100%
98%
98%
98%
100%
98%
100%
100%
100%
100%
96%
93%
93%
93%
96%
96%
96%
96%
98%
December 2006
June 2007
December 2007
March 2008
June 2008
September 2008
December 2008
March 2009
June 2009
September 2009
December 2009
March 2010
June 2010
September 2010
December 2010
March 2011
June 2011
September 2011
December 2011
March 2012
June 2012
September 2012
December 2012
March 2013
June 2013
September 2013
15 Families & 10 Children in Placement

Figure 6

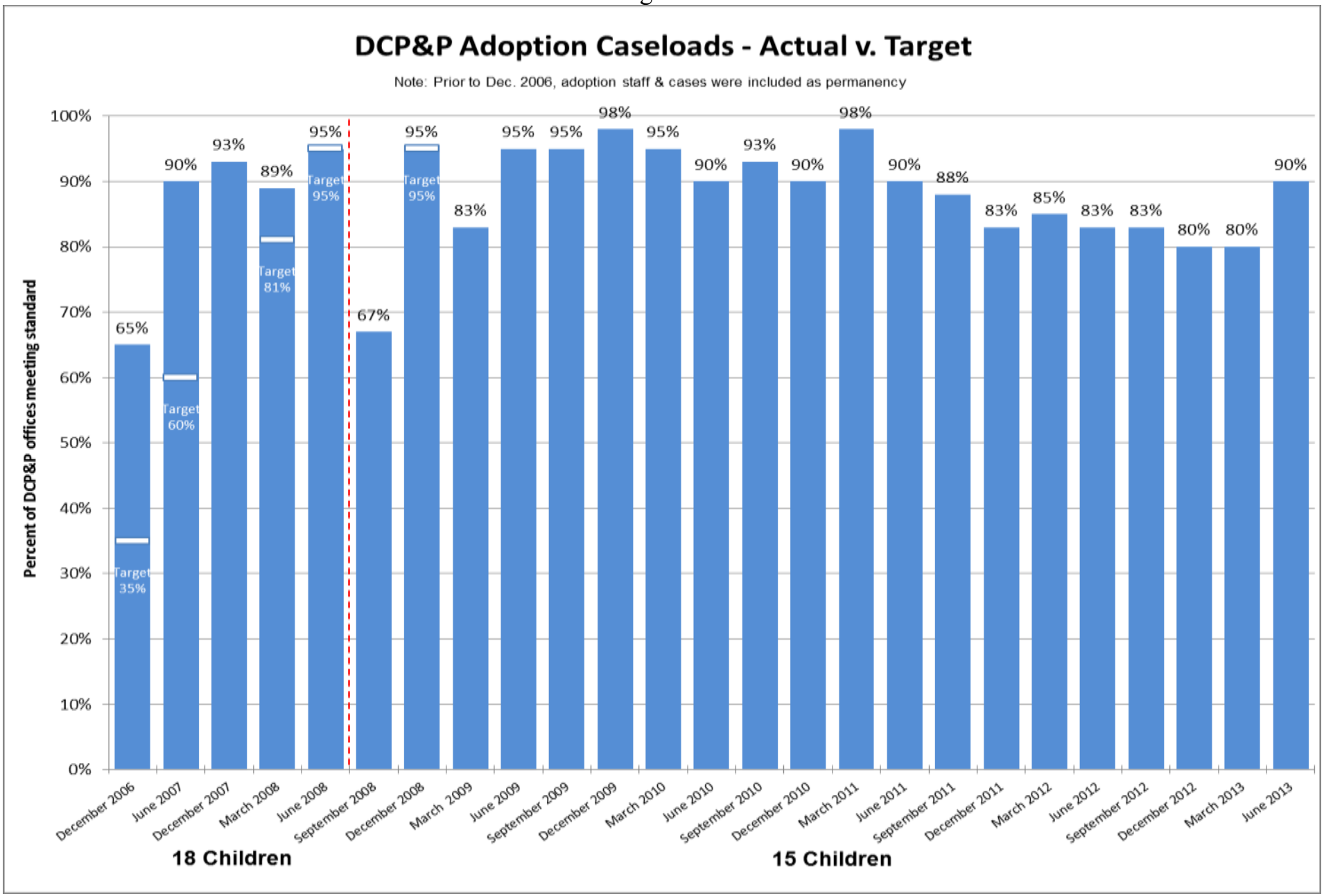

DCP&P Adoption Caseloads - Actual v. Target
Note: Prior to Dec. 2006, adoption staff & cases were included as permanency
Percent of DCP&P offices meeting standard
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
65%
90%
93%
89%
95%
67%
95%
83%
95%
95%
98%
95%
90%
93%
90%
98%
90%
88%
83%
85%
83%
83%
80%
80%
90%
Target 35%
Target 60%
Target 81%
Target 95%
Target 95%
December 2006
June 2007
December 2007
March 2008
June 2008
September 2008
December 2008
March 2009
June 2009
September 2009
December 2009
March 2010
June 2010
September 2010
December 2010
March 2011
June 2011
September 2011
December 2011
March 2012
June 2012
September 2012
December 2012
March 2013
June 2013
18 Children
15 Children

Figure 7

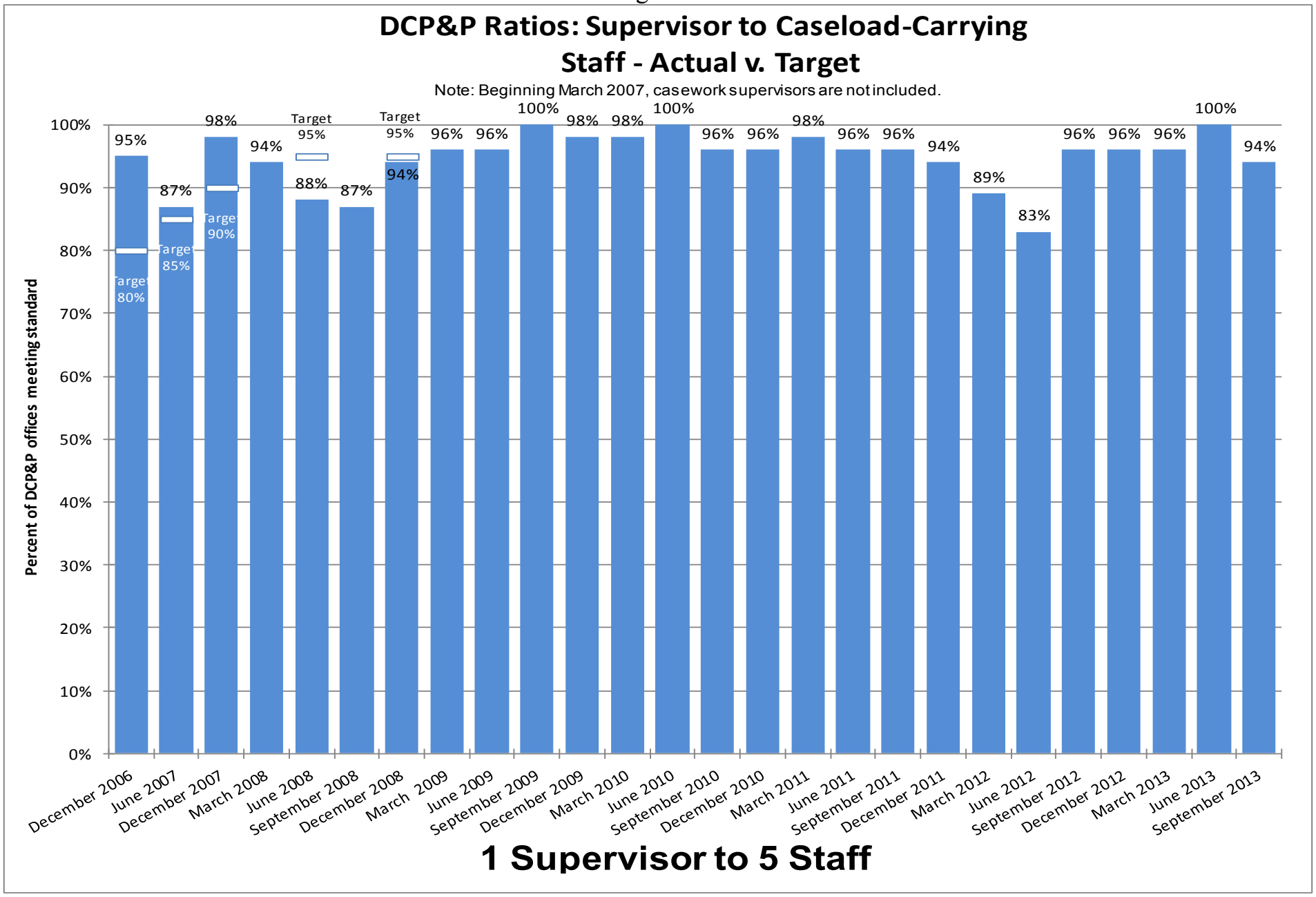

DCP&P Ratios: Supervisor to Caseload-Carrying Staff - Actual v. Target
Note: Beginning March 2007, casework supervisors are not included.
Percent of DCP&P offices meeting standard
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Target 80%
Target 85%
Target 90%
Target 95%
Target 95%
95%
87%
98%
94%
88%
87%
94%
96%
96%
100%
98%
98%
100%
96%
96%
98%
96%
96%
94%
89%
83%
96%
96%
96%
100%
94%
December 2006
June 2007
December 2007
March 2008
June 2008
September 2008
December 2008
March 2009
June 2009
September 2009
December 2009
March 2010
June 2010
September 2010
December 2010
March 2011
June 2011
September 2011
December 2011
March 2012
June 2012
September 2012
December 2012
March 2013
June 2013
September 2013
1 Supervisor to 5 Staff

Figure 8

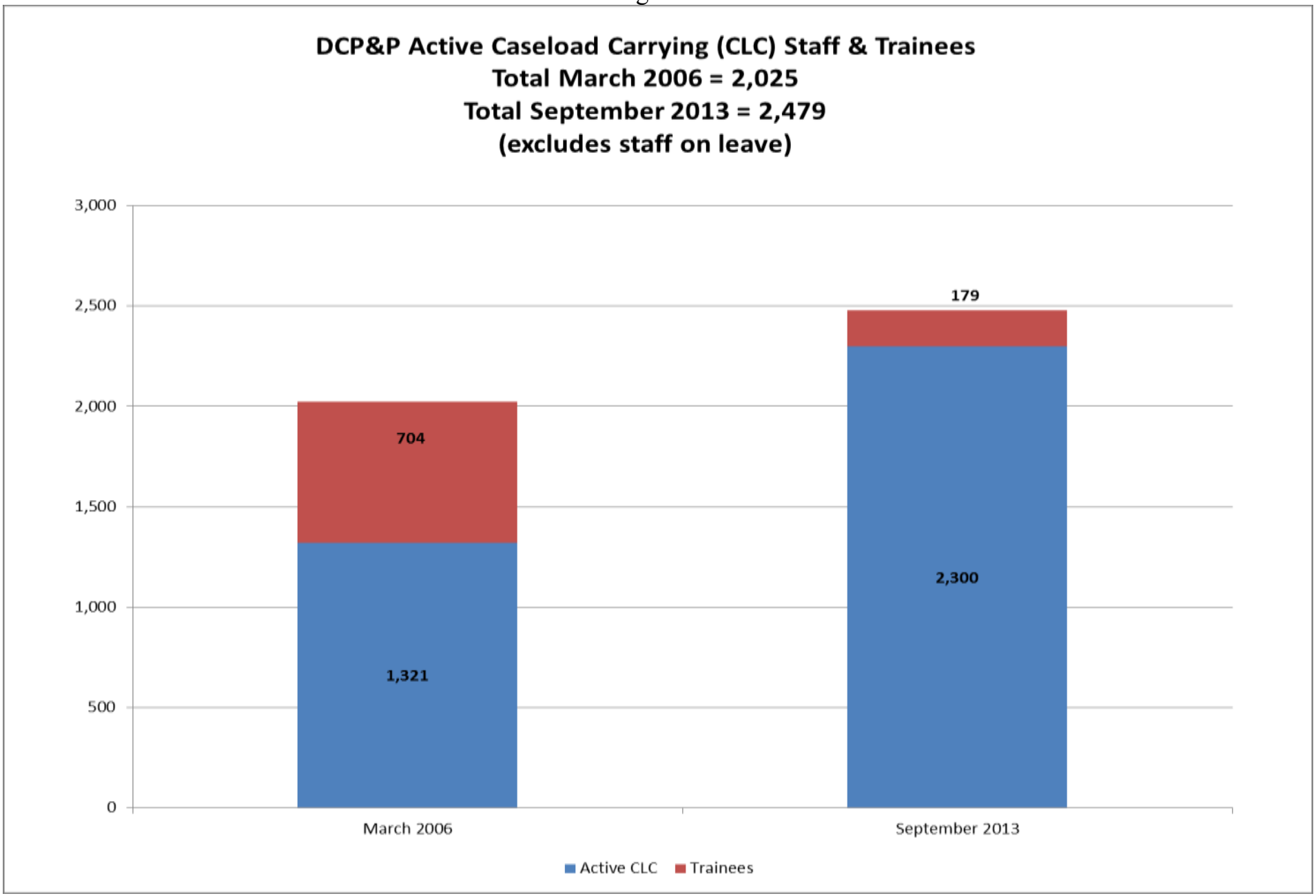

DCP&P Active Caseload Carrying (CLC) Staff & Trainees
Total March 2006 = 2,025
Total September 2013 = 2,479
(excludes staff on leave)
3,000
2,500
2,000
1,500
1,000
500
0
704
1,321
179
2,300
March 2006
September 2013
Active CLC
Trainees

Figure 9

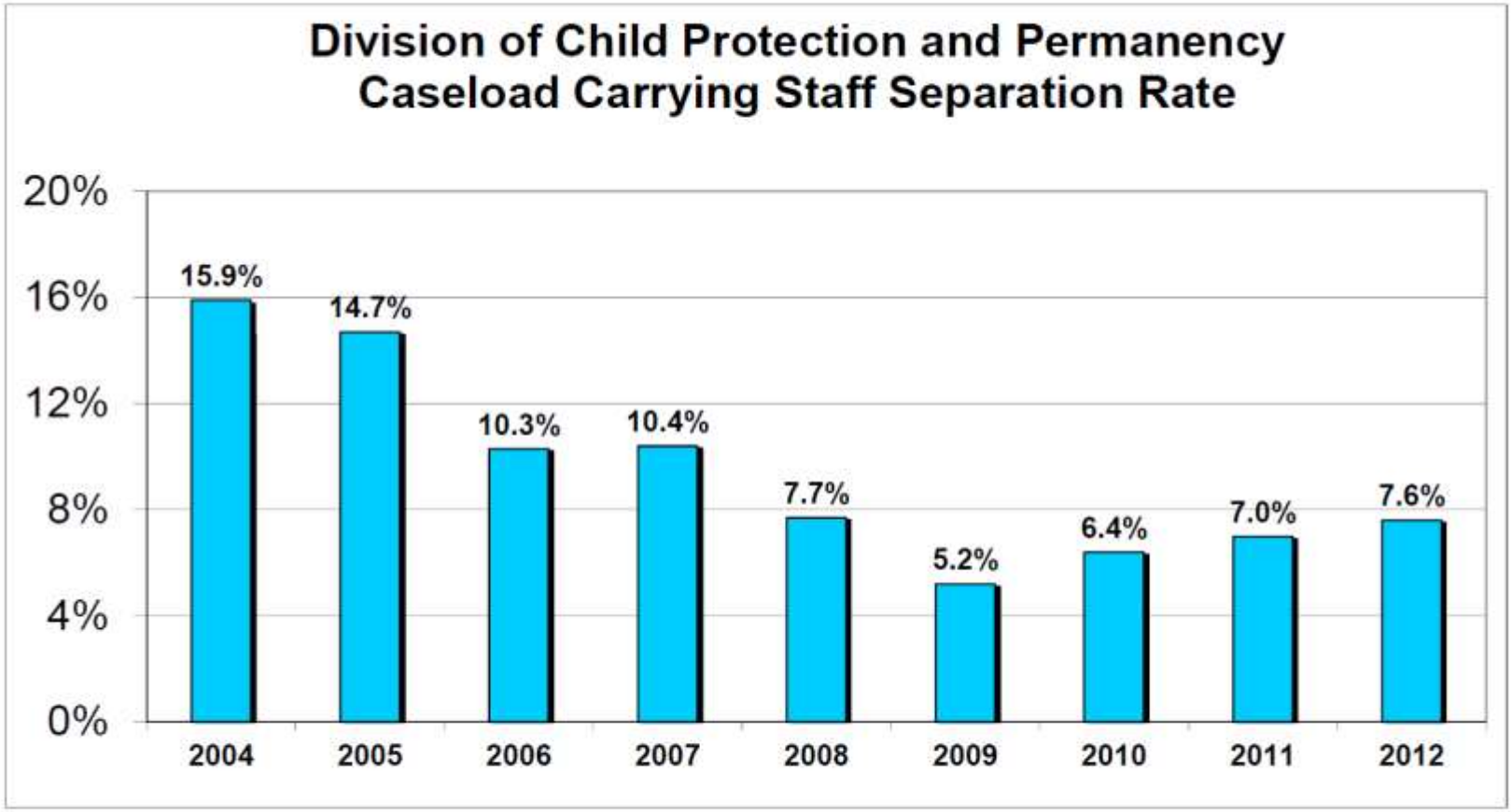

Division of Child Protection and Permanency
Caseload Carrying Staff Separation Rate
20%
16%
12%
8%
4%
0%
15.9%
14.7%
10.3%
10.4%
7.7%
5.2%
6.4%
7.0%
7.6%
2004
2005
2006
2007
2008
2009
2010
2011
2012

Figure 10

Hotline Referrals to DCP&P Offices
Requests for Family Services
January - December 2013

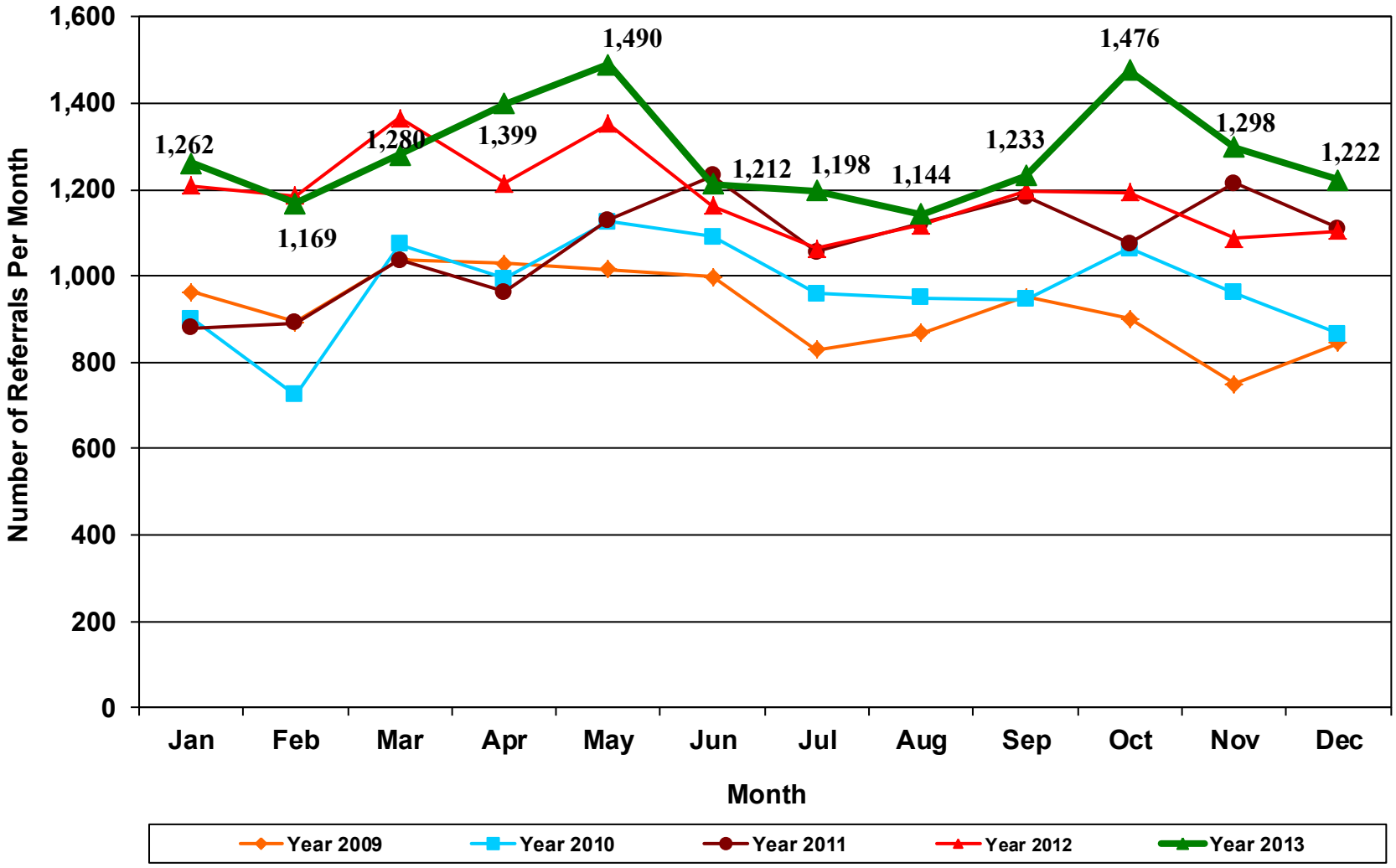
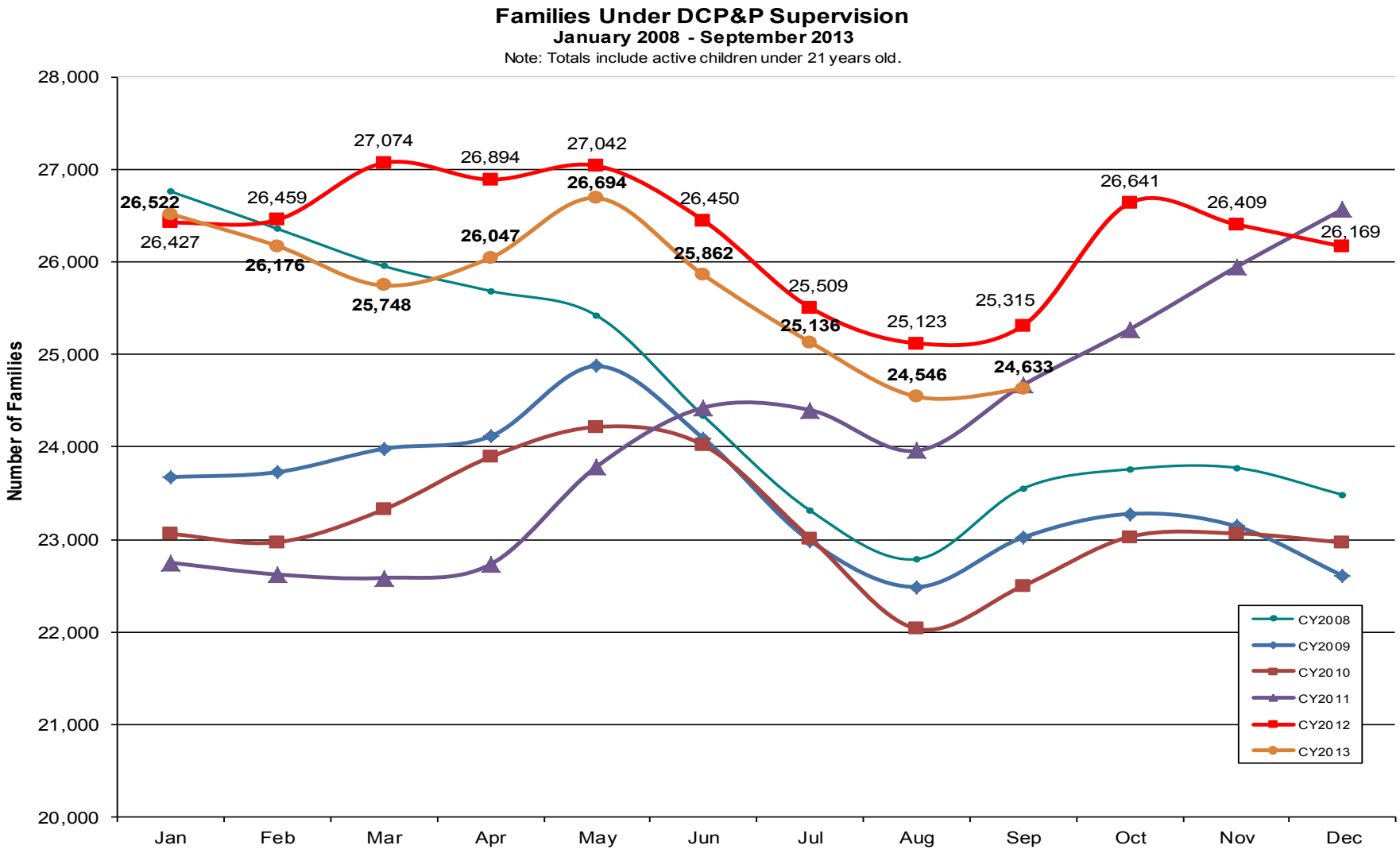
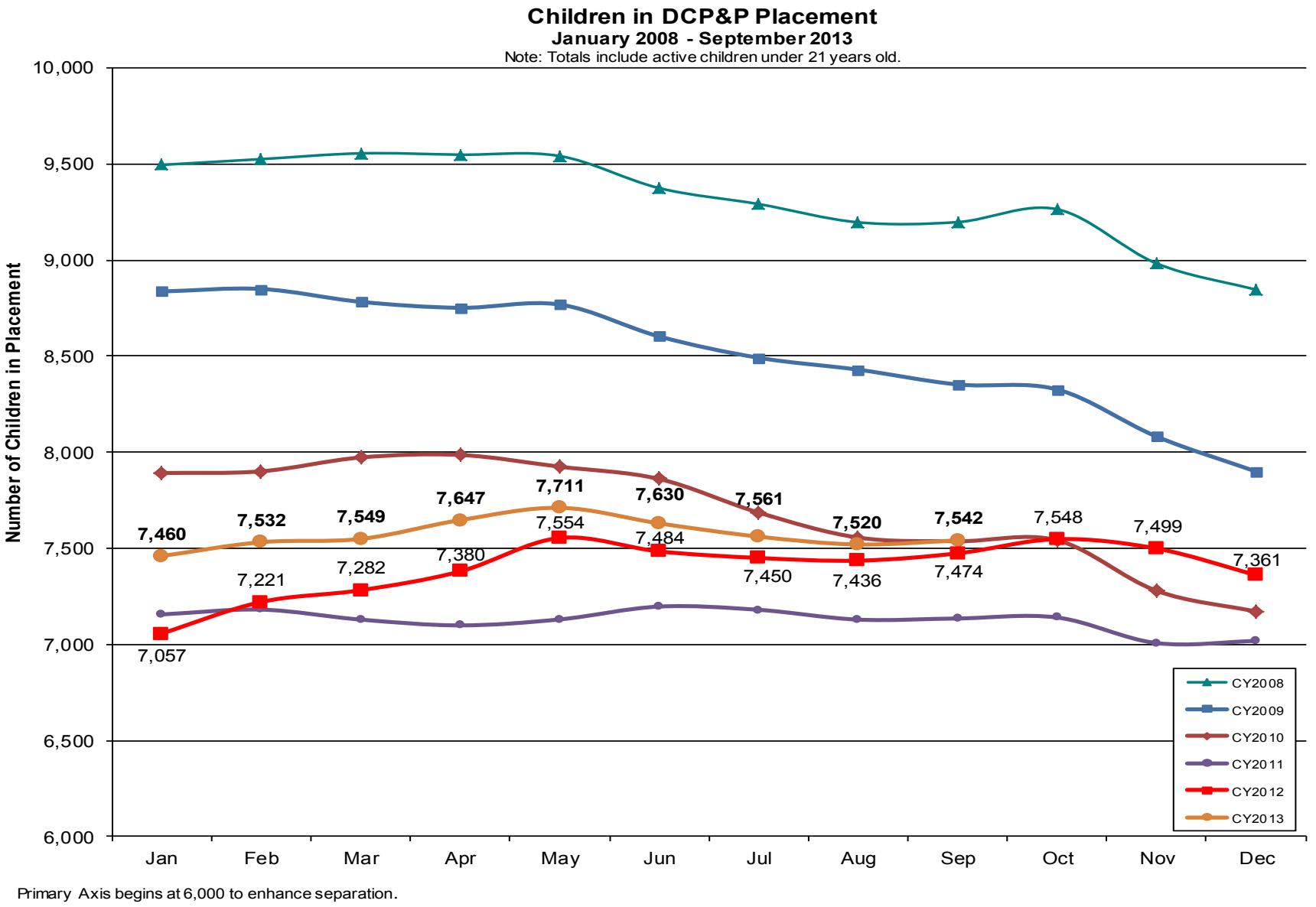


Figure 11



Primary axis begins at 20,000 to enhance separation.

Figure 12



Primary Axis begins at 6,000 to enhance separation.

Figure 13

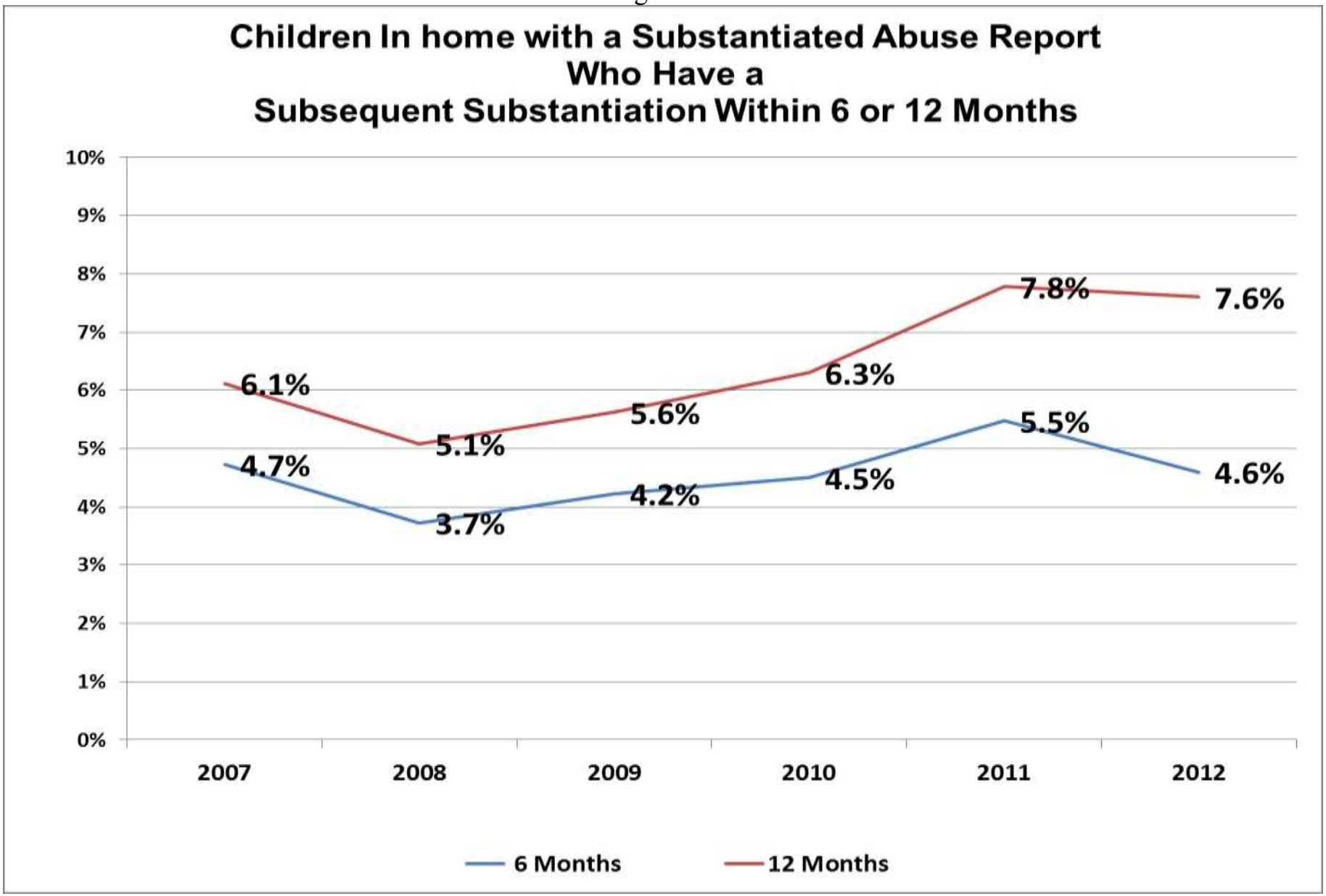

Children In home with a Substantiated Abuse Report
Who Have a
Subsequent Substantiation Within 6 or 12 Months
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
2007
2008
2009
2010
2011
2012
6.1%
5.1%
5.6%
6.3%
7.8%
7.6%
4.7%
3.7%
4.2%
4.5%
5.5%
4.6%
6 Months
12 Months

Figure 14

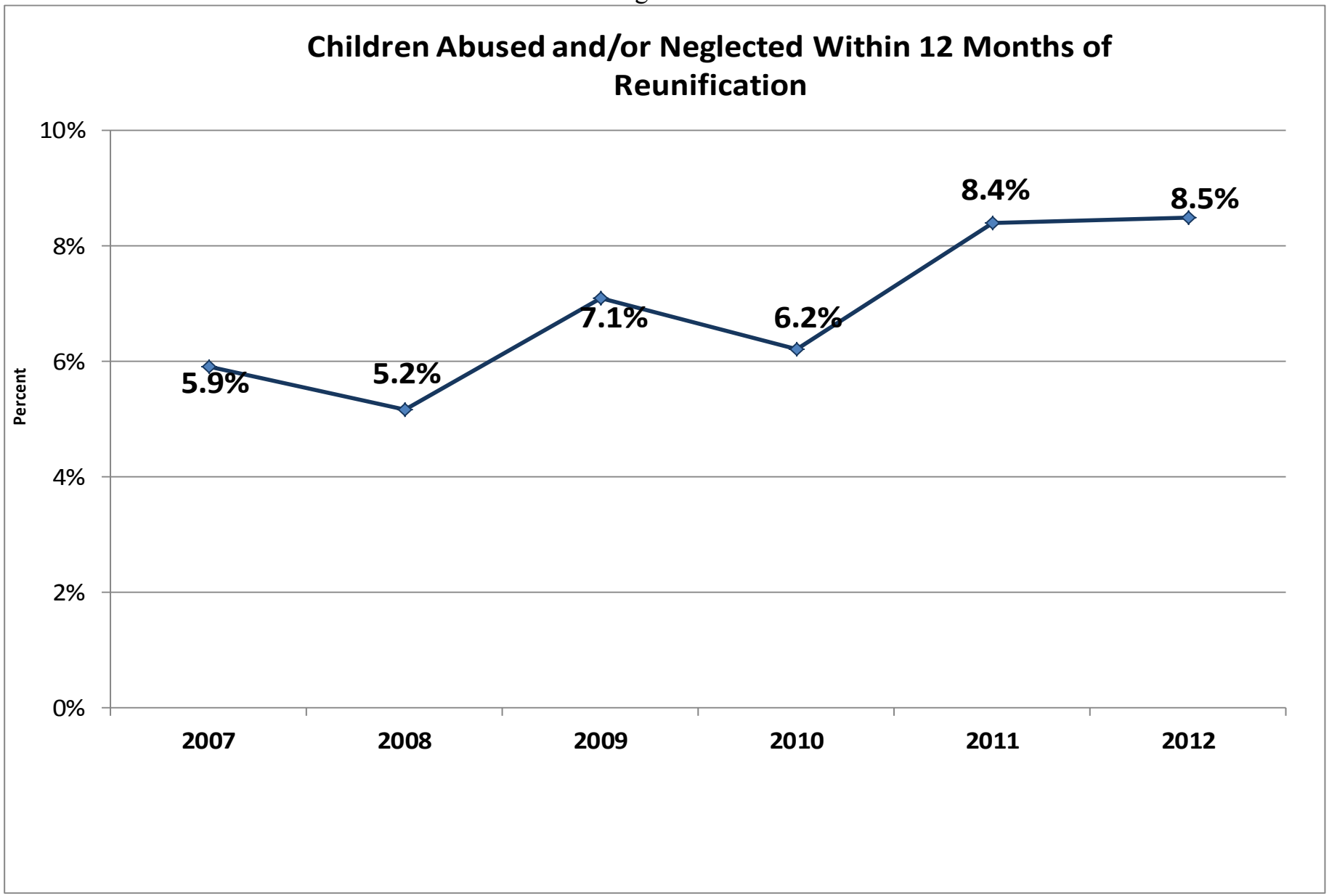

Children Abused and/or Neglected Within 12 Months of Reunification
10%
8%
6%
4%
2%
0%
Percent
5.9%
5.2%
7.1%
6.2%
8.4%
8.5%
2007
2008
2009
2010
2011
2012

Figure 15

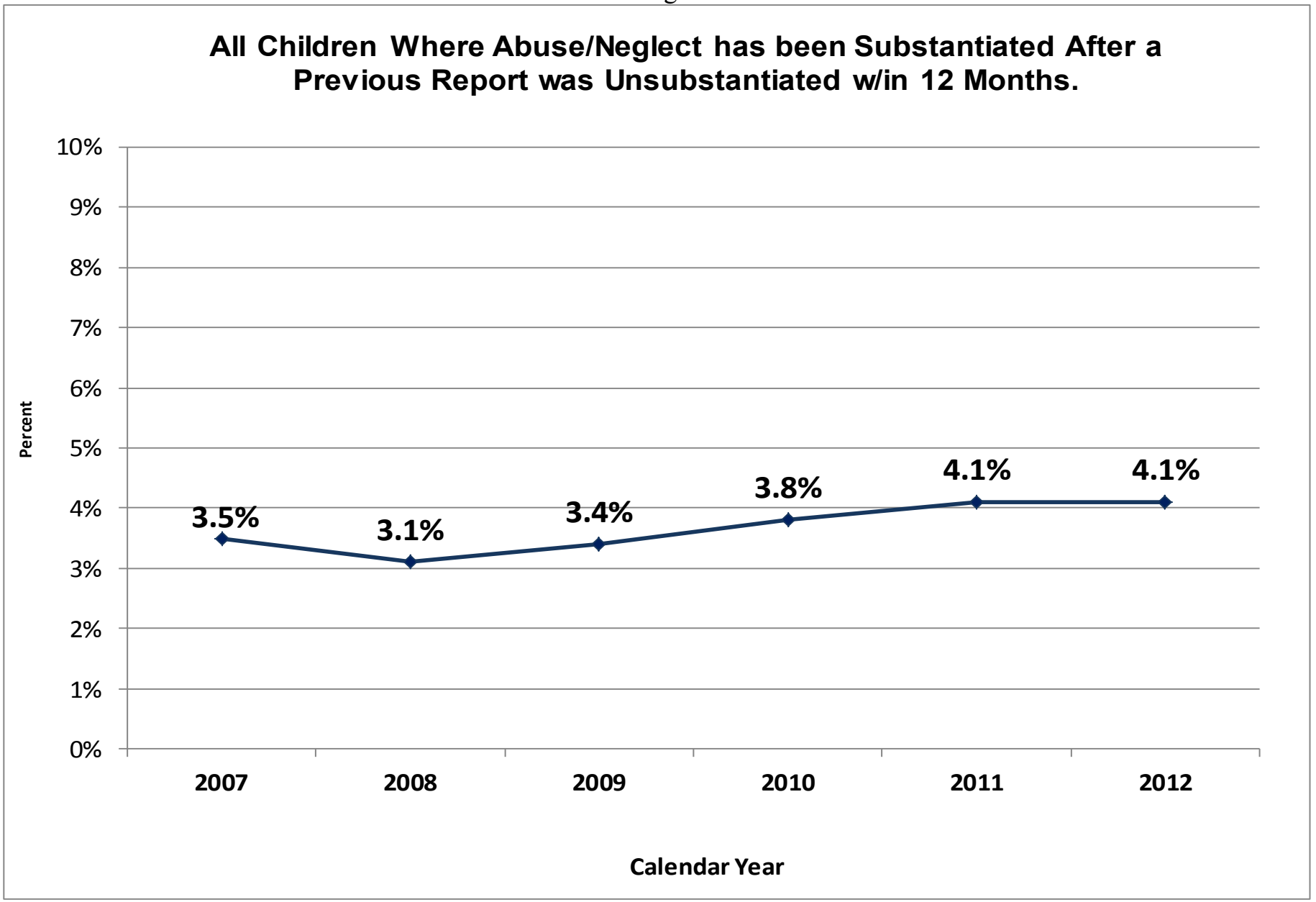

All Children Where Abuse/Neglect has been Substantiated After a Previous Report was Unsubstantiated w/in 12 Months.
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
Percent
3.5%
3.1%
3.4%
3.8%
4.1%
4.1%
2007
2008
2009
2010
2011
2012
Calendar Year

Figure 16

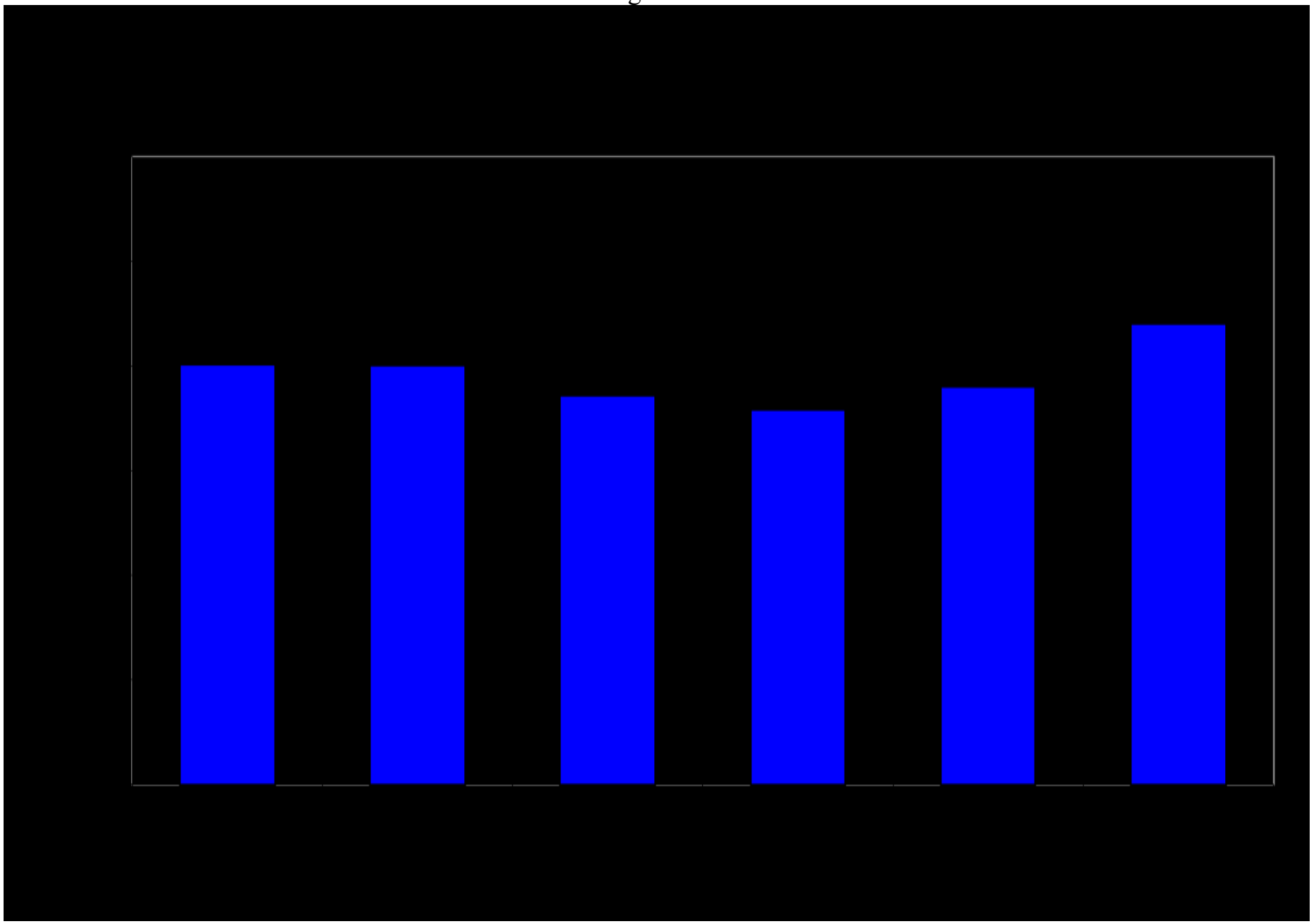


Figure 17

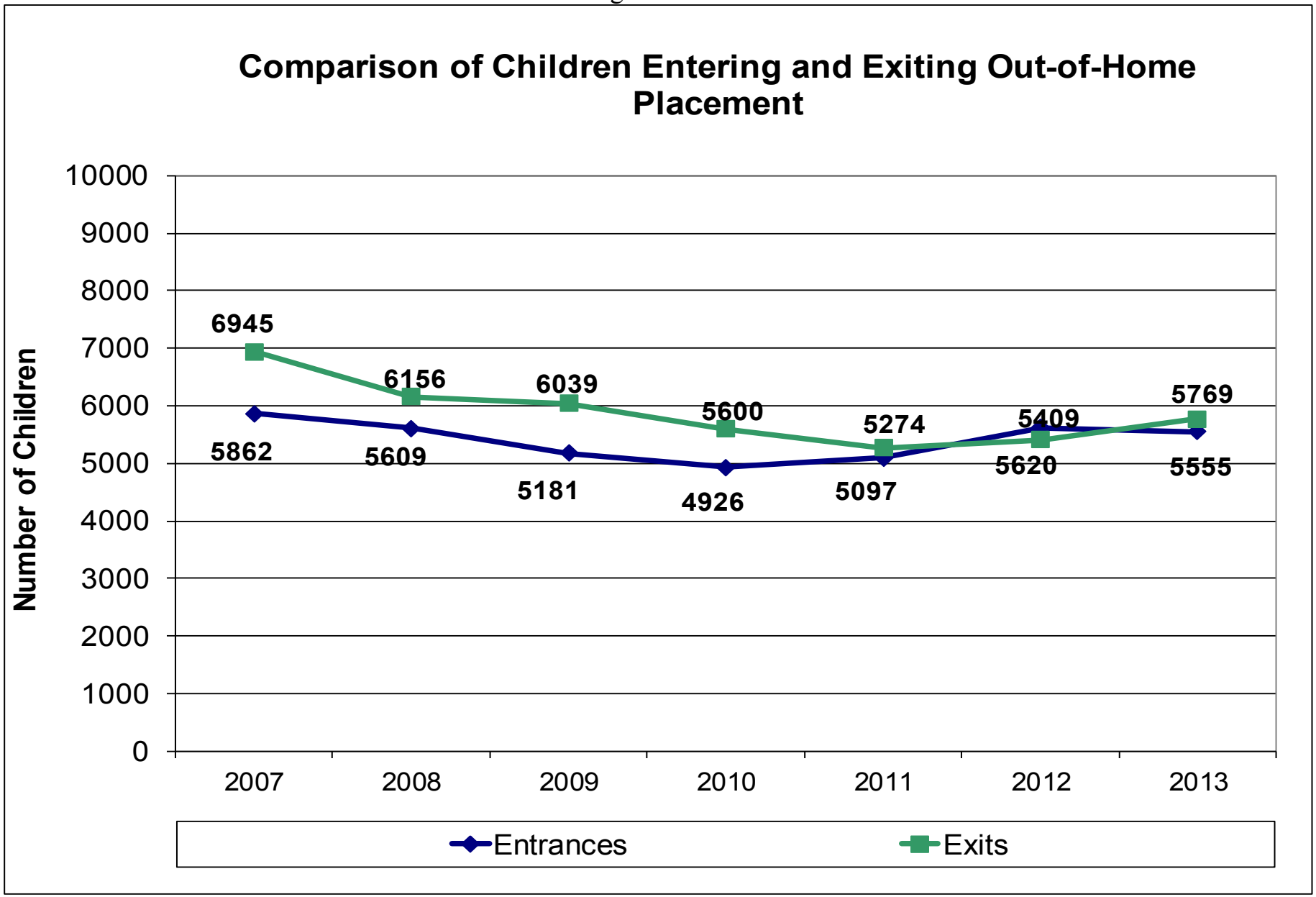

Comparison of Children Entering and Exiting Out-of-Home Placement
Number of Children
10000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
6945
6156
6039
5600
5274
5769
5862
5609
5181
4926
5097
5409
5620
5555
2007
2008
2009
2010
2011
2012
2013
Entrances
Exits

Figure 18

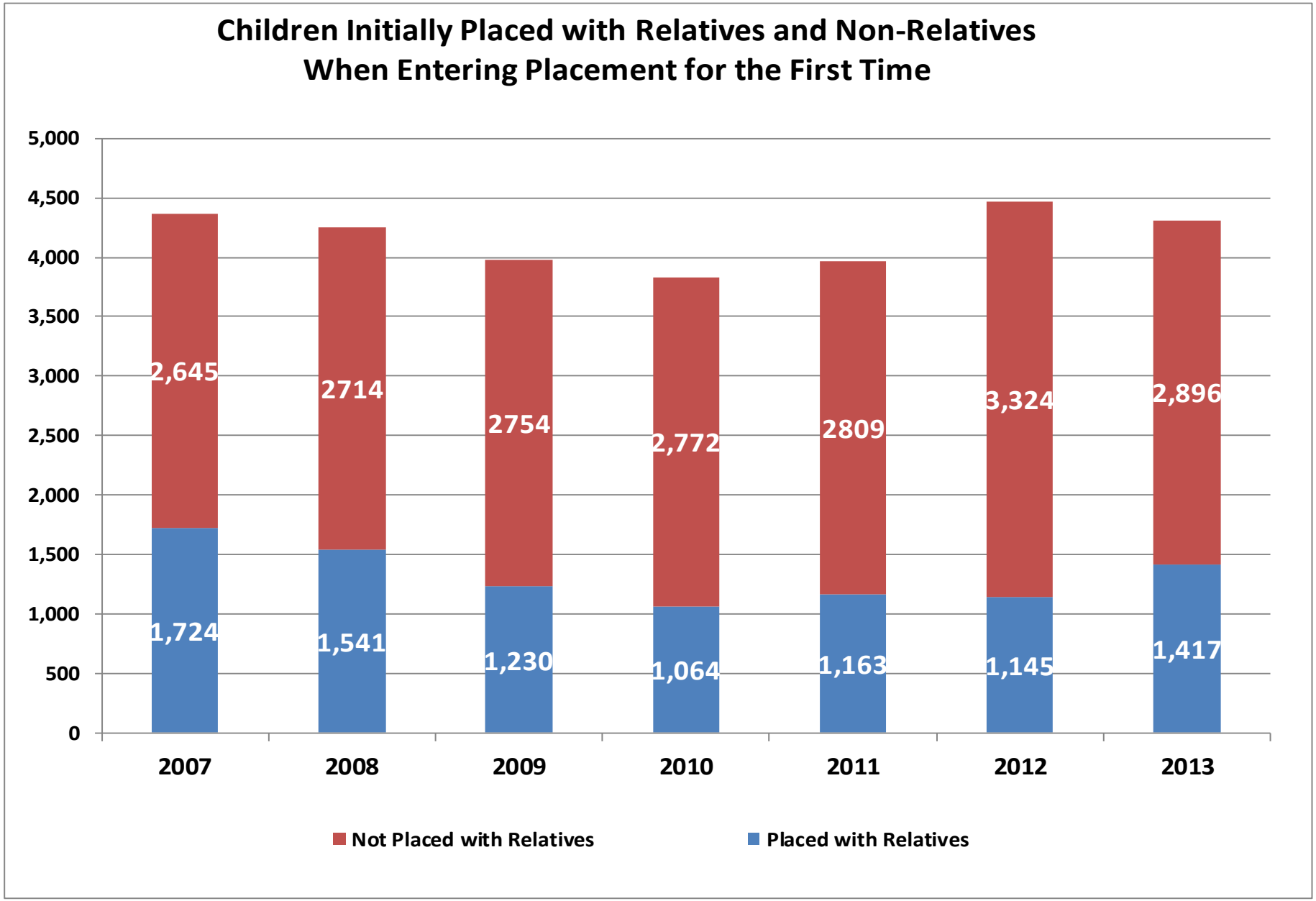

Children Initially Placed with Relatives and Non-Relatives
When Entering Placement for the First Time
5,000
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
2,645
2714
2754
2,772
2809
3,324
2,896
1,724
1,541
1,230
1,064
1,163
1,145
1,417
2007
2008
2009
2010
2011
2012
2013
Not Placed with Relatives
Placed with Relatives

Figure 19

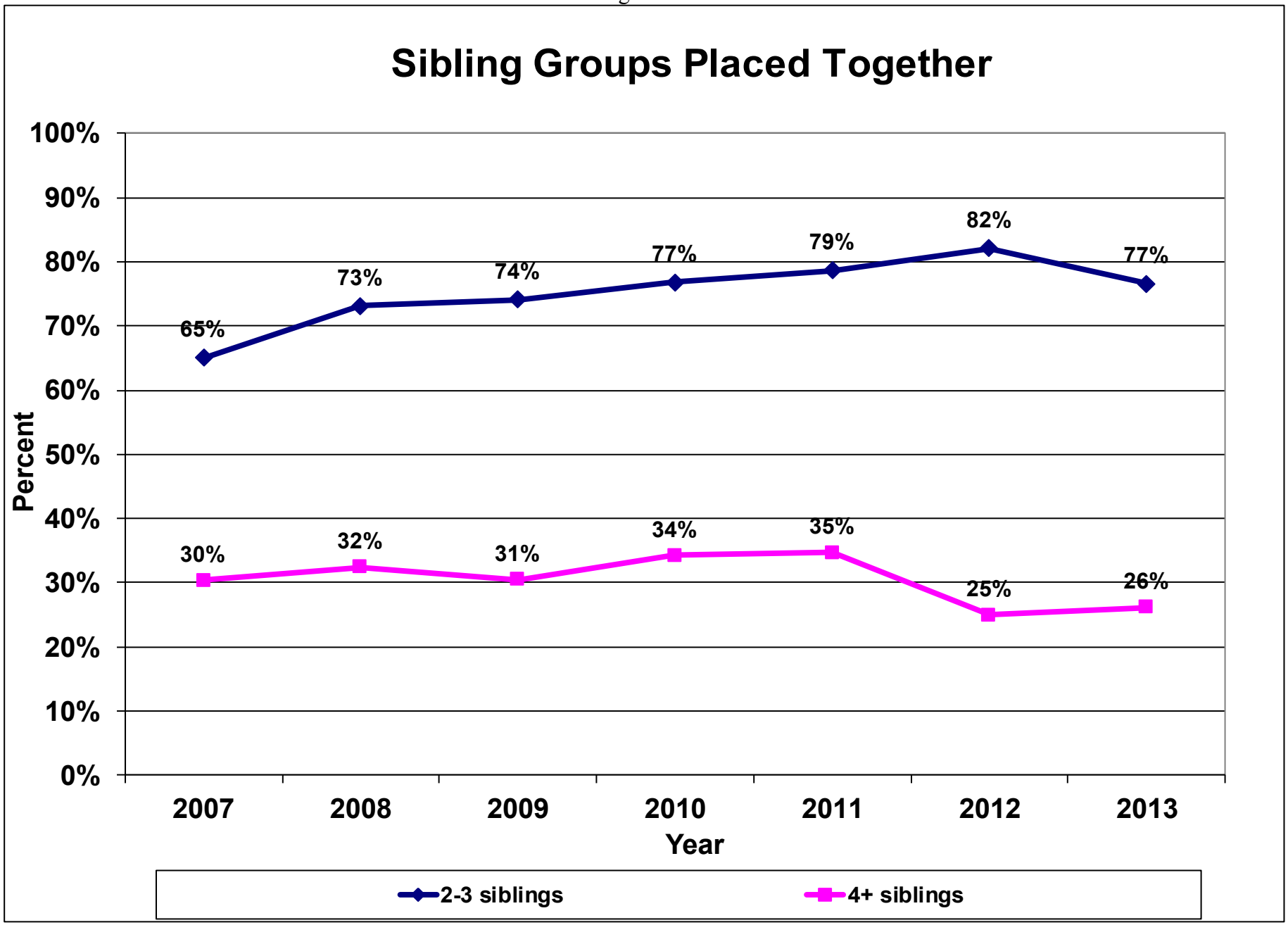

Sibling Groups Placed Together
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Percent
65%
73%
74%
77%
79%
82%
77%
30%
32%
31%
34%
35%
25%
26%
2007
2008
2009
2010
2011
2012
2013
Year
2-3 siblings
4+ siblings

Figure 20

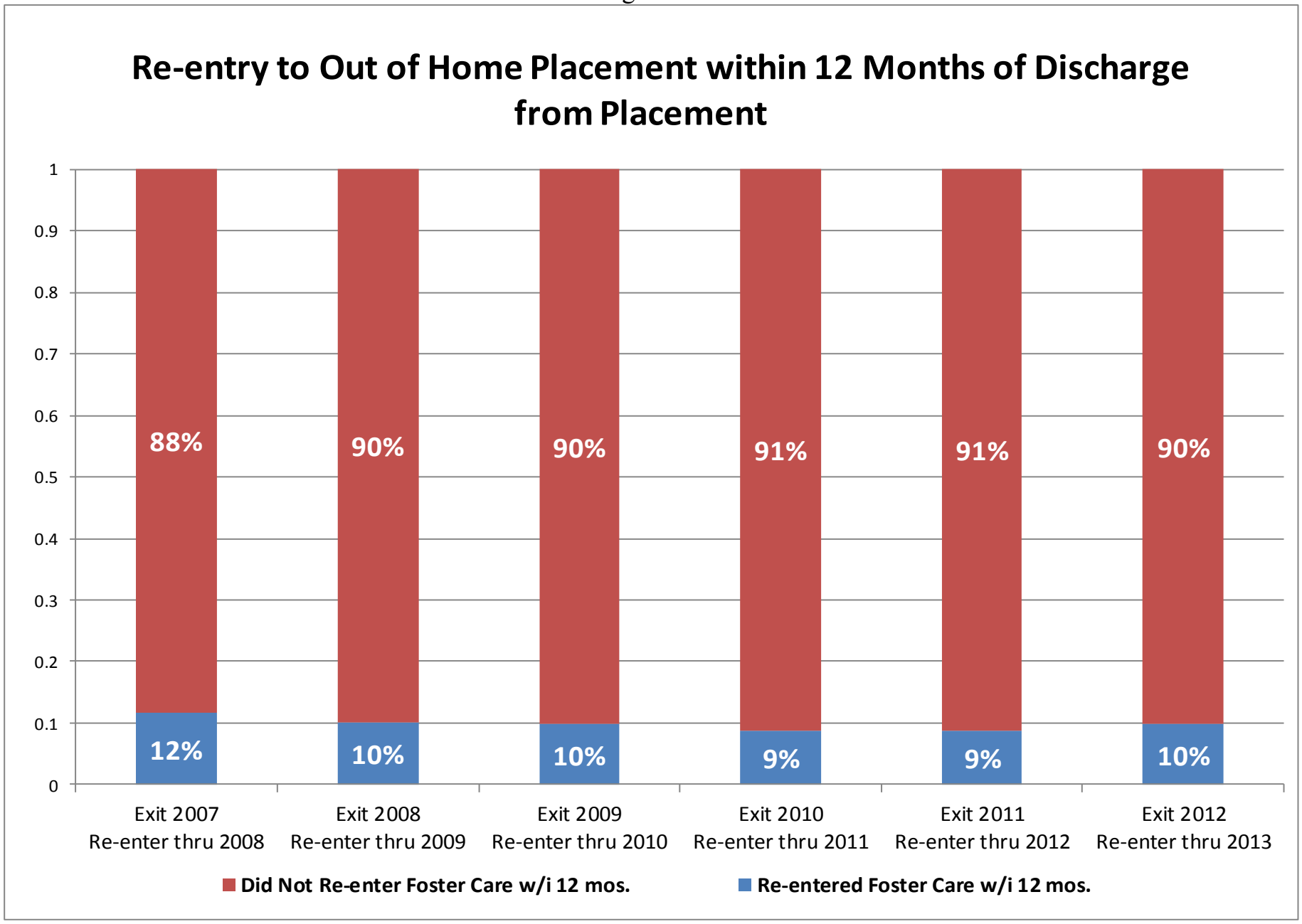

Re-entry to Out of Home Placement within 12 Months of Discharge from Placement
1
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
88%
90%
90%
91%
91%
90%
12%
10%
10%
9%
9%
10%
Exit 2007
Re-enter thru 2008
Exit 2008
Re-enter thru 2009
Exit 2009
Re-enter thru 2010
Exit 2010
Re-enter thru 2011
Exit 2011
Re-enter thru 2012
Exit 2012
Re-enter thru 2013
Did Not Re-enter Foster Care w/i 12 mos.
Re-entered Foster Care w/i 12 mos.

Figure 21

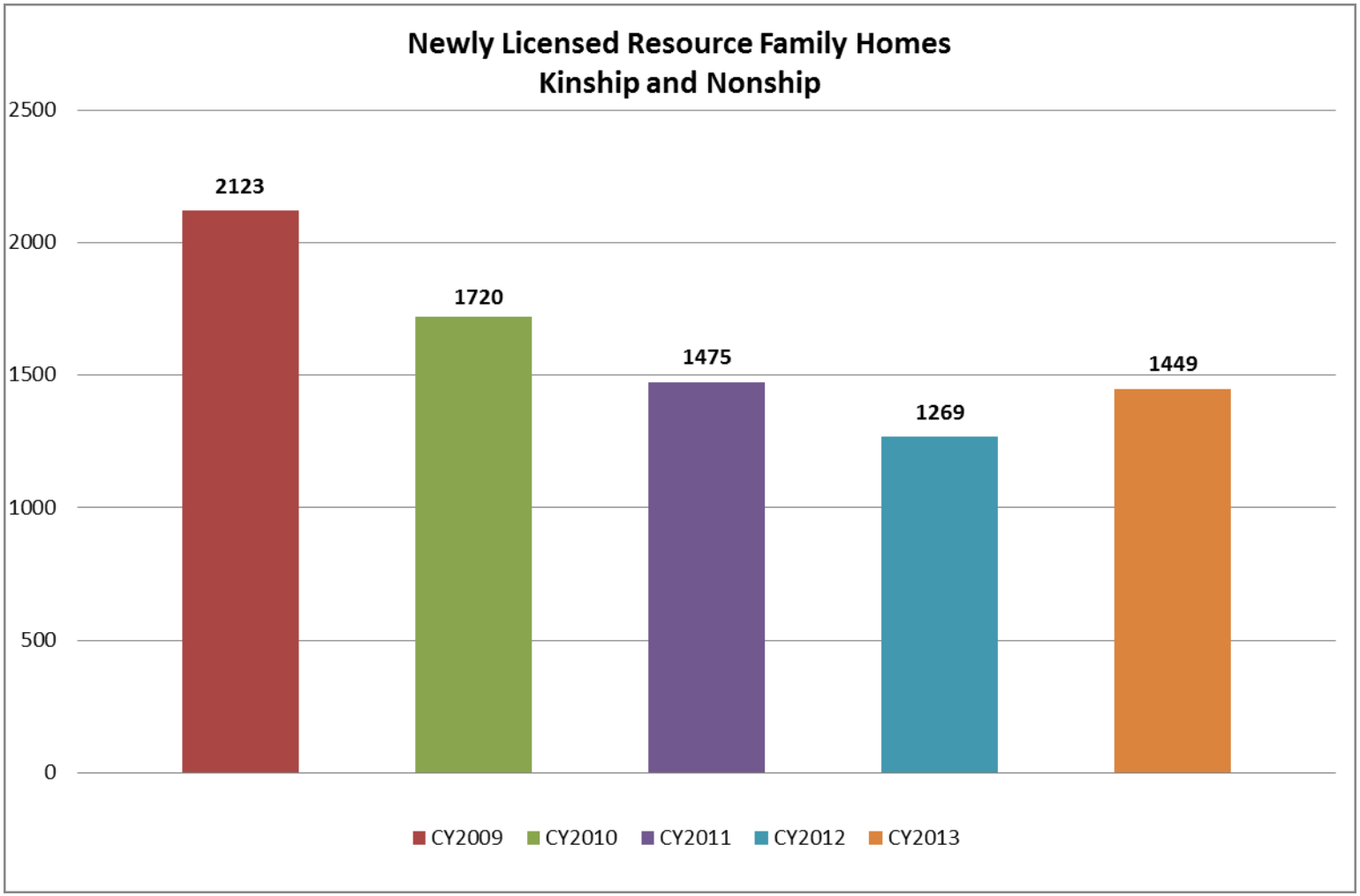

Newly Licensed Resource Family Homes
Kinship and Nonship
2500
2000
1500
1000
500
0
2123
1720
1475
1269
1449
CY2009
CY2010
CY2011
CY2012
CY2013

Figure 22

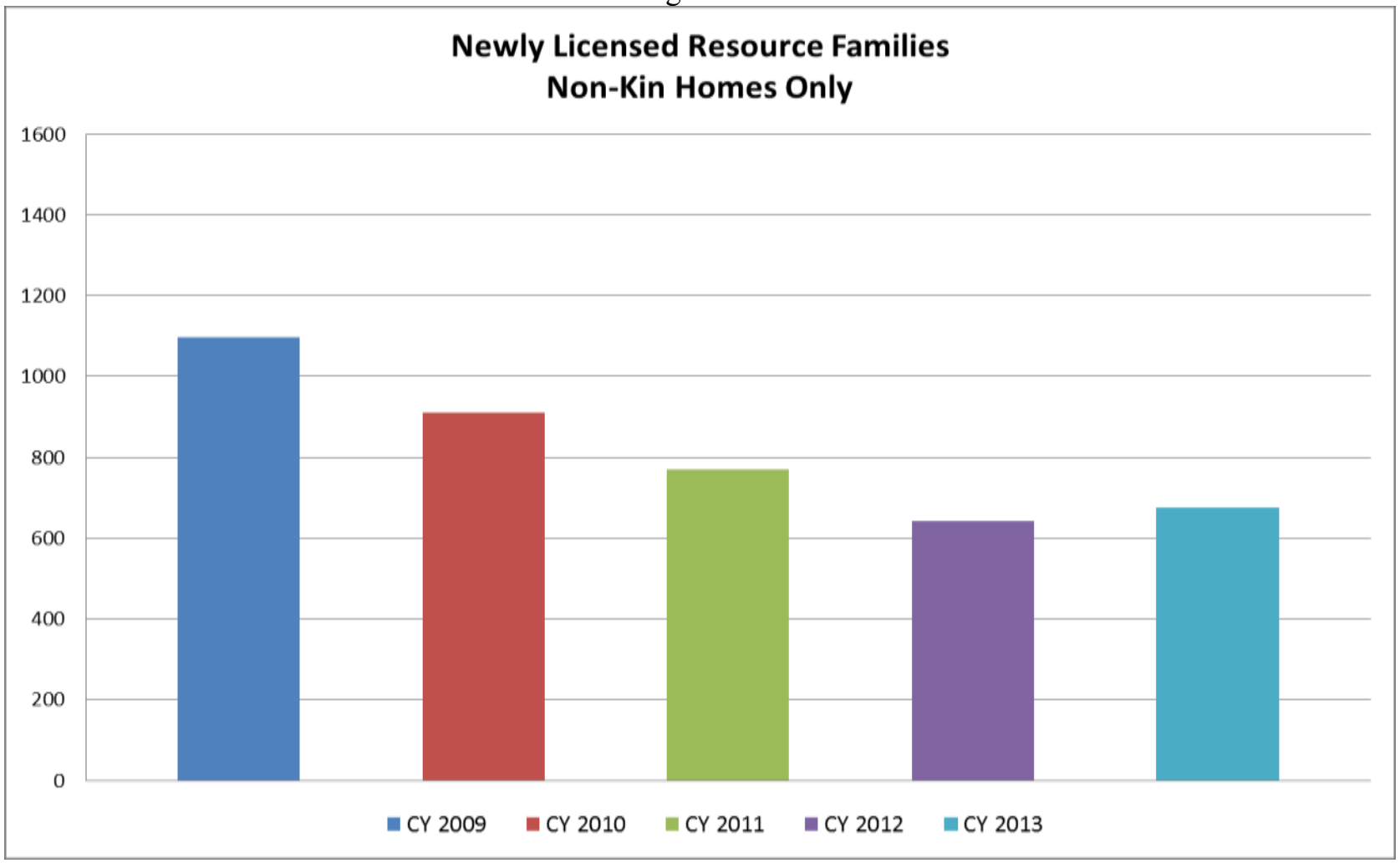

Newly Licensed Resource Families
Non-Kin Homes Only
1600
1400
1200
1000
800
600
400
200
0
CY 2009
CY 2010
CY 2011
CY 2012
CY 2013

Figure 23

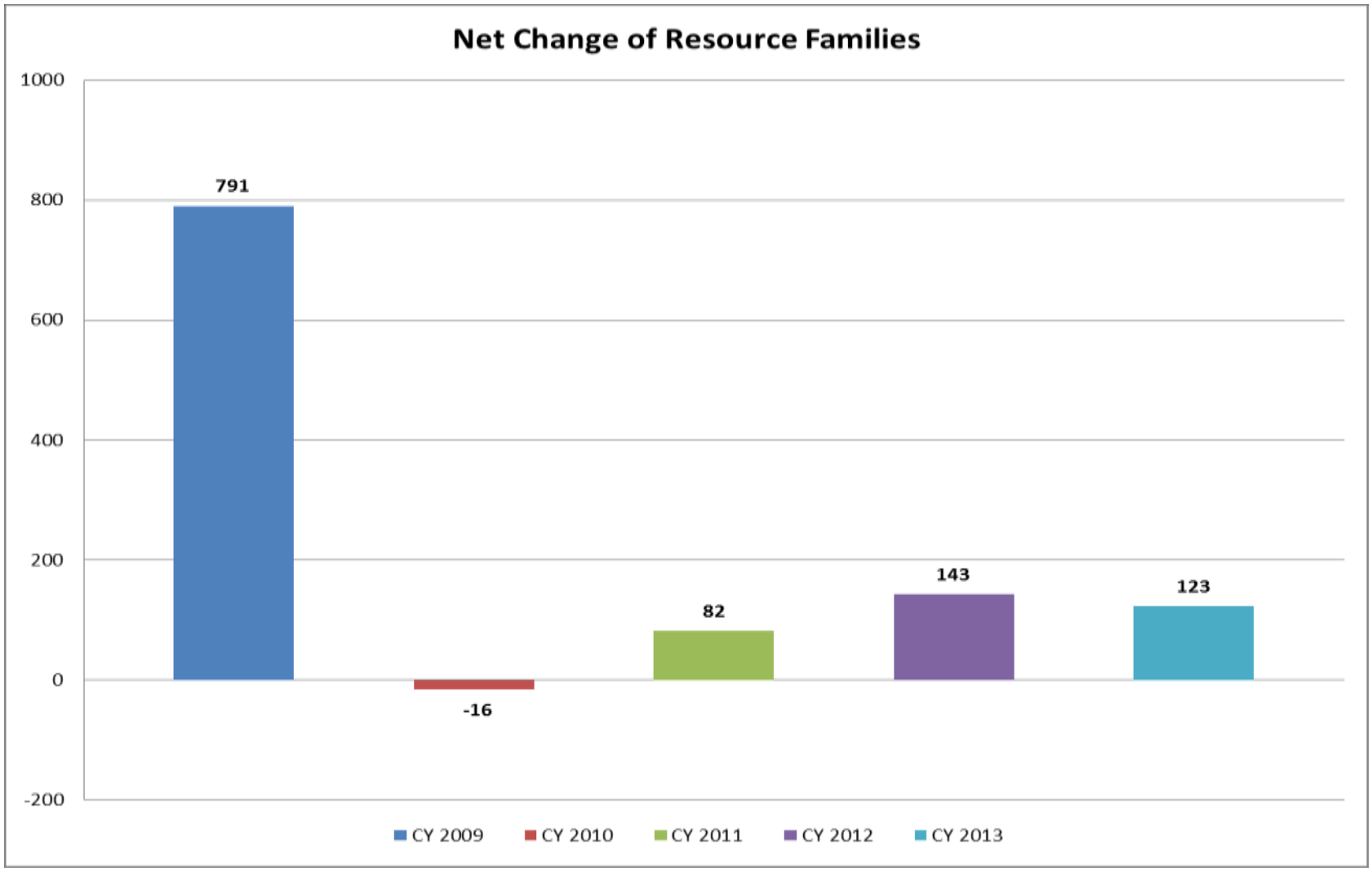

Net Change of Resource Families
1000
800
600
400
200
0
-200
791
-16
82
143
123
CY 2009
CY 2010
CY 2011
CY 2012
CY 2013

Figure 24

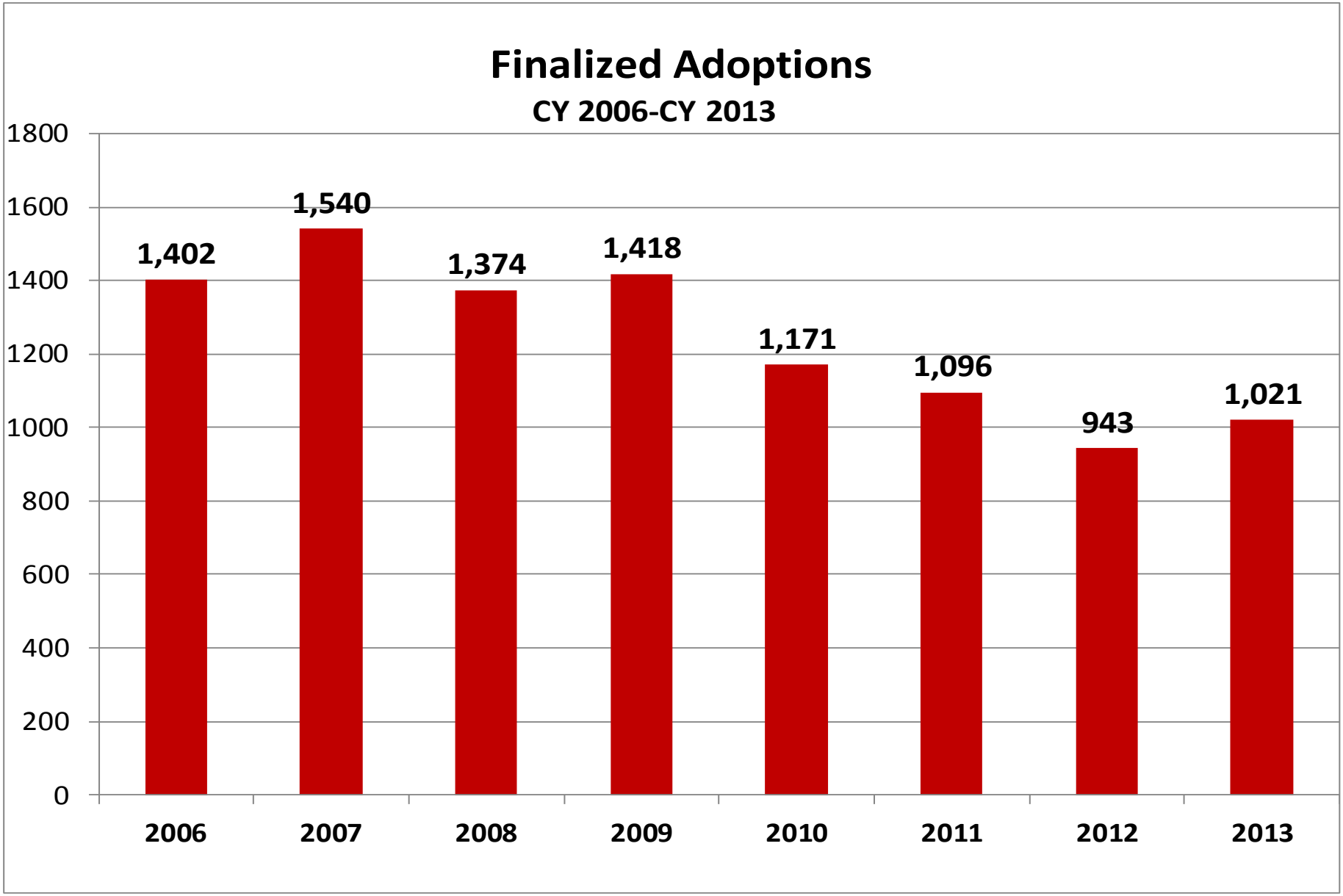

Finalized Adoptions
CY 2006-CY 2013
1800
1600
1400
1200
1000
800
600
400
200
0
1,402
1,540
1,374
1,418
1,171
1,096
943
1,021
2006
2007
2008
2009
2010
2011
2012
2013

Figure 25

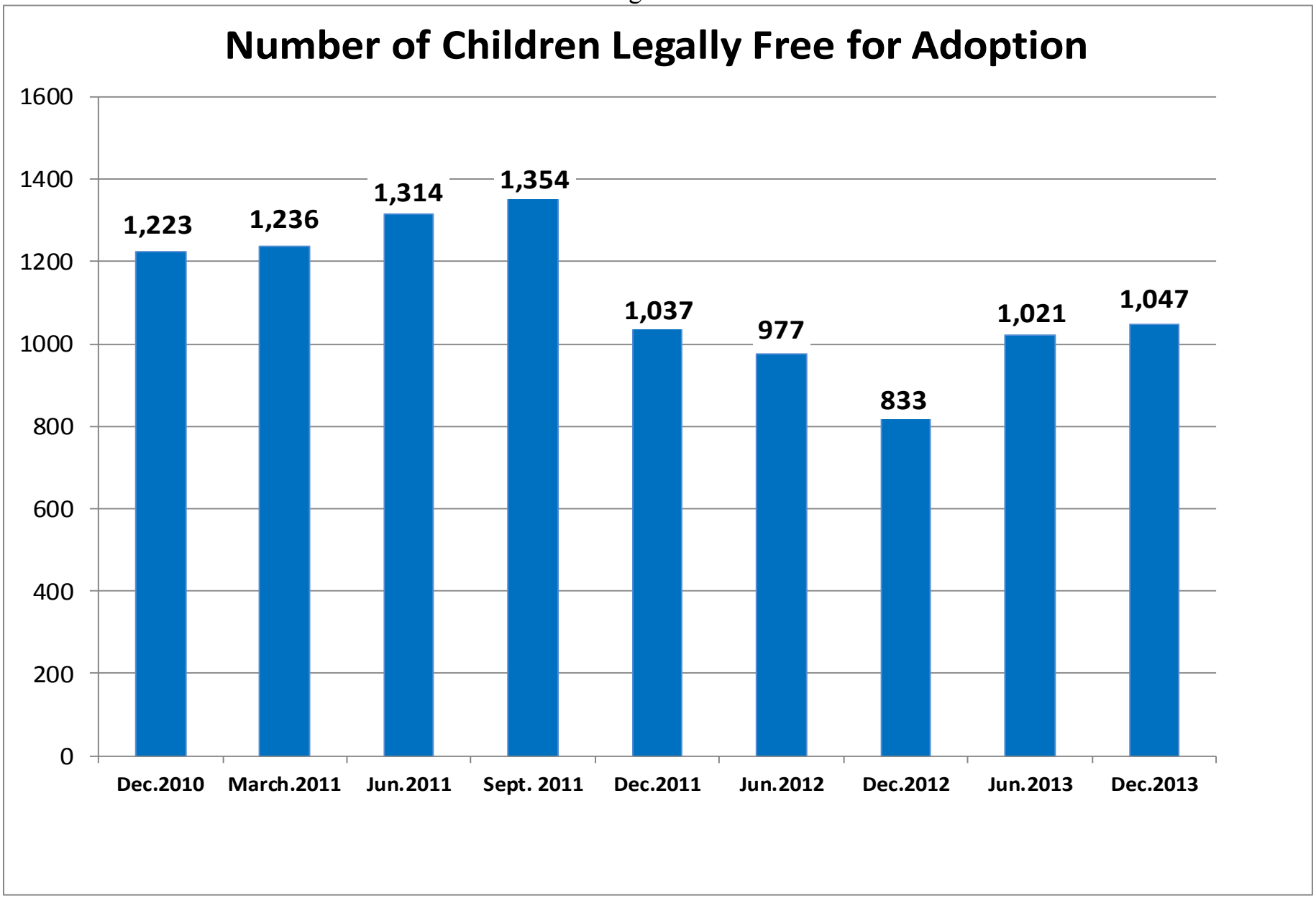

Number of Children Legally Free for Adoption
1600
1400
1200
1000
800
600
400
200
0
1,223
1,236
1,314
1,354
1,037
977
833
1,021
1,047
Dec.2010
March.2011
Jun.2011
Sept. 2011
Dec.2011
Jun.2012
Dec.2012
Jun.2013
Dec.2013

Figure 26

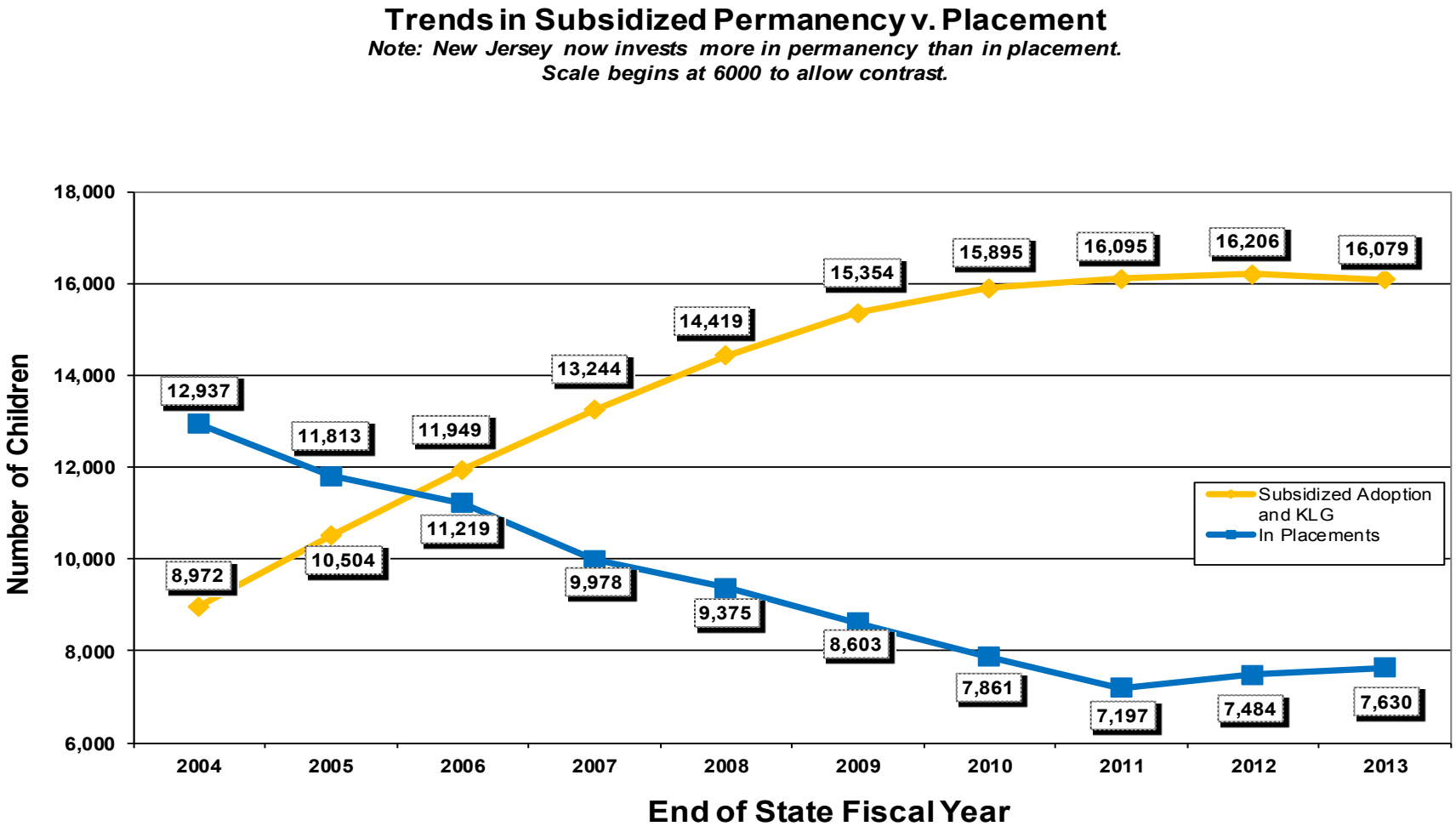

Trends in Subsidized Permanency v. Placement
Note: New Jersey now invests more in permanency than in placement.
Scale begins at 6000 to allow contrast.
Number of Children
18,000
16,000
14,000
12,000
10,000
8,000
6,000
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
End of State Fiscal Year
12,937
11,813
11,949
11,219
9,978
9,375
8,603
7,861
7,197
7,484
7,630
8,972
10,504
13,244
14,419
15,354
15,895
16,095
16,206
16,079
Subsidized Adoption and KLG
In Placements

Figure 27

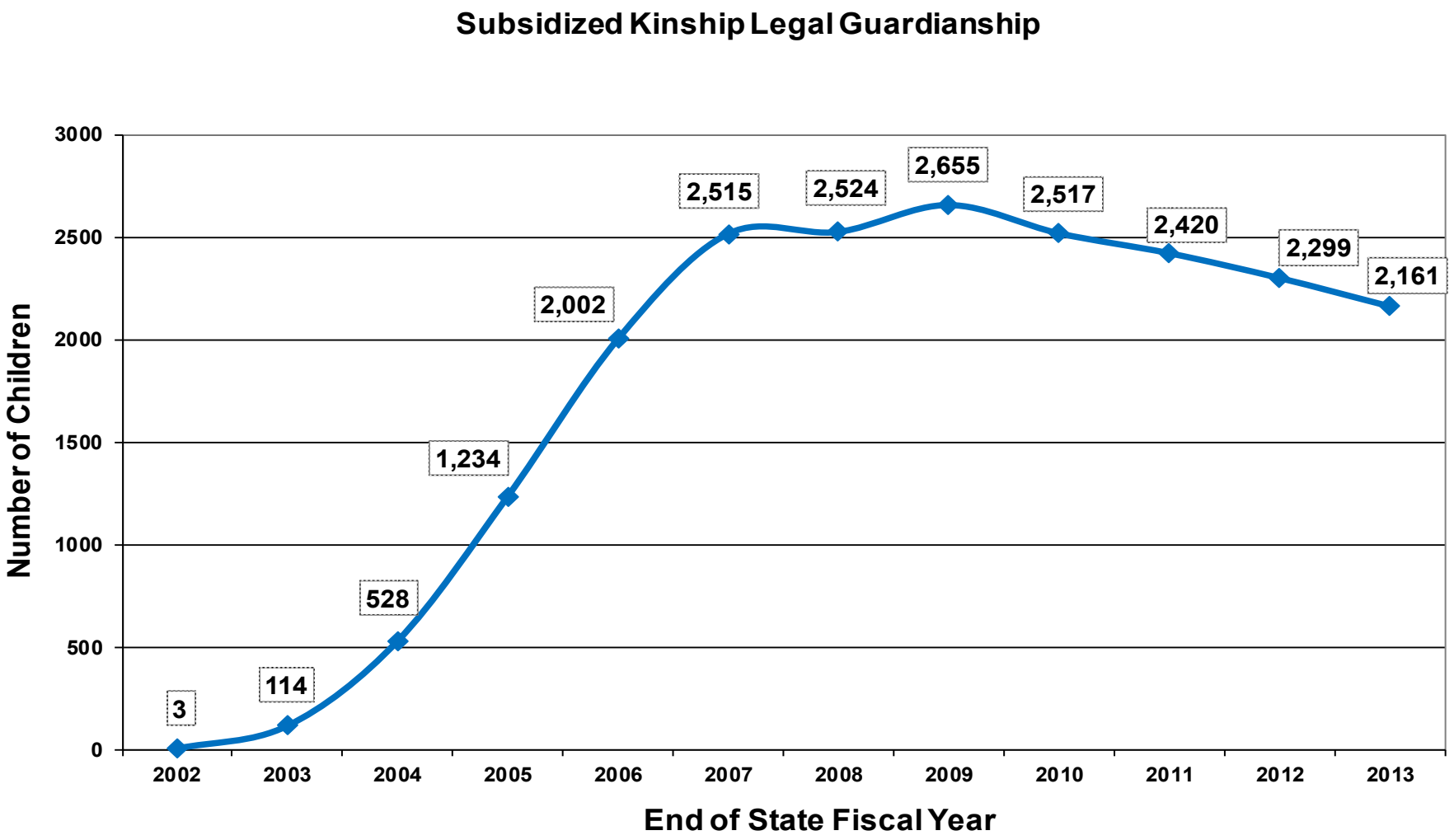

Subsidized Kinship Legal Guardianship
Number of Children
3000
2500
2000
1500
1000
500
0
3
114
528
1,234
2,002
2,515
2,524
2,655
2,517
2,420
2,299
2,161
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
End of State Fiscal Year

Figure 28

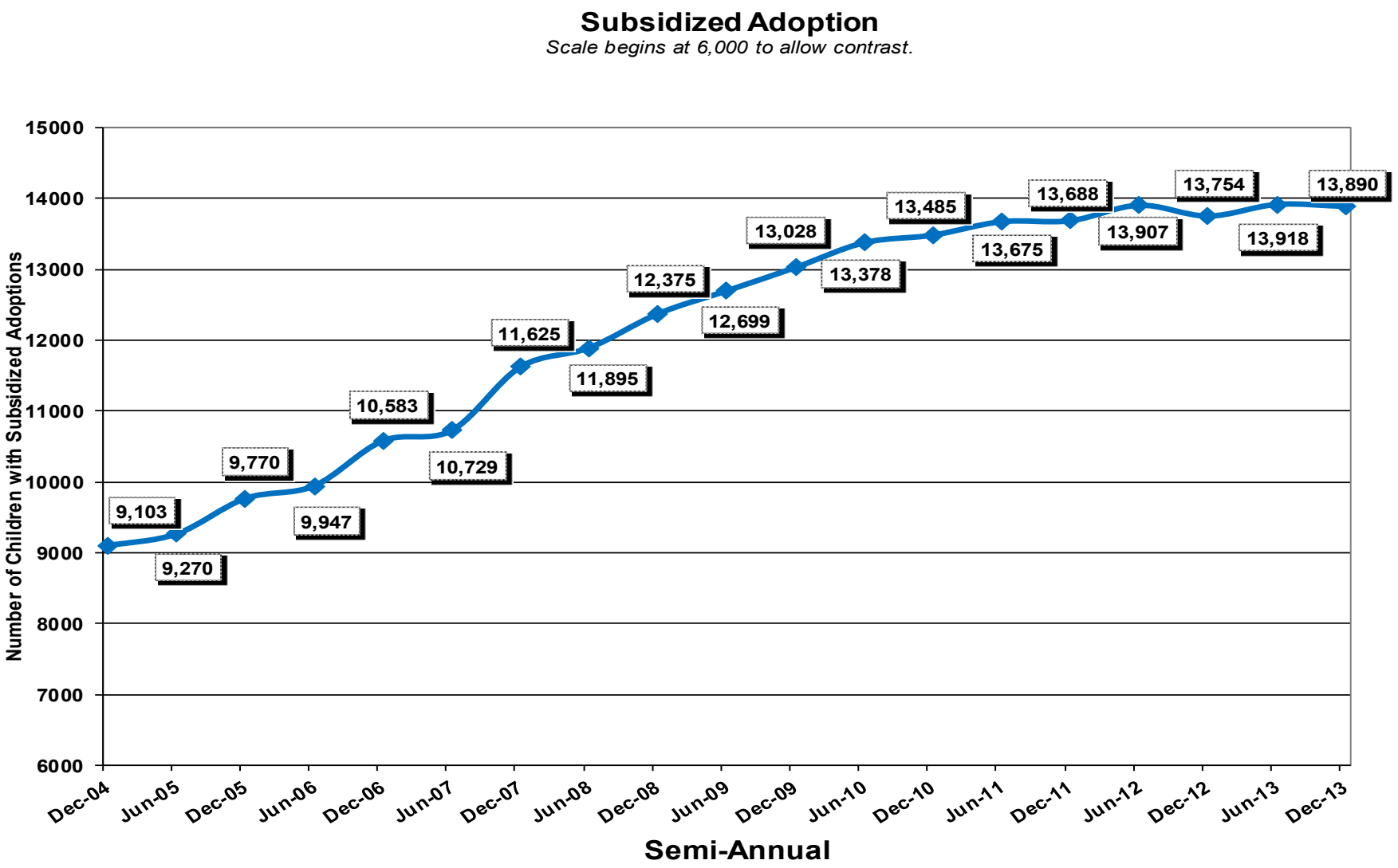

Subsidized Adoption
Scale begins at 6,000 to allow contrast.
Number of Children with Subsidized Adoptions
15000
14000
13000
12000
11000
10000
9000
8000
7000
6000
9,103
9,270
9,770
9,947
10,583
10,729
11,625
11,895
12,375
12,699
13,028
13,378
13,485
13,675
13,688
13,907
13,754
13,918
13,890
Dec-04
Jun-05
Dec-05
Jun-06
Dec-06
Jun-07
Dec-07
Jun-08
Dec-08
Jun-09
Dec-09
Jun-10
Dec-10
Jun-11
Dec-11
Jun-12
Dec-12
Jun-13
Dec-13
Semi-Annual

Figure 29

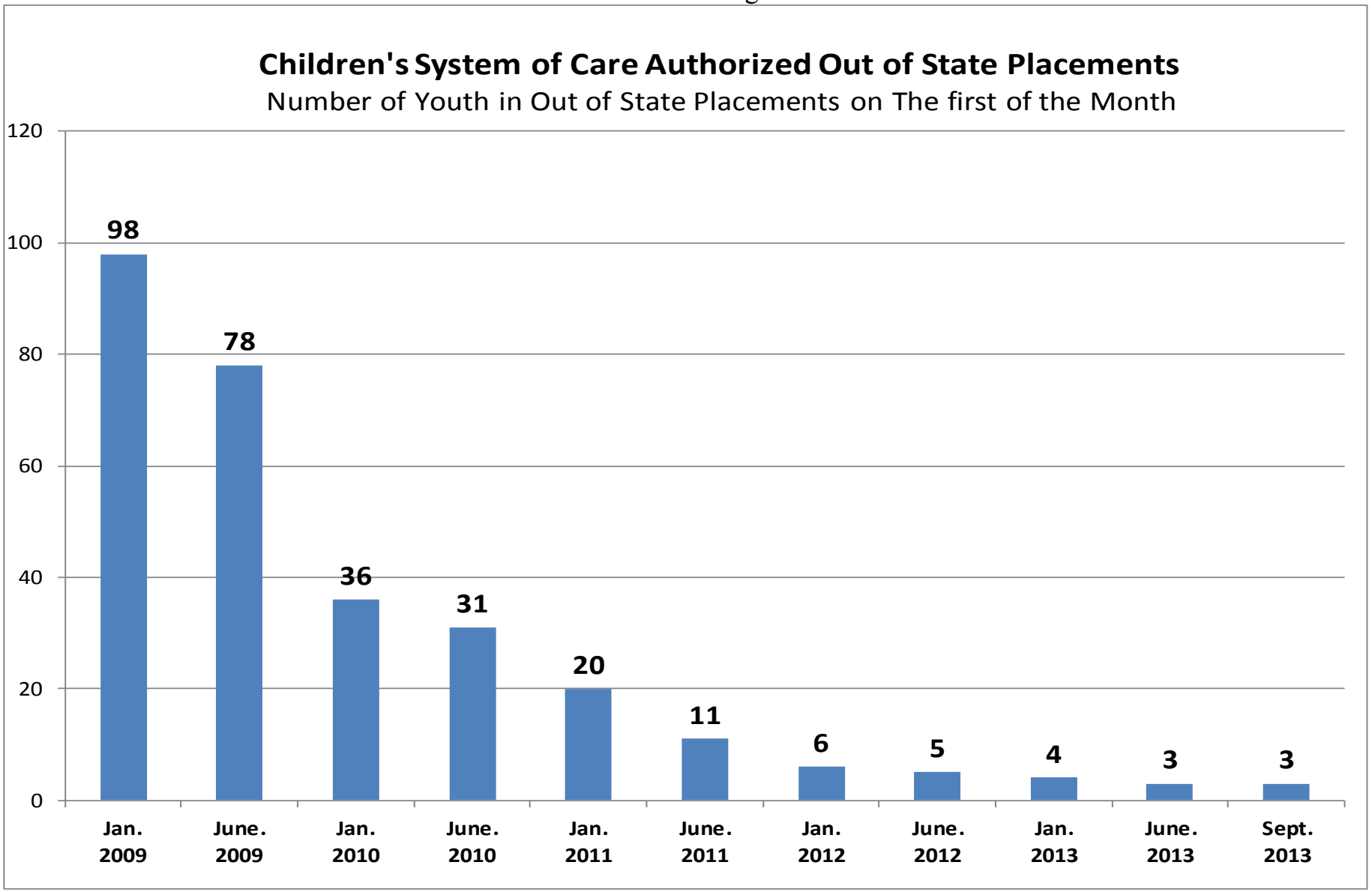
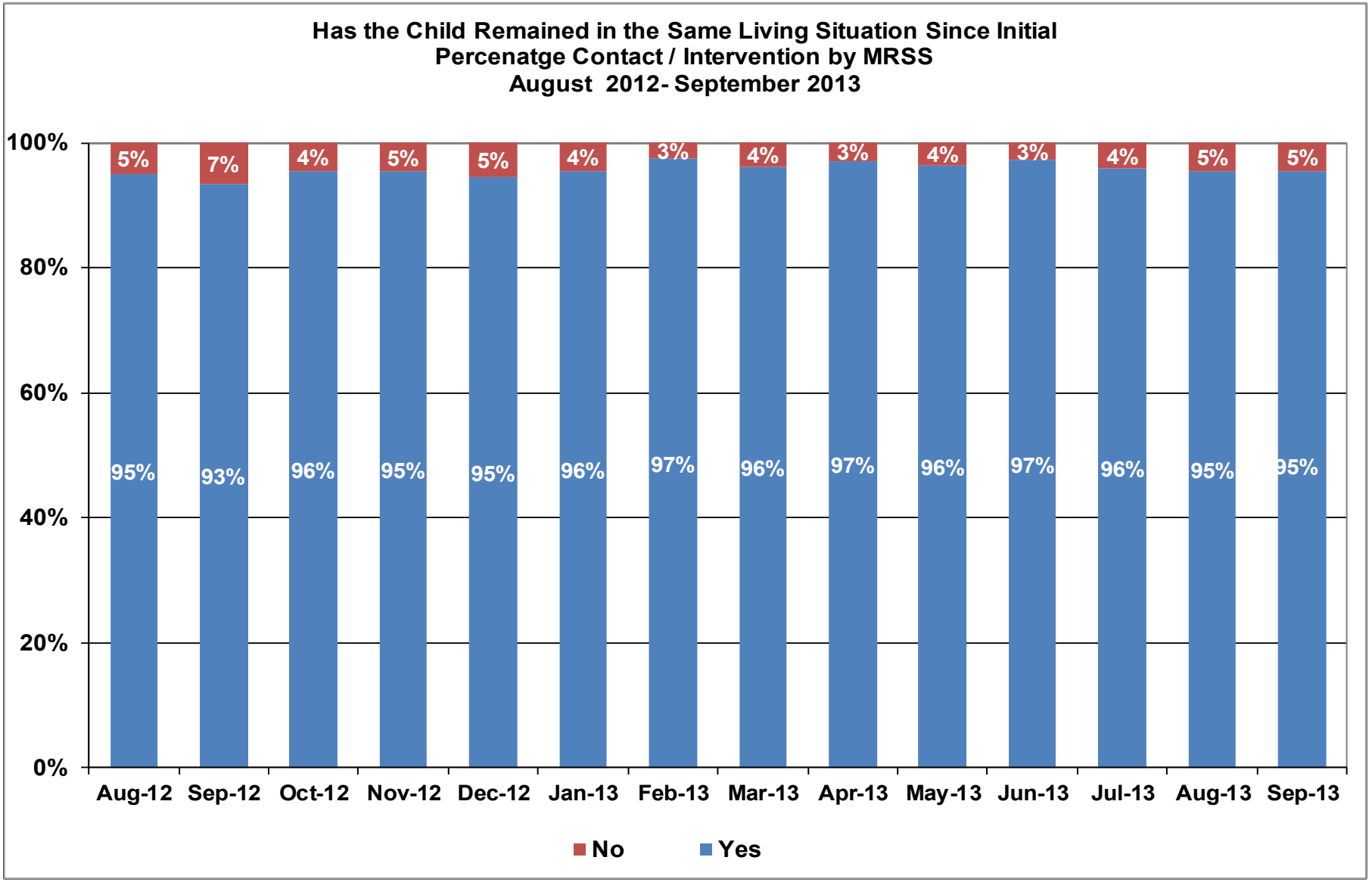

Children's System of Care Authorized Out of State Placements
Number of Youth in Out of State Placements on The first of the Month
120
100
80
60
40
20
0
98
78
36
31
20
11
6
5
4
3
3
Jan. 2009
June. 2009
Jan. 2010
June. 2010
Jan. 2011
June. 2011
Jan. 2012
June. 2012
Jan. 2013
June. 2013
Sept. 2013

Figure 30


Has the Child Remained in the Same Living Situation Since Initial
Percenatge Contact / Intervention by MRSS
August 2012- September 2013
100%
80%
60%
40%
20%
0%
5%
7%
4%
5%
5%
4%
3%
4%
3%
4%
3%
4%
5%
5%
95%
93%
96%
95%
95%
96%
97%
96%
97%
96%
97%
96%
95%
95%
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Jul-13
Aug-13
Sep-13
No
Yes

Section 2A

Strengthening the System at the Front End

SCR

SCR PERFORMANCE IS STRENGTHENED

REFERENCE # 2-1 and 2-2

In response to the Federal Monitor Recommendations, SCR has implemented a corrective action plan. An update on the responding actions by the State Central Registry (SCR) to the Monitor's recommendations follows:

SCR established written policy to delineate requirements for axing out and incorporated into SCR policy. (COMPLETED OCTOBER 2008)

SCR has established realistic and consistent time frame expectation for transmittal of SCR Reports and Referrals to the Local Offices. All Reports/Referrals must be assigned to the field for response within one (1) to three (3) hours of answering the reporters call. A one (1) hour time limit has been established as the goal for SCR screeners. (August 2009 – On-Going)

Streamline classification categories. (COMPLETED 10/08)

Reorganize and update operations manual – regular meetings were convened to implement manual changes on new initiatives and assure SCR policy. (9/1/09 ON-GOING). Specific policies addressed during this reporting period included: Child Welfare Service (CWS) Assessment Policy; Allegation Based System Policy and DCP&P Human Trafficking Policy.

System Partner Collaboration meetings with IAIU and OOL continue. The objective is to clarify responsibilities, policies, practices and codings relevant to reports involving children in resource homes and institutional settings. The goal is to achieve consistent policy interpretation by all units. The Administrator and/or her representative attend. A cross training curriculum was completed and implementation was initiated. SCR and IAIU staff continues to participate in workgroups that are identifying technical issues with resource providers within NJ Spirit. Training is expected to continue this year. SCR and IAIU staff continue to work collaboratively on educating State and community partners by attending staff meetings and conducting presentations. (September 2009—On-Going)

CONTINUOUS QUALITY ASSURANCE/CERTIFICATION PROCESS – has been fully implemented.

The Office of Performance Management & Accountability (OPMA) together with the Monitor conducted a case record review of SCR operations. Monitor and CP&P staff reviewed a sample of 367 intakes from the month of October 2011 to assess the professionalism and competence of screeners, their effectiveness in gathering critical information, the quality of documentation and the soundness of their decision making. "The review revealed that SCR was able to sustain the identified improvements from the 2008 Assessment and that, in critical areas of responsibility, SCR is able to meet its responsibilities and is an effective "front door" for New Jersey's child protection system." (COMPLETED 2012)

Quality assurance remains a priority for the SCR. All supervisors perform call monitoring weekly on a random sample of calls taken by their supervisees. This is a prescribed computerized review which is graded for quality and accuracy. This allows the supervisor to assess the screeners' skill sets and provide on-going training to continue to enhance their skills and address any areas of development. Additionally supervisors are able to assess their screener's critical thinking skills, knowledge and application of the Allegation Based System (ABS) and CWS policy and their level of customer service. (On-Going)

A Quality Assurance (QA) Peer Review Team completes a daily review of all reports coded "Information & Referral" (no field response), generated since the prior business day. Twenty-five percent of the daily Information & Referral Intake calls received the previous business day are reviewed and evaluated by supervisory staff. Seventy-five percent of the daily Information & Referral Intakes that did not receive a call monitoring that were received the previous business day are being read by supervisory staff. Reports identified with concerns are then reviewed by a Case Work Supervisor. To achieve objectivity, an independent review is conducted by someone not involved in the decision making process of the referral (June 2011—On-Going)

The SCR Administrator reviews a daily random sample of the above.

A Case Work Supervisor conducts a call monitoring on any report determined to require an enhanced level of scrutiny.

The Case Work Supervisors review a daily random sample of all "Related Information" reports. The Administrator reviews a minimum of 10 % of the latter. (May 2010 – On-Going).

Annual, scheduled re-certification evaluations on all "certified" supervisors and screeners (those who have been approved to complete their own reports without supervisory review) are conducted by Case Work Supervisors. Case Work Supervisors ensure objectivity by not conducting re-certifications on staff they directly supervise.

The outcomes of the certification process will be improved with the perspective shift that it is on ongoing quality assurance course of action that culminates in "Annual" certification.

TRAINING/STAFF DEVELOPMENT

Effective June 28, 2011, no DCF staff members in 'trainee' status will be eligible for employment at SCR (June 2011—On-Going).

SCR continued to maintain system improvements related to training and staffing. SCR offers specialized training to all new employees coming into the State Central Registry Operations. SCR continued to enhance the internal training of newly hired staff by implementing a new component to the training process that requires SCR mentors to complete training status notes. This process assists with assessing the newly hired staff's areas of strengths and improvements enabling the training to be tailored towards the new hire's skill level. DCF employees who have transferred to SCR continue to receive up to 20 days of training with an increased emphasis on live-call training. Newly hired SCR staff spend the final week of their training period on the designated shift they

are assigned. This process permits the supervisor to become an active participant in the screener's training process (On-Going).

SCR has worked collaboratively with the Training Academy to develop a New Jersey Welfare Training Academy SCR Field Guide and Curriculum as well as specific training for SCR screeners. SCR full time employees participated in a 3 day training course dedicated to the work duties performed by SCR staff that include the following: Allegation Based System (ABS) booster; DCF policy/practice regarding child welfare service assessments; developmental needs of children and adolescents; customer service concepts and documentation. (COMPLETED JULY 2012).

SCR continues to collaborate with the Training Academy to offer training courses on-site at the SCR. This will enable for more staff to participate in relevant training to continually enhance SCR's competencies. (On-Going)

SCR collaborated with the Division of Prevention and Community Partnerships to train all part time employees who are not employed at SCR full time in the Domestic Violence Protocol training that was specifically developed for the screening process and guided by a national consultant (COMPLETED OCTOBER 2011).

All supervisory staff including both full time and part time has been trained to complete comprehensive background checks in the Judiciary database. Of note, 15 screeners have also been trained in this regard (COMPLETED).

SCR has prioritized and targeted the following trainings to be completed by all Screening staff (Administrator, CWS, and Supervisors & Screeners) = 101. (Spring 2010-Ongoing)

Training	# Trained	%	# of Staff (need training)
CPM 1	101	99%	102 (1)
CPM 2	88	86.3%	102 (14)
Documentation for Child Welfare Professionals	58	59.2%	98 (40)
Cultural Competency *All Staff 109	71	65.1%	109 (38)
Principles of Mgmt *required for Administrator, CWS, Supervisors & FSSI=50	36	65.5%	55 (19)
SCR Enhance Training (excluding supportive staff)	95	91.3%	104 (9)
Human Trafficking for Administrator, CWS and Supervisors	8	36%	22 (14)

SPIRIT "Intake Training" – SCR Supervisors and Screeners continue to be incorporated into the test environment of NJ Spirit releases by DCF – OIT. Training to enhance staff skills in conducting searches of resource homes in NJ Spirit (SACWIS) has been provided to all SCR Supervisory staff. (COMPLETED 4/10)

In June 2013 NJ Spirit was updated allowing SCR to attach screening calls to summary intakes. Between June 2013 and July 2013 all of SCR staff were trained on how to attach a call to a summary intake. In July 2013 SCR began attaching calls to CPS and CWS summary intakes allowing field staff to have the opportunity to hear first-hand what the caller reported.

LEADERSHIP DEVELOPMENT

SCR Leadership Development: Monthly leadership meetings are held by the Administrator with all Casework Supervisors. Standing agenda time is committed to "**Community of Practice**" when policies, practices, protocols and memorandums of understanding are reviewed and clarified, all new policy changes are disseminated, case samples are utilized to identify gray areas and misunderstandings and/or upgrade/downgrade trends are discussed. The objective is to build clarity and consistency among CWS supervisory decision making. This forum is extended to external partners as well. In 2011, domestic violence protocol trainings specifically developed for the screening process and guided by a national consultant were conducted for our part time staff. "**Collective Leadership"** is also a standing agenda item. Here leadership skills, methods and challenges are shared and cultivated in order to nurture and develop our staff while fostering commitment and accountability. The objective is for Casework Supervisors to understand their role as leaders, feel empowered to embrace it and effectively execute it to meet the organizational goals.

Between May and June 2013 three of SCR leaders graduated from professional leadership programs: the DCP&P Management Fellows Project also referred as the "Capstone Project"; the DCF Fellows Program and New Jersey Certified Public Manager's (CPM) Program. By participating in leadership programs, SCR leaders have increased their capacity to address complex situations and better support screeners. SCR is utilizing the knowledge gained from the leadership programs to enhance the functioning of the operation by applying processes and resources to achieve accountability and measuring results. Two of SCR screeners are currently enrolled in the Post BA Certificate Program in Child Advocacy and both are anticipated to graduate in June of 2014. In September 2013 three of SCR screeners were accepted into the DCF/Rutgers School of Social Work Violence Against Women Program. Participation in this program will increase SCR's knowledge base and will help staff to differentiate between instances of victimization, violence and how domestic violence impacts the family unit. (February 2011—Ongoing).

Community Partnership and Presentation: SCR remains committed to enhancing and building our community partnerships in an effort to bridge any gaps that may exists. In order to foster knowledge and understanding of the SCR role and operation, presentations are being held with other community stakeholders. This reporting period, there have been presentations to the Warren County Counselors Association; Rider University; OOL/IAIU Collaborative Training; Stockton State College; NJ CAP; Englewood Cliffs School District; Ridgewood School; Cumberland

County Human Services Advisory Council Conference "Helping Our Children" and Camden County Prosecutor's Office.

DATA

Enhanced SCR Data Utilization: The SCR has state of the art, user friendly mechanisms (NJS, AVAYA, NICE & CMS) that deliver daily and cumulative data which allows effectiveness and efficiency trends to be gauged and staffing issues to be managed according to call volume. Enhanced utilization of these tools is in process by all supervisory levels. The objectives are overall operational awareness, to monitor accordingly and to assess staff skill levels and training needs in order to plan & train effectively. An upgrade to the call management system is currently being developed to allow for screeners to have access to their own calls at their desktop via email. This new feature will enhance case practice by allowing self-reflection and evaluation on their own work. The two DCF 2011 fellowship graduates continue to utilize the knowledge they gained in the program to assist SCR in understanding data to improve outcomes. The Fellows Graduates are currently working on specific projects that target information gathering.

Section 2B

Strengthening the System at the Front End

Services to Populations at the greatest risk of maltreatment

Services to Populations at the greatest risk of maltreatment

The Department of Children and Families Division of Family and Community Partnerships' (DFCP) goal is to build a continuum of child abuse prevention and intervention programs that are culturally competent, strengths-based and family-centered, with a strong emphasis on primary child abuse prevention. The Standards for Prevention Programs developed by the New Jersey Task Force on Child Abuse and Neglect, defines prevention efforts as follows:

Primary Prevention targets the general population and offers services and activities **before** any signs of undesired behaviors may be present; there is no screening.

Secondary Prevention is directed at those who are "**at risk**" of possibly maltreating or neglecting children. Determining who is at risk is based upon etiological studies of why maltreatment may occur. Secondary prevention efforts and services are provided before child abuse or neglect occurs.

Tertiary Prevention is provided **after** maltreatment has occurred, to reduce the impact of maltreatment and to avoid future abuse. Tertiary Prevention is treatment, working with children who have been abused, or working with families where abuse has occurred.

DFCP is committed to provide the resources and technical assistance needed to maintain a robust network of public/private partnerships and programs. Schools and community-based organizations are two prime locations for prevention and intervention services. These two portals are the broadest access to services for families.

New Jersey Children's Trust Fund (CTF)

The New Jersey Children's Trust Fund (CTF) is a private/public partnership created by law in 1985 to fund child abuse and neglect prevention programs in New Jersey communities. The CTF supports local child abuse and neglect prevention programs that implement evidence-based and evidence-informed programs. Funds come to the CTF primarily from residents through the NJ state income tax check-off; and other private donor contributions. More detailed information about CTF funded services is included in Section X.

Community-Based Child Abuse Prevention (CBCAP) Program:

CBCAP provides funds for implementation and coordination of prevention services under the direction of the Director of DFCP. CBCAP grant management is situated in the Division of Family and Community Partnerships. Funds support state and local primary and secondary prevention services targeting children and families in at-risk communities throughout the State. For FFY2013 CBCAP supports the following initiatives in the DFCP Offices:

Office of Early Childhood Services (OECS):

- *Center for Family Services–Camden City*: Family Connect is a 12-week home visiting program for families with medically fragile children
- *Parents Anonymous–Cumberland and Salem Counties:* South Jersey Father Time provides group support and education to men as they nurture and protect their children and deepen father-child relationships and community involvement.

- *Central NJ Maternal & Child Health Consortium–Somerset County:* Using the Parents as Teachers home visiting model to improve parenting practices, knowledge of child development & early identification of delays; and school readiness.
- *Advancing Opportunities (with Autism NJ)–Mercer County:* Special needs parent education program & support groups for families of children with autism spectrum disorders using Strengthening Families (addiction) curriculum.
- *Northern NJ Maternal & Child Health Consortium–Essex County:* FELLAS (Fathers Empowered to Learn, Lead and Achieve Success) provides a 12-week fatherhood course using "24/7 Dads" curriculum; offers both group & individual support.
- *Family Intervention Services–Essex and Passaic Counties:* Effective Parenting Program provides 6-week parenting skills education using the Active Parenting curriculum. Parents may continue to participate in ongoing parent support groups.
- *South Jersey Health Care (INSPIRA) Cumberland County:* Cumberland County Council for Young Children.

Office of Family Support Services (OFSS):

- *Family Success Centers - Hunterdon, Morris, Gloucester, Somerset, and Cape May Counties:* Family Success Centers (FSCs) are neighborhood-based gathering places where any community resident can find various information and services. FSCs offer prevention services to families and bring together concerned community residents, leaders and community agencies to address the problems that threaten the safety & stability of families and the community.

Office of Domestic Violence Services (ODVS):

- *Domestic Violence Liaisons - Monmouth, Cape May, Warren, Sussex, Passaic, Hunterdon, Salem, Hudson, and Mercer Counties*: Domestic Violence Liaisons are domestic violence professionals co-located at DCP&P local offices to provide on-site case consultation to DCP&P staff and support and advocacy for domestic violence victims and their children.

DFCP Offices:

Through four primary offices, DFCP works to carry out the priorities of the Task Force and the New Jersey Prevention Plan, as well as the DFCP Strategic Plan. Division administrators and program staff actively engage community stakeholders through our ongoing work at the state and local level with public agencies, private non-profit organizations, faith-based groups, parents and other consumers to build a comprehensive continuum of family-centered prevention services for children and families. *(See Attachment B for diagram of DCF DFCP 22 Initiatives).* DFCP program offices include:

Office of Early Childhood Services (OECS)

DFCP Office of Early Childhood Services (OECS) has been integrally involved in NJ's development of a comprehensive system of care to link pregnant women/parents with needed health and social support services. DCF is working closely across state departments with health, human services, education, juvenile justice, and other state and local advocates to ensure that we more effectively reach families early, before birth, to prevent child neglect and abuse.

Evidence-Based Home Visitation (EBHV): EBHV services target families (pregnant women, parents, infants and children up to age five) in at-risk communities who are at risk for abuse and neglect. In April 2010, DFCP developed a formal partnership with the NJ Department of Health (lead administrative agency) on development of the NJ State HV Plan for the Maternal, Infant and Child Health (MIEC) HV Program. DFCP and DHSS collaborated to complete a comprehensive needs assessment that is driving the EBHV expansion in the State's most at-risk counties and municipalities. In FFY 2011, NJ submitted three applications to HRSA. The formula funding was awarded in July 2011 ($2 million annually) and in April 2012 NJ was selected for the second round of HRSA funding for the Competitive MIECHV grant with an award of $9.4 million. In FFY2013 with state, federal formula and competitive grants support for HV services in NJ reached nearly $22 million annually.

New Jersey has received national recognition as a leader in home visiting (HV) with EBHV programs in all 21 counties. Through blended funding and interdepartmental collaboration, DFCP oversees the implementation of direct EBHV services. In select communities, support and technical assistance is provided for a central intake point of access to coordinate referrals and offers families linkages to needed services that include home visitation and/or other community-based supports. NJ has been actively involved in sharing our experiences and providing technical support to other communities/states for HV and systems coordination planning efforts through webinars, conference calls and site visits.

HV Funding and Services: In FFY2013 CBCAP provided partial support to two Parents as Teachers programs in Somerset and Cape May County. Funding for both programs was transitioned to MIECHV funding by 12/31/12 for the Cape May and by 6/30/13 for the Somerset County site. With the expansion of HV in NJ we now have three EBHV models (NFP, HF, PAT) in all 21 counties of the state with the capacity to serve 5000 families statewide. In 2013 approximately 4000 families received home visitation services. MIECHV funding strengthens the collaboration with Early Head Start Home-Based Option and additional support for our HIPPY funded program in Bergen County.

New Jersey Central Intake: Central Intake (CI) is a comprehensive prevention system that provides one single point of entry for access, assessment and referral to family support services in a community. CI addresses both care coordination and systems integration by improving communication between families and providers across sectors. The single county based point of entry allows for easy access for information, eligibility, assessment and referral to local family support services reducing duplication of services and increasing supports for families to improve prenatal care, birth outcomes, early learning, preventive care and other community supports. Central Intake strengthens care coordination and systems integration across sectors, provides easy access to support parents/families/caregivers and helps to improve communications between families and community providers. (*See Attachment C for diagram of NJ Central Intake)*

In FFY2013 the DFCP supported Central Intake (pregnancy to age 3) in 7 (seven) counties – Essex, Middlesex/Somerset, Passaic, and Cumberland/Salem/Gloucester. CBCAP funding provided partial support for Central Intake in Essex County through 6/30/13 and then MIECHV formula funding was utilized to support CI in Essex County. During this period of time (FFY2013), Central Intake was centered around Home Visitation in NJ. Access to CI in these 7 counties occurred by a family and/or a provider contacting the agency that held the CI contract with DCF. Referrals were made directly to each CI agency and therefore do not impact SCR. Each CI agency were charged with raising awareness in their county about the availability of CI for home visiting.

In the fall of 2013 DFCP collaborated with the DOH's Improving Pregnancy Outcomes initiative to expand CI in 8 additional counties. This collaboration has expanded the focus from HV services only- to community/county services and supports throughout the life course. The vision is for local CI hubs to be the single point of access for community referrals.

Strengthening Families New Jersey (SFNJ):
SFNJ is a multifaceted approach to preventing child abuse and neglect by strengthening families through the early care and education system. The Center for the Study of Social Policy developed the Strengthening Families, Protective Factors Framework. The fundamental principle is that certain protective factors contribute towards family resiliency and strength. These protective factors include parent resiliency, nurturing parent-child relationships, parent/caregiver knowledge of infant/child development, family social connections, and linkages to needed concrete supports.

SFNJ & Childcare Resource and Referral (CCR&R) Agencies: Childcare providers can play a prominent role in building these protective factors among the families they serve. Through seven key strategies, centers become well positioned to help families build these protective factors that have proven to be effective in preventing child abuse and neglect. SFNJ components include: 1) DFCP works in collaboration with the NJ Department of Human Services (DOH), Division of Family Development (DFD) to provide core training to selected staff in county Child Care Resource and Referral (CCR&R) agencies. These trainers, in turn, work with local designated childcare providers (center-based and family-based) to educate centers and childcare workers about protective factors research; and provide hands-on support to providers in methods to engage families and implement SF principles in their daily work with children and families. CCR&R trainers meet regularly to share challenges and successes, and to develop new ideas in their work with centers, staff and families. 2) Participating SF childcare centers submit annual work plans outlining two to three planned program activities that will promote protective factors for parents and families. 3) Each county sponsors a County-wide Parent Leadership event where parents, community agencies and the CCR&R work together to host activities such as to workshops to educate/train parents on successful parenting strategies and how to advocate for their families. Participating parents are identified by the childcare provider. 4) Ongoing quarterly SF trainer meetings with the CCR&Rs to provide information and education about strategies to integrate SF concepts into the early childhood programs.

SFNJ & Childcare: In FFY2013 the DFCP OECS and the DHS DFD began discussions on how to integrate SF in all licensed child care centers and family child care providers. Additional information provided in the application section below.

SFNJ and NJ Quality Rating and Improvement System (QRIS) - (Grow NJ Kids): In FFY2013 the DFCP staff participation on the Interdepartmental Planning Group (see Section VIII and IX for completed description of the Interdepartmental Planning Group) facilitated the infusion of the SF Protective Factors Framework into NJ's QRIS, Grow NJ Kids.

SFNJ & Child Protection and Permanency (CP&P) – Capestone Project: In FFY2103 DCF Division of Child Protection and Permanency (DCP&P) and DFCP OECS collaborated with community-based prevention partners in Burlington, Cape May and Ocean counties to decrease risk and increase protective factors for "Frequently Encountered Families", with infants and young children, in child welfare. Objectives for the project included:

- Laying the groundwork for a Prevention System of Care by convening monthly prevention partners roundtable discussions that included providers from: DCP&P; DFCP OECS and Office of School Based Services (OSBS); home visiting - Healthy Families, Parents as Teachers and Nurse Family Partnership; Head Start and Early Head Start; Early Intervention; SFNJ CCR&R.

- Increasing the knowledge and skills of all system partner staff by providing high quality training on early childhood mental health by Dr. Gerard Costa, Montclair State University.

- Promoting "teaming" and the Protective Factors Framework by implementing a supervisory structure that included CP&P, FCP, Domestic Violence Liaison and Mental Health.

SFNJ & County Council for Young Children – Cumberland County Council for Young Children: In FFY2103 OECS in collaboration with the New Jersey Council for Young Children (NJCYC) (see Section VIII and IX for description of NJCYC) piloted NJ's first local level County Council for Young Children. The purpose of a County Council for Young Children (CCYC) is to facilitate active, strong and successful community engagement with input from parents and other interested community members to come together as active partners to: 1) share and learn about issues that affect the health, education and well-being of their children; 2) offer ideas, opinions and solutions for ways to build stronger connections for children and families through the lens of the Protective Factors Framework; and 3) build a successful collaboration while achieving the identified objectives.

The first CCYC was established in Cumberland County in July 2013, the Cumberland County Council for Young Children (CCCYC). The following specific objectives were established for the initial pilot:

- Local parents and other community partners will identify issues and concerns that affect infants, young children and families from pregnancy/birth through early childhood (to 3rd grade).
- State and local policies, services, and practices will become more responsive to the needs of

families in Cumberland County.

- Children, parents and families of Cumberland County will have a positive transition to pre-school, kindergarten and elementary school, and will be successful learners throughout their education.

Help Me Grow New Jersey (HMG NJ/ Early Childhood Comprehensive Systems (ECCS): Since April 2012 the DCF has been the lead agency for HMG NJ and an affiliate of the Help Me Grow National Center. Help Me Grow promotes development of an integrated early childhood system that supports children (pregnancy to age 8) and their families to achieve optimal wellness. HMG NJ is building upon New Jersey's strong foundation in early childhood to improve coordination and integration, and streamline services across systems of care that encompass four core departments: Health; Human Services; Education; and Children & Families. As a result, pregnant women and parents/ families of infants and young children will have easier and earlier access to a range of prevention, early identification, early intervention, and treatment services to promote healthy pregnancies and births, positive infant/child growth and development, and nurturing parent-child relationships.

In March 2013, DCF convened a full day HMG NJ Statewide Stakeholder Meeting that attracted over 120 stakeholders from State and local government and agencies, programs, professional organizations and others who work with children and families throughout NJ. From this statewide meeting three core workgroups were established to propel HMG work forward:

- *Stakeholders Workgroup*: This workgroup, composed of state and local community partners in the area of early childhood, provides input into the HMG NJ Work Plan and setting the priorities for the year. This workgroup discusses how best to integrate and align the HMG NJ Priorities with the NJ Council for Young Children. In addition, this workgroup also explores existing marketing strategies, avenues for a community presence, participation and networking opportunities among families and service providers.

- *HMG NJ Physicians/Healthcare Providers Workgroup:* This workgroup is focusing on achieving the following long term goals:

    - Development of a seamless system with formal linkages to existing services between physicians, parents and existing community resources
    - Secure funding and resources for HMG expanded training and support for physician/healthcare providers
    - Establish general developmental screening via public domain and with protocol for linking and follow up

  This past year this workgroup formed a smaller subcommittee to developed protocol for a simple linking process for referral and feedback loops between physician, parent and community resources and eventually identifying a small subset of home visiting and/or Early Intervention programs to pilot the process. In addition, NJ's American Academy of Pediatrics

partnered with HMG National and DCF to develop an article which was published in the NJ Pediatrics for CME Credits.

Central Phone Line Workgroup: The goal of this workgroup is to establish a primary state-level telephone information and referral entry point to link families with young children from pregnancy to age five to needed services and supports across systems—prenatal, infant and child health, developmental screening, infant/early childhood mental health, special child health, early intervention (to REICs), home visiting, Head Start/Early Head Start, infant/child care, early childhood education/preschool, family support and social services, etc. In FFY2013 this workgroup convened all major phone lines in NJ and released a surveyed to identify accessibility, target geographic area served, population served, primary concerns of callers and more. This survey was released in order for all phone lines providers to have an increased understanding of the existing scope of work for each phone line and for the workgroup to eventually make recommendations for a central phone line access point for HMG NJ.

Also in March 2013 the Early Childhood Comprehensive Systems (ECCS) application was released. DCF was approached by the current NJ ECCS grantee, the NJ Department of Health (DOH) to assume the lead on this grant. This was due to DCF and DOH mutual commitment and supportive work together on related MCH initiatives that include a comprehensive systems approach to the implementation of EBHV and family support services and more recently the planning work for HMG. The NJ ECCS proposal is entitled, **"**Help Me Grow NJ: Promoting Integration within an Early Childhood Comprehensive System of Care." The goal and purpose of this fully aligned initiative is to build an integrated state and local maternal, infant & early childhood (MIEC) system of care that supports universal access for early and ongoing screening, health surveillance, referral and linkages; and connects at-risk children (and their families) with the services they need—to improve infant/child outcomes, support parents/families and strengthen communities. The ECCS grant was awarded to DCF on August 13, 2013.

ECCS/HMG NJ goals are to focus on promoting a comprehensive coordinate preventative health and early childhood system that addresses the physical, social-emotional, behavioral and cognitive aspects of child wellness from pregnancy to three. The strategies are to:

- Coordinate the expansion of developmental screening activities in early care and education settings.
- Connect pediatric and other health care leaders with child health consultants and/or Central Intake to link families for referrals to medical homes, prenatal care, early intervention, services, child care programs and families.
- Provide local systems consultation, professional development and parent education on the importance of early developmental screening to state and local entities.

Project LAUNCH (Linking Actions for Unmet Needs in Children's Health): The focus of New Jersey Project LAUNCH (NJPL) is children from pregnancy to age eight and their families in Essex County. The mission of NJPL will be accomplished by providing culturally competent, evidenced-based programs that address the physical, social, emotional, behavioral and cognitive

well-being of children ages 0-8. And, by providing targeted training and the necessary tools for families, and early childhood partners across sectors—health/behavioral health, home visiting, childcare and early childhood education, early intervention, infant-child mental health, child welfare and family support -- to create a comprehensive, coordinated system that supports child and family health and eliminates racial and ethnic disparities. In September 2013 the DCF received a five year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to help ensure that New Jersey's children are thriving in safe, supportive environments and entering school ready to learn and able to succeed.

Children's Trust Fund (CTF Grantees): The funding priority for the current funding cycle (through 6/30/14), established by the NJTFCAN, is to promote positive parent-child attachment and support infant and early childhood metal health programs. Grants were awarded through a competitive process and funded for a three-year cycle. Funding in the first year was $85,000, second year funding $79,000 with a 10% match requirement and third and final year of funding is $76,500 with a 15% match requirement. These grantees are overseen by the DCF, DFCP, OECS. The OECS provides technical assistance (TA) that builds program capacity in using evaluation for continuous quality improvement. OECS works with each CTF grantee to develop a program logic model and evaluation plan. These tools help guide the grantee in quality implement, measuring performance and monitoring ongoing quality improvement. OECS implemented an electronic quarterly reporting format in the first quarter of FFY2013. This allows DFCP to look at the program outputs and performance indicators more closely for the entire portfolio of grantees. The following are the existing CTF grantees that will end June 30, 2014:

- *Jewish Family and Children Services, Common Sense Parenting serving Mercer County*
- *Family Connections, Incredible Parents! Incredible Kids! serving Essex County*
- *South Jersey Health Care, Triple P -Positive Parenting Program in Cumberland County*

Office of Family Support Services (OFSS)

Family Success Centers (FSCs): FSCs provide community-based, family-centered neighborhood gathering places where community residents can go for family support, information, referrals and access to services at no cost to them. Through the DFCP Office of Family Support Services (OFSS), the State and CBCAP funds support a network of Family Success Centers (FSC) as "one stop" sites to provide wrap-around resources and supports for families before they find themselves in crisis.

Contracted services provided through FSCs include:

- Access to child, maternal and family health services
- Development of "Family Success" plans
- Parent education
- Employment related services
- Life Skills training (budgeting, nutrition, etc.)
- Housing related services
- Advocacy & related support
- General information and Referral/Linkages

The goal of the FSC is to strengthen families and empower individuals to acquire the knowledge necessary to have successful families as well as raise healthy and happy children. A key element of each FSC is the Parent Advisory Boards, an effective way for parents to become stewards of their respective communities by helping to develop services that are unique to the geographic area in which they live. Parents as well as other members of the community share in the governance for each FSC and aid in the FSC implementation and development. FSCs offer primary and secondary child abuse prevention services to families and bring together concerned community residents, parents, leaders and community agencies to address problems that threaten the safety and stability of families and the community.

In FFY2013, there was expansion of FSCs and enhancements to existing FSCs. Seven new FSCs joined the network of state funded Family Success in early 2013. In addition to the 7 new centers, NJ welcomed another center in one of the most heavily stricken Hurricane Sandy areas, Monmouth County. The Monmouth county Bayshore FSC became fully staffed and operational in June 2013. The eight new FSC's are located in 7 counties: Camden; Cumberland; Gloucester, Middlesex, Monmouth, Salem, Union County strengthening the FSC initiative in all 21 counties.

In addition to the expansion of FSCs, enhancements were made to existing FSC services in areas devastated by hurricane Sandy. As a part of NJ's continued effort to help residents of New Jersey recover from the effects of Hurricane Sandy, DCF provided additional funding to 10 FSCs in 9 counties. The goal for this expansion project is to ensure that community residents, particularly families with limited income in the counties severely impacted by Sandy, will have psychosocial support services they need to recover from the storm and its aftermath. The FSCs that received additional funding are in Bergen, Cape May, Cumberland, Essex, Hudson, Middlesex, Monmouth, Ocean, and Union Counties. In FFY2013 DCF's DFCP funded 51 Family Success Centers reaching over 51,000 families across all 21 counties.

Additional information about CBCAP support of FSC services is included in Section X.
Kinship Navigator Program: The Kinship Navigator Program (KNP) was established to assist caregivers raising non-biological children in "navigating" through various government systems to find local supports and services. The complete program encompasses Wraparound Services, Kinship Legal Guardianship Services, Kinship Care Subsidy Services, and Information and Referral Services. The program provides financial assistance, support, information and referral services, and a wide range of other services available to caregivers through four agency providers serving all 21 NJ counties.

KNP Case Managers help determine eligibility for special services, i.e. Kinship Child Care Subsidy, or Kinship Wrap Around services. Linkages for support services may include: grandparent/family support groups, insurance coverage and health services, child support collection, housing, legal and financial services, and special items/services related to the child's needs. The program can also assist with obtaining kinship legal guardianship. The KNP granted 279 Kinship Legal Guardianship (KLG) applications and 2091 Wraparound applications.

In FFY2013 the KNP met the following goals set in 2013:

- Media Outreach - 4 KNP regional agencies identifying effective communication / mass media strategies to ensure and increase public awareness. Focus was to ensure that all mass media communication was culturally competent and multi-lingual.

- Connect Caregivers to Family Success Centers - 56 KNP/FSC Caregiver Kickoff Events were held to link caregivers to the FSC and to link families caring for non-biological children to the KNP.

- Quarterly Kinship Statewide Meetings - The KNP has streamlined services, implemented a quarterly statewide meeting schedule, updated the reporting format and developed a method of data collection which allows for evaluation and assessment of the overall program.

- Data Collection System - Enhancements were made to the KNP database which will inform DCF of KNP issues, trends and progress.

Office of School-Linked Services (OSLS)

School-Based Services: DFCP contracts with a number of private non-profit organizations and/or school districts to provide a variety of prevention and support services for youth in NJ's public elementary, middle and high schools. As a result, young people, and at times their families, are able to access services such as mental health, employment, substance abuse counseling, preventive health care, violence prevention, learning support, mentorship, teen parent skill development along with recreation. In FY2013, there were a total of 205 school-linked programs that served New Jersey's youth. The array of school-based services includes:

- School Based Youth Services: (6 elementary/19 middle/67 high schools) 37,993 youth.

- Family Empowerment Program (8 sites) 891 youth and 312 families.

- Adolescent Pregnancy Prevention Initiative (16 sites) 2,260 youth.

- Parent Linking Program (12 sites) 208 youth.

- Prevention of Juvenile Delinquency (4 sites) 413 youth.

- Family Friendly Centers (68 sites) 4,727 youth / 3,043 families.

- Newark Health Centers (5 sites) 10,621 medical / 2,412 behavioral / 5,315 dental

NJ Child Assault Prevention (CAP) is a statewide prevention program that trains children, parents and teachers to prevent peer assault, stranger abduction and known adult assault. CAP staff work closely with local school districts, parent/teacher associations, home school groups and other community groups. CAP has a threefold educational approach to prevention which includes staff in-service, parent programs and classroom workshops for children and teens. There are currently 229 total school-linked CAP programs that served more than 76,492 youth and 11,652 adults in FFY2013.

2ND FLOOR Youth Helpline is a statewide, 24-hour interactive telephone line for youth and young adults (ages 10-24), staffed by professional counselors and specially trained volunteers. The goal of 2ND FLOOR is to promote healthy youth development by providing immediate interactive, respectful professional helpline services with linkage to information and services that

address the social and health needs of youth. During FFY2013, the Helpline received 62,640 calls and 205,624 website visits.

Suicide Prevention: is a statewide initiative administered through the Traumatic Loss Coalition (TLC). The TLC model utilizes a holistic approach in building an informed and competent community by offering training and technical assistance to school administrators, teachers, and parents in NJ's public, charter and private schools, faith based organizations, social service & mental health agencies, law enforcement, primary care physicians. Basic components of all TLC curricula include: suicide prevention, intervention and post-intervention and trauma incident training and technical assistance to schools and communities for the benefit of school age youth. During FFY2013, the TLC supported: 196 schools; 2,838 youth; and 2,446 adults.

NJ Promoting Success for Parenting Teens: DCF was awarded funds by the US Department of Health & Human Services' Office of Adolescent Health to strengthen support of expectant teens, teen mothers, young fathers and their children. This work is identified as the Parent Linking Program (PLP) expansion project Promoting Success for Expectant and Parenting Teens NJ (PSNJ). Prior to the grant award, the PLP's support capacity only reached 208 parenting teens (primarily mothers). Post grant award, the PLP now has the capacity to reach 500 expectant and parenting teens with a targeted focus to include young fathers.

Office of Domestic Violence

Domestic Violence (DV) Services: DFCP is the primary funding source and oversight agency for 22 domestic violence shelters and three non-shelter programs. There is at least one DCF-designated lead domestic violence program in each of the state's 21 counties. Domestic Violence Services lead agencies provide leadership, support, and development to communities and organizations addressing domestic violence. Core services for survivors and victims' experiencing domestic violence and their families include: 24 –hour Hotline; 24-hour access to emergency shelter; information and referral; counseling; support groups, financial, housing assistance, legal services, general advocacy; children's services; and community education and awareness activities, networking and non-residential Support. DCF works closely with the New Jersey Coalition for Battered Women (NJCBW), state departments, the courts, and other stakeholders to promote collaborative policy, practices and protocols to assist victims and their children. For FFY2013 a total of 124,458 shelter nights were provided by DFCP funded shelters. The following numbers of individuals were served by DV Shelters and DV non-shelter programs.

FFY 13 Domestic Violence Shelters and DV Non-Shelter Programs Numbers Served

	Women	Children	Men	Youth/Intimate Partner Violence	Total
DV Shelter/Safe House	1,306	1,423	1	11	**2,741**
Non-residential services	15,967	12,756	5,506	112	**34,341**

Domestic Violence Liaisons (DVL): The Domestic Violence Liaison (DVL) is a partnership between the DCF and the NJ Coalition for Battered Women at the State level and DCP&P offices, the DFCP and domestic violence programs at the county level. Domestic Violence

Liaisons are domestic violence professionals co-located at DCP&P local offices to provide on-site case consultation to DCP&P staff as well as support and advocacy for domestic violence victims and their children. The purpose of this collaboration is to increase safety and improve outcomes for children and their non-offending parents/caregivers in domestic violence situations and to strengthen DCP&P capacity to provide effective assessments and intervention for families in domestic violence situations. In FFY2013 DVLs served 6,350 non-offending parents.

Additional information about CBCAP support of DVL services is included in Section X.

Peace: A Learned Solution (PALS): PALS provides counseling and creative arts therapy for children who have witnessed domestic violence. PALS is a research-based, intensive therapeutic program model of creative arts therapies such as art, dance movement and drama therapy for children aged 4 to 12. The programs also provide services for the non-offending parent. PALS programs operate in 11 counties and served over 1,100 children and 736 non-offending parents/caregivers in FFY2013.

Legal Service: Legal Services is the primary vehicle by which society provides free legal assistance in civil matters to people who cannot afford the cost of legal representation. Legal Services provides direct representation to clients statewide in the target area of domestic violence. The central goal is always to provide, within the limits of their resources, the legal assistance that domestic violence victim needs, to ensure his or her safety and address any other issues that might be resolved with legal help.

Batterer's Intervention Program (BIP): Professionals in domestic violence and the child welfare systems understand that encouraging, assessing and engaging fathers into responsible fathering is an effective case practice method. The BIP provides services to fathers who perpetrate domestic violence in households where children are present with the goals of reducing or eliminating the safety and risk concerns posed by batterers, increasing safety within households and setting clear boundaries to prevent future violence. A safety plan must be in place for the victim as well as the children. The BIP has two primary components: 1) training for DCP&P caseworkers and 2) implementation of a new intervention with male perpetrators of domestic violence, administered by community domestic violence providers. The BIP is being piloted Sussex, Middlesex, Morris and Atlantic Counties.

Section 2C

Strengthening the System at the Front End

CAPTA State Grants

Children's Justice Act

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

The State of New Jersey

CHILDREN'S JUSTICE ACT

Performance Report – FFY 2013

The New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) and the New Jersey Department of Children and Families (DCF) is pleased to submit a program report for the Children's Justice Act (CJA) grant. In FFY 2013, CJA funds were used to develop, implement and administer programs designed to improve:

- the handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim;
- the handling of cases of suspected child abuse or neglect related fatalities;
- the investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation; and,
- the handling of cases involving children with disabilities or serious health-related problems who are victims of abuse or neglect.

CJA FFY 2013 Grant Activities

In FFY2013, CJA funds were used for child-centered programs and designed to prevent additional trauma to child victims. Since its inception, the NJTFCAN has advocated for a statewide multidisciplinary approach to the investigation, prosecution and treatment of cases of child physical and sexual abuse. Model programs funded through CJA provided state-of-the-art training in the identification, investigation and prosecution of child abuse and neglect and improved diagnostic and therapeutic services to child victims and their families.

Model/Demonstration Programs

NJTFCAN Professional Development & Training Programs

Each year, the NJTFCAN sponsors multidisciplinary training programs to improve the handling of cases of child abuse and neglect. All NJTFCAN sponsored professional training programs are child-focused and designed to promote skills that prevent additional trauma to child victims and their families.

In FFY 13, CJA funds were used to support the following professional development projects to enhance the knowledge of persons involved in the investigation, prosecution, assessment and treatment of child abuse and neglect.

$76,000 Finding Words-New Jersey: Forensic Interviewing Training

Statement of Purpose

Since 2002, the DCF and NJTFCAN have supported Finding Words-New Jersey, a forensic interviewing program originally developed in collaboration with the American Prosecutors' Research Institute (APRI) and based on the national Corner House protocol RATAC and subsequently disseminated by the National Child Protection Training Center (NCPTC). The goal of the project is to train frontline professionals involved in the investigation and prosecution of child abuse to conduct an effective and legally defensible interview of alleged child sexual abuse victims of various ages and prepare children for court. At the completion of the five day training, participants have a meaningful understanding of important concepts and practices including: child abuse dynamics, children's language and development, memory and suggestibility, the impact of questions on the process of abuse disclosure and factors associated with a credible and reliable child statement.

Forensic Interviewing is one of the steps in most child protective services investigations, including those conducted by DCF's Child Protection & Permanency (CP&P). A professional investigator interviews a child to ascertain whether that child has been abused or neglected. Forensic interviewing not only brings out information that is needed to determine if abuse or neglect has occurred, it may also provide evidence that is admissible in court should the investigation lead to criminal prosecution. A legally sound forensic interview relies on interviewer objectivity, the use of non-leading questioning techniques and precise documentation.

Target Population

- Prosecutors, CP&P child abuse investigators, law enforcement, multidisciplinary teams, and professionals involved in interviewing alleged child victims of maltreatment.

Approach

- Intensive classroom curriculum provided by professionals with expertise in civil and criminal cases of child abuse.
- Lecture, group discussion, role play and videotaped mock interviews.
- Videotaped interviews are critiqued by the teaching faculty with suggestions for improvement.
- Participants evaluate the training and make suggestions for improvement.

Outcomes

Finding Words-New Jersey trainings were held/will be held for a maximum of 40 participants each as follows:

- March 11 – 15, 2013; Southern Region Counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem, Institutional Abuse Investigation Unit (IAIU*)* Southern Region – *40 Participants

- May 13-17, 2013: *22 participants from Warren County and *2 participants from Somerset County

- June 3 - 7, 2013; Northern Region Counties: Bergen, Essex, Hudson, Morris, Passaic, Sussex, Warren, – *38 Participants. There were *2 from Connecticut. Total of *40 participants and 13 **Observers (12 **Observers finished the week).

- October 21 – 25, 2013; Central Region Counties: Mercer, Middlesex, Monmouth, Ocean, Union, Somerset, IAIU Central Region, Gloucester, Morris. *40 Participants. There were 5 **Observers from the AHCH.

- March 10-14, 2014: Southern Region (detective/AP from prosecutor's offices, NJSP, Local PD, DCP&P), *40 Participants from Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem Counties
  1 **Observer from CARES Institute.

Also, six one-day trainings were scheduled to retrain participants on the updated Finding Words-New Jersey protocol. The current protocol is based on the present research that is updated each year and modified:

- January 31, 2014 - Held in Sayreville Middlesex County and included professionals from Bergen, burling on, Gloucester, Hudson, Hunterdon, mercer, Middlesex, Monmouth, Ocean, Salem, Somerset, Union, Warren, IAIU; *64 Participants.

- February, 7, 2014 - Held in Sayreville Middlesex County and included professionals from Atlantic, cape may, Essex, Gloucester, Hudson, Hunterdon, mercer, Middlesex, Monmouth, Morris, Ocean, Somerset, union, warren; *97 Participants

- February 11, 2014 - Held in Wayne Passaic County and included professionals from Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Sussex, Union, Warren, IAIU; *97 Participants.

- February 28, 2014 – Held in Wayne Passaic County and included professionals from Bergen, Essex, Hudson, Hunterdon, Middlesex, Monmouth, Morris, Passaic, Sussex, Union, Warren, IAIU; *90 Participants.
- February 24, 2014 - Held in Gloucester County and included professionals from Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Middlesex, Ocean, Salem; *98 Participants.

- February 25, 2014 - Held in Gloucester County and included professionals from Atlantic, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Mercer, Monmouth, Morris, Ocean, Salem; *92 Participants.

- May 12-14, 2014 – Northern New Jersey - 40 Anticipated

- October 2014 – Central New Jersey - 40 Anticipated

*[*Actual number of attendees reported]*

*[** Observers do not conduct the mock interviews with both the child (non-abuse event) and actor (portraying a child victim and using the interview protocol). They attend all the lectures, sit in on the break-out room discussions and take the post test. Observers receive a certificate of attendance while participants get a certificate of completion.]*

Impact of the Program on the Child Protection System

The *Finding Words-New Jersey* child-focused forensic interviewing project continues to reform the investigation and prosecution process and improve civil and criminal court proceedings.

To date, over 1,530 professionals involved in investigating child sexual abuse have been trained in the *Finding Words-New Jersey* protocol and have demonstrated, through role play, effective child sensitive interviewing skills. Multidisciplinary team members are more knowledgeable about the process of disclosure, age appropriate guidelines in questioning, child development, barriers to disclosure, memory, perpetrator/victim relationships, suggestibility and problems encountered during the interview.

Some of the outcomes of the training are:

- Prosecutors have adopted Finding Words - NJ as their protocol of choice when interviewing alleged child abuse victims.

- Criminal cases are strengthened with accurate information to withstand legal scrutiny and child victims are better prepared for courtroom testimony.

- Child victims experience fewer traumas during the investigation and prosecution process

- Prosecutors are more sensitive to the special needs of child victims and actively support the development of Child Advocacy Centers (CAC).
- The project is in compliance with the goals of the Task Force CJA Three-Year Assessment to reform the investigation and prosecution process and improve civil and criminal court proceedings.

- The NJTFCAN continues to work with the DCF to facilitate child-focused forensic training for CP&P child abuse investigative units.

$25,000 - Multidisciplinary Team (MDT) Training

Statement of Purpose

In FFY2013 CJA funds were used to support one or more statewide training conferences for members of the MDT, child welfare/protection workers and prosecutors' child abuse units.

In 1990, the NJTFCAN collaborated with the New Jersey Department of Children and Families', CP&P to develop a training curriculum and implement a multidisciplinary case management approach to handling criminal cases of child abuse. Children's Justice Act funds provide annual training to multidisciplinary teams made up of professionals in law enforcement, prosecution, child protective services, mental health, medicine, and victim witness advocacy. The MDT provides case supervision from the initial criminal and civil investigation to case disposition.

The MDT coordinator ensures that members are informed about changes in the case and that child victims receive the appropriate physical and mental health assessments and support services to prevent additional trauma during the investigation and prosecution process.

Target Population

- Statewide multidisciplinary teams and professionals in law enforcement, child protection, social work, mental health, domestic violence, and juvenile justice.

Approach

- Classroom training in a multidisciplinary case management approach to facilitate investigations, prosecution and treatment of child physical and sexual abuse from investigation to case disposition.
- Training seminars conducted by State and national experts in joint investigations, child deaths, psychological and medical evaluations, child safety, prosecution issues, expert witness testimony, victim witness advocacy and issues related to the MDT process.

- Ongoing evaluation of training needs by the NJTFCAN, and partners.

Outcomes

- June 6, 2013 - *Commercial Sexual Exploitation of Children - A Training for Child Abuse Professionals* - Gigi Scoles, Assistant Prosecutor of Essex County, delivered the keynote. Holly Smith, survivor of Commercial Sexual Exploitation of Children (CSEC) and advocate, provided the afternoon presentation:

    - 227 child protection professionals attended and received training that enhanced their understanding of this increasingly prevalent issue.

- October 3, 2013 - *Leadership/Skill Building Training* - Developing leadership and facilitation skills and developing the MDT process. Workshop presenter is currently under discussion. This October 2013 training was originally planned for June 2013:

    - Approximately 120 professionals attended: detectives, caseworkers, assistant prosecutors, mental health and medical professionals and victim advocates attended and received training that will enhance their skills.

Impact on the Child Protection System

- County prosecutors continue to embrace the MDT case management approach to the prosecution of child abuse.
- Child victims are referred to regional diagnostic treatment centers for medical and mental health assessment.
- Ongoing training enables law enforcement, social workers; medical and mental health providers to learn about changes in the law, prosecution issues, forensic interviewing, and treatment protocols.
- The MDT supports the expansion of child advocacy centers throughout the State where child victims can be interviewed and receive support services in a neutral setting.
- Prosecutors' cases are strengthened through the MDT case management approach.
- Child victims and their families are better informed about the progress of the case and children are emotionally strengthened for courtroom testimony.
- Ongoing training strengthens MDT best practice standards and education about child abuse issues, and team functioning.
- Child death cases will be investigated to identify child abuse factors.

$60,000 – Biennial Conference

Statement of Purpose

The NJTFCAN and the selected organization, Rutgers University, sponsored a statewide conference for professionals in the field of child welfare on Friday, September 20, 2013 entitled *Transitions: From Infancy to Adulthood*. This interdisciplinary conference provided the target audience an opportunity to learn from experts in child welfare/protection issues and disciplines serving children and families. The keynote speaker for this event was Charlyn Harper Browne, PhD.
(See Appendix B - Biennial Conference Workshop Agenda)

Project Objectives

- To provide training for approximately 1000 professionals and advocates working with children and families.

Target Population

- Professionals in child welfare, law enforcement, social work, educators and daycare providers, mental health, medicine, juvenile justice, domestic violence, law guardians, and CASA volunteers.

Approach

- Workshops conducted by experts in their respective fields.

Impact on the Child Protection System

- Professionals, volunteers and advocates will be better informed and learn new strategies for responding to child maltreatment.
- Children and families will be better served by the child protection system.

Outcome

- On September 20, 2013, the Task Force, in collaboration with DCF, hosted its full-day Biennial Conference for over 500 child protection professionals. The conference, entitled, “Transitions: From Infancy to Adulthood,” featured keynote speaker, Charlyn Harper Browne, PhD, Senior Associate and QIC-EC Project Director at the Center for the Study of Social Policy.

- This event focused on building professional knowledge and collaborative partnerships to improve the effectiveness of New Jersey’s child maltreatment protection and prevention efforts and sought to encourage working relationships among volunteers and professionals in prevention, protective services, health, law enforcement, and juvenile justice to create child- and family-focused systems.

$23,000 – Skill Building Conference

Statement of Purpose

The NJTFCAN in collaboration with DCF is planning to host a statewide multidisciplinary skill building conference in September 2014 for approximately 250 child protection professionals as part of a 2014-2015 Series on Trauma Informed Care. Dr. Bruce Perry is the keynote for this event and will speak on, "Neurodevelopment, Trauma and its Effects on the Brain."
(See Appendix C – Trauma Informed Care Series Save The Date flyer)

Project Objectives

- To enhance the knowledge of the approximately 250 child protection professionals in attendance.

Target Population

- Professionals in child welfare, law enforcement, social work, educators and daycare providers, mental health, medicine, juvenile justice, domestic violence, law guardians and CASA volunteers.

Approach

- Classroom style workshop conducted by an expert in his respective field.
- Selected expert will present on a topic of relevance in child abuse and neglect.

Outcome

- Professionals from various disciplines will improve their knowledge concerning the latest research and emerging child welfare issues.
- Enhanced knowledge and professional development of multidisciplinary teams and CASA volunteers.

Impact on the Child Protection System

- Professionals and volunteer child advocates are better informed about evidence and prosecution strategies regarding child maltreatment.
- Children and families are better served by the courts and New Jersey's child welfare system.
- Professionals from various disciplines and CASA volunteers have a better understanding of their different roles and responsibilities and how to work together to improve outcomes for children and families.

$255,885 – CJA New Initiatives via Community Request for Information

Statement of Purpose

NJTFCAN and DCF distributed a request for information/plan to solicit projects and ideas to improve the State's child protection system in accordance with CJA criteria. Three of the 2013/2014 New Initiatives include trainings on the following topics:

Co-occurrence of Domestic Violence and Child Abuse and Neglect

In February 2013 the Task Force, in collaboration with DCF, distributed a request for information to DCF's lead domestic violence agencies to solicit innovative approaches to respond to the co-occurrence of domestic violence and child abuse and neglect. This initiative specifically required that the DCF's CP&P be included in the planning and implementation of this project as the target audience

Human Trafficking Awareness

DCF and its stakeholders will work to increase the awareness of Human Trafficking throughout the state. To assist in this process, DCF will hold trainings on Human Trafficking that will feature experts in the field to educate staff, stakeholders, and the community-at-large on this critical issue and provide statewide and national resources.
(See Appendix D – January 15, 2014 Human Trafficking Training flyer)

Trauma Informed Care

As per the NJTFCAN's recommendation, DCF and its stakeholders will work to become a trauma-informed system. To assist in this process, DCF will launch a 2014-2015 symposia *Series on Trauma Informed Care* that will feature experts in the field to educate staff, stakeholders, and the community –at-large. This will include the annual NJTFCAN Skill Building Conference in September 2014.

The kick-off event for this trauma series will be held on June 9, 2014 at DCF's Professional Center in New Brunswick, NJ and will feature keynote speaker Dr. Victoria J. Kelly, Director of the State of Delaware Division of Family Services. Additional presenters include:

- Dr. Bruce Perry – Neurodevelopment, Trauma and its Effects on the Brain
- Daniel Siegel – Trauma Impact and Reversibility
- Ken Verni – Mindfulness and Vicarious Trauma

(See Appendix C – Trauma Informed Care Series Save The Date flyer)

Project Objectives

- To solicit innovative projects to improve the state's response to child maltreatment and prevent additional trauma to child victims involved in the court process.
- To support best-practice standards in the identification, investigation, prosecution, and treatment of child maltreatment.
- To implement the goals and recommendations in the NJTFCAN CJA Three-Year Assessment.

Target Population

- Prosecutors, Human Service Advisory Councils, the Administrative Office of the Courts, caseworkers, educators and daycare providers, mental health providers, public/private agencies, regional diagnostic treatment centers and child advocacy centers**.**

Approach

- The request for information/plan will be sent out to the public/target audience via DCF's statewide e-mail list.
- The request for information is advertised on the DCF website.
- Proposals are reviewed by a selection committee.

Results Expected

- Partnerships will be developed with County and State entities as well as private, nonprofit agencies to implement the goals and recommendations of the NJTFCAN CJA Three-Year Assessment.
- Effective programs will grow in order to improve child protection systems.

Impact on the Child Protection System

- Partnerships will be developed to implement improvements in the child protection system and respond more effectively to child maltreatment.
- The child protection system will adopt improved strategies for handling civil and criminal cases of abuse and neglect.
- Professionals will receive specialized training to work with children and families involved in the investigation and prosecution process and child victims will experience less trauma.
- Families and children involved in the prosecution process will be informed about the services of child advocacy centers, multidisciplinary teams and RDTC's.
- Understanding the co-occurrence of child abuse and domestic violence

Outcomes

Co-occurrence of Domestic Violence and Child Abuse and Neglect:

County	Date	Project Description
➢ Atlantic:	August 8, 2013	David Mandel & Associates re: the Safe & Together training **(*28 Participants)**
	September 27, 2013	David Mandel & Associates re: the Safe & Together training **(*10 participants)**
➢ Bergen	2013	A Bergen County DV Resource Guide was updated and 6000 copies printed
➢ Burlington/ Ocean:	September 9, 2013	Assessment & Intervention: Making a Real Difference in the Lives of Children Impacted by Domestic Violence: Presenter: Lundy Bancroft **(*93 participants)**
	September 10, 2013	Assessment & Intervention: Making a Real Difference in the Lives of Children Impacted by Domestic Violence: Presenter: Lundy Bancroft **(*75 participants)**
	September 11, 2013	Taking the Lead: A Community Response to Children Exposed to Domestic Violence **(*65 participants)**
➢ Camden:	September 27, 2013	One day conference "Where Child Maltreatment and Domestic Violence Meet: Fostering Investigative Outcomes for Children" hosted by the Rutgers Law School, Camden featuring family issues specialist Lundy Bancroft. **(*153 participants)**

➢ Cumberland /Gloucester:		Bi-County Project (Cumberland/Gloucester) Assessing Levels of Risk—Men Who Have Been Violent With Their Partners and Tips for Workers Working With Dads Conference with Fernando Mederos, Ed.D (Conference on August 27, 2013 was videotaped by college to use in training DCPP staff that was unable to attend.
	August 26, 2013	**(*111 Participants)**
	August 27, 2013	**(*96 Participants)**
➢ Essex:	June 4-5, 2013	Key note speakers were Dr. Cynthia Lischick, PhD, LPC, DVS, and Dr. Nicole Simmons, PhD, Wellness Practitioner, and President of S.O.F.I.A. on "The Co-Occurrence of Domestic Violence, Child Abuse and Neglect Conference" **(Over 400 participants)**
➢ Hunterdon:	July 26, 2013	Education Forum Conducted by Dr. Evan Stark "Understanding the Co-Occurrence of Child Abuse and Neglect with Domestic Violence **(*87 participants)**
➢ Middlesex:	2013	Create a short video (3-5 minutes) to illustrate the overlap of domestic violence and child abuse, and provide viewers with information about programs and services for survivors of domestic violence and their children in Middlesex County, NJ.
➢ Monmouth	July 16, 2013	Presenter, Dr. Evan Stark: three arenas of criminal justice, child welfare, and family court respond to families with violence **(*116 Participants)**
➢ Morris		Safe & Together, "Community Partner Training" Presented by Bridget Reilly, MA and David Mandel & Associates, LLC
	June 7, 2013	**(*125 Participants)**
	September 13, 2013	**(*36 Participants)**

➢ Passaic	September 26, 2013	Keynote Speaker Mr. Lundy Bancroft provided us with his vitae, bibliography, two topics which include The Batterer as Parent and Partner for the morning session and Emotional Injury and Recovery in Children Exposed to Domestic Violence for the afternoon sessions **(*120 participants)**
➢ Salem	July 19, 2013	Key Note Speaker: Dr. Evan Stark: Understand the changing DCPP response to Domestic Violence; Appreciate the need to look beyond violence; Recognize the dynamics of coercive control; Recognize how exposure to coercive control harms children; Translate new knowledge into improved assessment, and Case management and safety/service planning **(*77 participants)**
➢ Somerset	2013	Training video to model process of interviewing a child and clinical case conferencing
➢ Sussex	September 18, 2013	One-day training with Lundy Bancroft (The Domestic Violence Perpetrator as Parent: Understanding the Impact, Assessing the Risk, Holding Him Accountable, and Helping the Family) and Juli Harpell-Elam, M.A.Ed., LPC, NBCC (Addressing Domestic Violence in Relation to Substance Abuse and Mental Health) **(*52 participants)**
➢ Union	July 22, 23, 26; August 13; September 18, 20 & 30, 2013; October 18, 2013	Training: Defining and understanding domestic violence and child maltreatment July 22 **(*21 participants)**; July 23 **(*17 participants)**; July 26 **(*6 participants)**; August 13 **(*8 participants)**; September 18 **(*14 participants)**; September 20 **(*66 participants)**; September 30 **(*45 participants)**; and October 18 (***50 participants)**

➢ Warren	May 21-22, 2013	Training on Batterer as Parent: With Lundy Bancroft

*[*Actual number of attendees reported]*

Human Trafficking Awareness Training:

On January 15, 2014, DCF the Attorney General's Office and the Child Abuse, Research, Education & Service (CARES) Institute sponsored The About Human Trafficking - Invitational Training Event. The training featured a morning presentation on "Gang Related Violence, Exploitation and Intimidation" by William Woolf and Emily Rusin and an afternoon presentation on, "Preventing Human Trafficking Through Police Community Partnerships" by W. Harry Earle, Michelle Selfridge and Jennifer McLaughlin. CJA funds were used to cover the speaker fees of William Woolf and Emily Rusin for this training.

Section 2D

Strengthening the System at the Front End

CAPTA State Grants

NJ Community Based Child Abuse Prevention Program

Annual Progress and Services Report (APSR) for FFY 2013 (10/1/2012 – 9/30/2013)

Community-Based Child Abuse Prevention (CBCAP)
and Children's Trust Fund (CTF) Grants

Introduction: The purpose of CBCAP is to support community-based efforts to develop, operate, expand and enhance and coordinate programs and activities to prevent and reduce the likelihood of child abuse and neglect. In New Jersey, CBCAP funds are issued to support primary and secondary prevention services for diverse population needs across the state and within local communities. As part of the RFP process applicants are required to provide a description of need for population and geographic location they propose to serve. Funded programs address the core services of parent education, mutual support and self-help, leadership services, outreach, community and social service referrals, follow-up services, voluntary home visiting and respite care services. These programs serve a racially, culturally and ethnically diverse population across New Jersey. In addition, grant funded programs are encouraged to use evidence based/evidence informed or promising practices in their work to prevent child abuse and neglect.

During FFY2013, DFCP continued to embrace funding priorities in alignment with CBCAP recommendations. DFCP core grants identified special priority populations: a) parents with disabilities, b) families of children with disabilities, c) families at risk due to substance abuse and domestic violence, d) marginalized ethnic and immigrant populations, e) fathers, and f) other underserved populations. Sections I- IV below include DFCP prevention grants that receive CBCAP or CTF funds. After this overview, information is also included for each of the CBCAP or CTF prevention grants: program description; objectives; progress and accomplishments (10/1/12-9/30/13) including qualitative and/or quantitative indicators/outcomes; and plans for upcoming year.

I. CBCAP Funded Grants in the Office of Early Childhood Grants

A. Strengthening Families New Jersey (SFNJ)

- DFCP program oversight of SFNJ serving all of NJ
- Implementation through Child Care Resource and Referral Agencies
- Cumberland County Council for Young Children

B. Advancing Opportunities, *Strengthening Families–Autism* in Mercer County

C. Center for Family Services, *Family CONNECT* in Camden County

D. Central Jersey Family Health Consortium, *Family Connections* in Somerset County

E. Family Intervention Services, *Effective Parenting Program* in Essex & Passaic Counties

F. Partnership for Maternal Child Health of Northern NJ, *Fathers Empowered to Learn, Lead & Achieve Success* serving Essex County

G. Parents Anonymous of NJ, *South Jersey Father Time* in Cumberland & Salem Counties

F. South Jersey Health Care (INSPIRA) *Cumberland County Council for Young Children* in Cumberland County

II. CBCAP Funded Grants in the Office of Family Support

A. Hispanic Family Center of Southern NJ, Inc., *Family Success Center* serving Gloucester County

B. Cape Counseling Services, *Family Success Center* serving Cape May County

C. Hunterdon Prevention Resources, *Family Success Center* serving Hunterdon County

D. Northern NJ Maternal and Child Health Consortium, Inc., *Family Success Center* serving Morris County

E. EmPower Somerset, *Family Success Center* serving Somerset County

F. Family Connections, Inc., *Family Success Center* serving Orange County

G. Additional CBCAP funds used to support FSS:

- **FSC Rutgers the State University -**
  - *Family Develop Credentials*
  - *Family Success Center Conference*

III. Partial CBCAP Support for other DFCP Prevention Priorities

A. NJ Child Assault Prevention Program

B. Domestic Violence Liaison Program

C. Public Education - Safe Haven

IV. Children's Trust Fund

A. Jewish Family and Children Services, *Common Sense Parenting* serving Mercer County

B. Family Connections, *Incredible Parents! Incredible Kids!* serving Essex County

C. South Jersey Health Care, *Triple P -Positive Parenting Program* in Cumberland County

I. Community-Based Child Abuse Prevention (CBCAP):

CBCAP Funded Grants in the Office of Early Childhood Grants

A. Strengthening Families New Jersey

- DFCP program oversight of SFNJ serving all of NJ
- Implementation through Child Care Resource and Referral Agencies
- Cumberland County Council for Young Children (NJCYC)

Lead Agency: DCF Division of Family and Community Partnerships (DFCP)

Partners: Memorandum of Agreement (MOA) with the Department of Human Services (DHS) Division of Family Development (DFD) & NJCYC

Target Community: Statewide – all 21 counties

Target Population: Child Care Resource and Referral Agencies (CCR&Rs), childcare providers, caregivers, parents and young children.

Funding Source: CBCAP and state funds are blended to support this statewide initiative.

Program Descriptions:

Strengthening Families New Jersey (SFNJ) is an approach to preventing child abuse and neglect by strengthening families through early care and education settings. The Center for the Study of Social Policy developed the Strengthening Families, Protective Factors Framework. The fundamental principle is that certain protective factors contribute towards family resiliency and strength. SFNJ is integrating the SF Protective Factors multiple early childhood initiatives and promotes Strengthening Families with new community partners.

SFNJ & Childcare Resources and Referral Agencies (CCR&R): Childcare centers can play a prominent role in building the protective factors among the families they serve. Through seven key strategies, child care providers become well positioned to help families build these protective factors that have proven to be effective in preventing child abuse and neglect.

CCR&Rs work with designated local childcare centers to train staff in the SF framework and the Protective Factors, and offer on-site technical assistance in integrating the principles of family support into their work with families. They also provide additional trainings for childcare centers and community providers. Participating childcare centers develop and submit and an annual work plan to improve communication, collaboration and interaction with

children and families. Centers collaborate with local partners, including Division of Child Protection and Permanency (DCP&P) Resource Development Specialists, to ensure that parents/families are connected to needed resources. Each county assembles a community advisory board that includes parents and providers.

The SFNJ staff provides oversight of the training and technical assistance grants issued to the CCR&Rs in each county (through a MOA with the Department of Human Services). SFNJ staff provide program development and management, at least quarterly T/TA meetings with the CCR&Rs, periodic site visits to county level grantees, data collection, evaluation and analysis, and informal technical assistance as needed (e.g. core SF protective factors curriculum, required reporting forms, recruiting and retaining child care agencies, parent participation and engagement, monitoring site visits with DFD, and more).

Cumberland County Council for Young Children (CCCYC): In the spring of 2013, DFCP collaborated with NJ Council for Young Children (NJCYC) and NJ Department of Education (DOE) and issued a RFP to establish the first pilot county council. The CCCYC was awarded funds in July 2013. The purpose of a CCYC is to facilitate active, strong and successful community engagement with input from parents and other interested community members to come together as active partners to: 1) share and learn about issues that affect the health, education and well-being of their children; 2)offer ideas, opinions and solutions for ways to build stronger connections for children and families through the lens of the Protective Factors Framework; 3) build a successful collaboration while achieving the identified objectives.

Objectives:
Strengthening Families New Jersey (SFNJ): To facilitate, monitor, expand and enhance community-based prevention focused programs and activities designed to strengthen and support families to prevent child abuse and neglect.

SFNJ & Childcare Resources and Referral Agencies: CCR&Rs operate as core state partners with DFCP SFNJ in implementing SFNJ at the county/local level with Child Care Centers and Family Child Care Providers. Each CCR& R must meet the SFNJ trainer requirements; new trainers must complete a minimum of two days of SF orientation and core training. Once trained, CCR&Rs select and actively work with designated SFNJ implementing sites in the county. CCR&Rs work with identified Child Care Center and Family Child Care Provider in the following ways:

- conduct a minimum of 12 hours (full or half day) trainings/meetings annually for provider administrators, staff, and parents regarding the core principles and key strategies of Strengthening Families.
- provide on-site consultation, technical assistance (TA) and monitoring visits
- Ensure Child Care and Family Child Care providers implement all core program elements: Self-Assessment; Work Plan/Action Plan; administer the Protective Factors survey; engage in meaningful parent involvement ("Parent Cafes" or facilitate Parent meetings) and facilitate County-wide Parent Leadership Events.

SFNJ & CCYC: The Cumberland County Council for Young Children is charged with:

- Building working relationships between families with children (prenatal to age 8), early learning programs/education systems, health, early intervention and other community stakeholders;

- Recruiting parents that want to create the change they want to see in their family and community; Providing parents/caregivers with an orientation, ongoing mentoring and leadership training; Providing concrete supports to enable parent/family participation (e/g/ childcare, transportation, refreshments, incentives) creating an environment that would welcome parents and their full participation;
- Informing/impacting/developing local/state policies, services, and/or practices to become more responsive to the needs of families in the county and in NJ.
- Identifying professional development training for the local workforce that best supports the proposed policies, priorities, services and/or practices that were developed by the CCYC.

Progress and Accomplishments (10/1/12 to 9/30/13):

Strengthening Families New Jersey (SFNJ):

- DFCP is deepening its relationships with other Early Childhood partners—Department of Human Services – Division of Family Development, Department of Education, NJ Council for Young Children (NJCYC), NJ Head Start/Early Head Start Collaboration Office, college-level early childhood educators, Department of Health Shaping NJ initiative, NJ Child Care Resource and Referral Agencies (NJCCR&RA), Prevent Child Abuse – NJ and Professional Impact (NJ's designated early childhood state registry). This is resulting in the infusion of the protective factors and family support principles into NJ's early childhood credentialing curriculum.

SFNJ & Childcare Resources and Referral Agencies:

- Revised interdepartmental Memorandum of Agreement (MOA) with DHS - DFD to add the SFNJ component into the existing CCR&R contracts.
- CCR&R sub grants with 126 childcare providers – 4 child care centers and 2 family child care providers.
- SFNJ had 35 participating trainers employed through the CCR&Rs.
- An estimated 7,100 children and 6,900 families received information and support from SF.
- DFCP provided quarterly CCR&R statewide SFNJ trainings.

SFNJ & County Council for Young Children – Cumberland County Council for Young Children

- DFCP released an RFP for the first County Council pilot project. Cumberland County Council for Young Children was awarded the grant in July 2013.
- The CCCYC convened monthly meetings and established the following five committee/subcommittees:
    - Steering Committee : focus on the Governance of the CCCYC

- Community Resources Subcommittee: inventory existing resources available, identify resource that are needed and mobilize the community to work together to obtain the desired resources;
- Education Subcommittee: Access early childhood services, access special education services and develop a relationship with the local school district
- Health & Prenatal Supports Subcommittee: Address health issues, access to medical services and healthcare
- Transportation Subcommittee : Assess and address transportation needs of the community

- In July and August of 2013 CCCYC focused on establishing and convening the Steering Committee and the Subcommittees. Subcommittee identified high rate of unemployment (Cumberland County 2013 unemployment rate 10.5%) and location of three correctional facilities in the county as the first two areas needing to be addressed. In September 2013 NJ Department of Labor and Workforce Development (LWD) presented on their NJ Build and Ex-Offenders/Re-entry Programs and how to access services for job training and apprenticeships.

Plans for Upcoming Year (10/1/14 to 9/30/15):

Strengthening Families New Jersey**:**
This year, SFNJ will continue to align its work with the NJ Council for Young Children and other statewide related Early Childhood initiatives.

SFNJ & Childcare Resources and Referral Agencies:
In our collaborative work with the NJ DHS – DFD, DFCP will continue to work with the CCR&Rs to implement Strengthening Families the Protective Factors Framework with 126 child care centers and family child care providers to develop and implement program strategies to engage parents to build protective factors that would assist parents to grow safe, nurturing and healthy families.

SFNJ & CCCYC:
New Jersey is one of the six recipients to receive the Race to the Top Early Learning Challenge Grant and a portion of the funds will be used to expand the County Councils in the remaining twenty counties. SFNJ will continue to be a part of the statewide County Council for Young Children. The County Councils is a collaborative work of the DCF, DOE, DOH, DHS, NJ Head Start Collaborative Office and the NJCYC. The Protective Factors Framework will be infused in the work of the County Councils so that parents and practitioners alike will become grounded in the Protective Factors framework. CBCAP funds will continue to support the CCCYC.

B. Strengthening Families (SF) Autism

Lead Agency/Grantee: Advancing Opportunities

Target Community: Mercer County

Target Population: Parents and siblings in a family with an autistic child

Funding Source: CBCAP Grant – 100%

Funding ended: 6/30/13

Program Description:
SF Autism and Special Needs Support Program is a prevention program developed for parents/caregivers and the siblings of children with spectrum disorders that include Autism, Asperger Syndrome and Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS).

The foundation of the Strengthening Families-Autism (SF-Autism) program is the evidence-based Strengthening Families Program (SFP) developed by Karol L. Kumpfor of the University of Utah, which has been adapted for utilization with this targeted family population. The SFP curriculum is made up of 14 topic areas designed to be presented as separate training modules, for three distinct developmental stages (SFP 3-5, SFP 6-11, and SFP 12-16) to align with the child's age.

Advancing Opportunities SF Autism provides activities for the parents/caregivers while simultaneously providing activities for the siblings. Two components are provided for the parents/caregivers: Applied Behavioral Analysis (ABA) Training and the SF Parent Groups. ABA training sessions provide an opportunity for parents to learn more about autism and available resources. The SF Parent Group is a series of group meetings that covers topics such as: Noticing & Rewarding Behaviors; Goals & Objectives; Setting Limits; Communications; Family Meetings; Alcohol, Tobacco & Drugs.

Groups are also provided for the siblings, the SF Teen Group and the SF Child Group. The SF Teen Group is for siblings ages 12-16. The topics covered in this group include: Speaking & Listening; Dealing with Conflicts; Handling Peer Pressure & Temptation; Problem Solving; Alcohol & Drugs; Dating; Sexuality; and Coping with Anger. The SF Child Group is for the siblings ages 6-11. The topics covered in the child group include: Hello & Rules; Listening & Speaking; Rewarding Good Behavior; Problem Solving; Communication Skills; Drugs & Alcohol; and Dealing with Criticism. Staff will attempt to also utilize the earlier age module (SFP 3-5) when working with the respite group of the children living with autism in order to actively include them in the family development skills training.

The identified outcome of this program is to improve child behavioral health and family functioning for families with children diagnosed with autism.

Fifteen to thirty (15-30) parents and a minimum of fifteen to thirty (15-30) teens/children will complete the program for a total of 30-50 individuals targeted to complete annually (family composition varies).

Program Activities and Outputs:

a) Training:

- SF Curriculum Training for Staff: 5 Staff/ 2 full days training completed by June 2012

- Autism Training: 9 staff/3 hours training once a year.
- Cultural Competency, Recruitment & Retention: 9 staff/3 hours training once a year.

b) *Outreach & recruitment:* 4 outreach activities that will be done each month.

c) *ABA Training for Parents:* 1 X per week, 2.5 hour group for a total of 6 sessions. Five parents will complete.

d) *SF Parent Group:* 2 cycles of: 1X a week, 2.5 hour group, for a total of 14 sessions. A total of fifteen families will complete.

e) *SF Teen Group:* 2 cycles of: 1X a week, 2.5 hour group, for a total of 14 sessions. The number of teens that will complete is unknown because it is based on the number of teens in a family.

f) *SF Child Group:* 2 cycles of: 1X a week, 2.5 hour group, for a total of 14 sessions. The number of children that will complete is unknown because it is based on the number of children in a family.

Core Program Performance Indicators:

- Improve family indicators:
  - Increase in family cohesions, communication, organization and resilience
  - Decrease in family conflict.
- Improve parenting skills:
  - Increase in parent involvement, supervision, efficacy and parenting skills.
- Improve teen/child:
  - concentration and social behaviors
  - Decrease teen/child: covert aggression, overt aggression and hyperactivity.
  - Increase opportunities to socialize and engage in structured learning with a new peer group for children with autism.

Progress and Accomplishments (10/1/12 to 6/30/13). Funding ended 6/30/13

- SF Autism received two technical assistance site visits, for a total of six hours, from DFCP. Refined logic model and evaluation plan to reflect core activities, realistic outputs based on forth year implementation, and targeted performance indicators for evaluation and ongoing CQI.

- Program implementation, education and outreach to community providers for recruitment improved.

- 21 families completed the program - 32 parents, 20 special needs children and 15 siblings – surpassing the target of 30-50 individuals completing the program.

- Staff implemented an additional program activity/component, the Applied Behavioral Analysis Training. This is recommended for families prior to their beginning the SF Parent Group. This training is an opportunity for parents to learn more about autism and available resources and helps to address any immediate needs of the family.

- Implement a "Booster Conference" in May 2013. This was a five hour conference for the graduates of SF-Autism program. The purpose of this conference was to: assess how families are doing over time following completion of the program; identify additional needs; connect the families with additional community resources and other graduates.

Plans for Upcoming Year (10/1/14 to 9/30/15):

- Grant funds ended on 6/30/13. Program was actively working on sustainability at the end of the grant period.

C. Family CONNECT (Family Connections model)

Lead Agency/Grantee: Center for Family Services

Target Community: Camden City / Camden County

Target Population: Parents/families with special needs children birth to age 11

Funding Source: CBCAP Grant – 100%

Funding Ended: 6/30/13

Program Description

The Center for Family Services (CFS) Family CONNECT Program is a prevention program for families who are having difficulty meeting their medically fragile child's (up to age of 11) basic needs and are at risk of neglect/abuse. This program is targeting families in Camden County – specifically: Camden City, Pennsauken, Merchantville, Collingswood, Woodlynne and Gloucester City. The program uses an evidence-informed home visiting model, Family Connections, created by the University of Maryland, School of Social Work that is being adapted for this specific population. Families are engaged and can receive the following intensive (ranging from 1 hour up to five hours for each meeting) services: Screening Assessment; Initial Enrollment and Assessment and Home Visiting Intervention.

The Screening Assessment consists of three tiers to determine if the family is appropriate for services. If a family is assessed as appropriate for services the Initial Enrollment & Assessment process begins to engage and assess the needs of the family. Two evaluation tools are used in this intervention the: Family Assessment Form (FAF – developed by the Children's Bureau of Southern California) and Alaskan Home Visiting Assessment. The FAF measure environmental, financial and relational risk factors and the Alaskan Home Visiting Assessment measure the parent's connection with medical services. Based on the assessments SMART goals are developed which guide the Home Visiting Interventions.

The Home Visiting Interventions consists of supportive counseling and intensive case management. This intervention provides linkages to critical medical, housing, transportation, utilities, financial, school and advocacy resources. Post- FAF and Alaska Home Visiting Assessment are administered to assess improvement or change. The process from Screening, Assessment and Home Visits is provided for up to 12 weeks. The goals of the project are to prevent child abuse and neglect and to increase parental empowerment to advocate for their medically fragile children. A total of 35-40 unduplicated families will be served annually.

Program Activities and Outputs:

a) Training:

- Family CONNECT Model: 3 full days of training for 20-25 CFS staff, completed in first year of grant.

- Trauma Family Connections: Training for CFS staff.
- Additional Trainings: 24 additional trainings per year for staff.

b) *Recruitment:* Twice a week, two hour CFS staff presence at Cooper Hospital; monthly CFS Staff presence in community meeting; 1-2 hours each; presentations, 15-20 minutes each at area schools, daycares, human service agencies, hospitals, etc.. A total of 150 families will be recruited each year.

c) Three Tiered Screening Assessment:

- Tier One: One .5-1 hour meeting, 150 parents/year
- Tier Two: One .5-2.5 hours each, 70 parents/year
- Tier Three: 1.0- -2.5 hours each, 55 parents/year will be enrolled

d) *Initial Enrollment & Assessment Process:* Minimum of 1 hour up to 5 hours each visits; 2-4 weeks, within the first 30 days; 50 parents per year.

e) *Home Visits Intervention:* Minimum of 1 hour up to 5 hours each visit, multiple visits/advocacy each week provided based on needs, provided for 4 -8 additional weeks, completion is at least 4 weeks of intervention services. 35-40 parents per year.

f) *Individual and Group Supervision:* Weekly meetings with staff for 2-3 hours each week

Core Program Performance Indicators:

- Decrease in parental financial stress.
- Increase in parental ability to meet the emotional needs of the child.
- Increase in parental knowledge of available Health Care resources for child.
- Increase in parental ability to provide for basic medical/physical care of child.
- Increase in parental ability to achieve service coordination child's medical needs/doctors.

Progress and Accomplishments (10/1/12 to 6/30/13): Funding ended 6/30/13

- Family CONNECT received two technical assistance site visits, for a total of six hours, from DFCP. Revised logic model and evaluation plan to reflect core activities, realistic outputs based year four of implementation, and targeted performance indicators for evaluation and ongoing CQI.
- Shifted perception of program "success" from numbers served to achievement of outcomes for extremely high needs families
- Implemented the Family Assessment Form (FAF), developed by the Children's Bureau of Southern CA. Pre/Post measurement of factors that likely lead to neglect and abuse. Factors include: environment; financial stress; relationship between parents; parent/partner; parent/child. Improvement can occur in 5 domains of the FAF.
- 57 new families were recruited during this nine month period; 27 families completed at least 8 of the 12-weekly home visiting sessions. A snapshot of the success for parents that completed the program include:
    - 100% of participants demonstrated a decrease in financial stress
    - 100% of participants indicataed a positive increase in meeting the emotional needs of self/child

- 100% of participants indicated an increase in knowledge of available Health care
- 100% of participants indicated an increase in being able to provide for basic medical/physical care
- 100% of partcipants achieved all service coordination with their medical needs/doctors

- In the past four years the program has grown and learned extensively about working with families and children with medical needs in providing counseling, supportive care, services, case management and community resource development for this vulnerable.

Plans for Upcoming Year (10/1/14 to 9/30/15):

- Grant funds ended on 6/30/13. Family Connect was able to secure continued "fee for service" funding with DCF Business office to continue this much needed service.

D. Family Connections – Somerset County Parents as Teachers (PAT) Program

Lead Agency/Grantee: Central Jersey Family Health Consortium

Target Community: Somerset County

Target Population: Pregnant women, parents and families with young children to age three

Funding Source: CBCAP Grant – 100%

Funding transitioned to MIECHV: 6/30/13

Program Description

Central Jersey Family Health Consortium, Family Connections Initiative is an evidence-based home visiting program that uses the Parents as Teachers (PAT) model to provide parenting education and family support. PAT is designed to prevent child abuse and neglect, increase parent knowledge of early childhood development, improve parenting practices, and provide early detection of developmental delays and health issues. In addition to home visits, participating families attend at least one group session per month to include parent education meetings, special events or health fairs. To augment the program in Somerset County, an agreement was established with the local Visiting Nurse Association to conduct one prenatal and one postnatal visit for age appropriate health screenings for children enrolled into the program.

Program Activities and Outputs:

a) *Home Visits:* Minimum of twice a month, one hour home visits for 2 years. 60 parents per year.
b) *Developmental hearing, vision and health screening*: 90% of age eligible children received an appropriate screen (ASQ, hearing, vision).
c) *Groups:* Monthly groups provided to families. 60 parents will attend at least one group.
d) *Connection to Community Resources:* 100% of families will be connected to community
e) *Participation in the NJ Home Visiting:* implementing all reporting requirements, data collection and attendance to all meetings.

Core Program Performance Indicators:

Family Connections PAT Program adheres to the New Jersey Home Visiting initiative (led by DCF) established for statewide EBHV programs and collects data to track progress for these

indicators as well as participates in all research that is being conducted. Performance Indicators include:

- Improve in breast feeding rates
- Increase in interpregnancy intervals/reduced subsequent pregnancy
- Improvement in parent/child interaction
- Reduce child abuse and neglect
- Improve quality of home environment for early learning
- Increase in family self-sustainability

Progress and Accomplishments (10/1/12 to 6/30/13): funding transitioned to MIECHV 6/30/13

- Somerset PAT caseload of 57 families (reaching 95% of its target)
- 97% of eligible children have health insurance, 98% have a primary care provider and are up to date for Well-Child Medical Visits 93% of mothers increased the interpregnancy interval to at least 18 months 63% of new enrollments were prenatal, exceeding the 60% target.
- 88% of children were up to date on immunizations.
- 87% of age eligible children received an appropriate screen (ASQ, hearing, vision).
- 86% of all new mothers initiated breast feeding.
- 83% of eligible pregnant women were enrolled in WIC, exceeding the 80% target.
- 83% of women were on schedule for Prenatal Care Medical Visits.
- 83% of mothers demonstrated an improved rating for maternal bonding.
- The program exceeds the 80% target for home visit completion, with a rate of 83%.
- 100% of participants demonstrated improvement in reading to their infant/child
- 100% of TANF families connected to employment.
- The program receives referrals from the Middlesex/Somerset Central Intake System.

Plans for Upcoming Year (10/1/14 to 9/30/15):

- Transitioned funding from CBCAP to the federal Maternal, Infant and Early Childhood HV grant occurred on July 1, 2013.

E. Effective Parenting Program (using the Active Parenting Publishers Curriculum)

Lead Agency/Grantee: Family Intervention Services

Target Communities: Essex and Passaic Counties

Target Population: English and Spanish speaking parents/ caregivers/ relatives of children 0-4; 5-12; 13-25

Funding Source: CBCAP Grant – 100%

Funding Ended: 6/30/13

Program Description

Family Intervention Services (FIS) Effective Parenting Program (EPP) is implementing the evidence-based Active Parenting Publishers (APP) curriculum. This evidence based curriculum, developed by Dr. Michael Popkins, is a video-based education program targeting parents, with children 2-18 years old, who want to improve their parenting skills. APP is based on Adlerian parenting theory, and teaches parents how to raise a child by using encouragement, building the child's self-esteem, and creating a relationship with the child based upon active listening, honest communication, and problem solving. It also teaches parents to use natural and logical consequences to reduce irresponsible and unacceptable behaviors. FIS Effective Parenting Program targets English and Spanish speaking parents, relatives and caregivers of children ages 0-4, 5-12 and 13-25 in Essex and Passaic Counties.

The Effective Parenting Program provides parenting classes as well as a train the trainer component. Three types of APP parenting classes are offered depending on the age of the child: 0-4 Parenting Class, 5-12 Parenting Class and 13-25 Parenting Class. In each of the classes the APP curriculum is implemented utilizing video, discussion and activities to teach effective discipline, communication and problem-solving skills. The Train the Trainer component is provided for staff and parent leaders from collaborating/referring agencies to teach these partners how to use the APP curriculum in their work with families. Two FIS Family Education Coordinators provide comprehensive training and technical assistance that includes:

- Observation: Trainee observes APP Parenting Class facilitated by the Family Education Coordinator.
- Facilitation: Trainee facilitate towards the end of the series with Trainer observing.
- APP Materials Provide APP Training Materials /books to each site.
- Planning and Reflection: Pre and post group meetings with Trainee and Trainer
- Ongoing Coaching & Technical assistance: provided by the Trainer to trained staff – in person, email, and/or phone

The overall goal of EPP is to reduce the occurrence of child abuse and neglect by strengthening and developing parental skills to support a child's qualities of resiliency, courage, self-esteem, responsibility, cooperation and respect.

200 parents/caregivers will be served annually.

Program Activities and Outputs:

a) *Recruitment of sites***:** Ongoing face to face meetings, presentations. Approximately 60-80 hours per month.

b) Train the Trainer:

- Observation and Facilitation: 20-40 identified site staff trained per year.
- APP Materials: 10 sites receive APP training materials
- Planning & Reflection: .5-1 hour of Pre & post Trainer and Trainee meetings per class
- Coaching & Technical Assistance: 1-2 hours per month based on need

c) APP Parenting Classes

- 6 class cycles per quarter

- 20-24 class cycles per year.
- Each cycle consists of 6, 2 hour, weekly classes
- Enroll 315 parents for the year
- Graduate 200 parents (completion is attending 5 out of the 6 classes offered)
  - 0-4 Parenting Class: 5-6 Groups, 75-90 parents enrolled/ 40- 48 parents graduate.
  - 5-12 Parenting Class: 9-12 Groups, 135-180 parents enrolled/ 72- 96 parents graduate.
  - 13-25 Parenting Class: 4-6 Groups, 60-90 parents enrolled/ 32- 48 parents graduate

d) Resources: 15-25 different community resources will provided per cycle

Core Program Performance Indicators by *APP Parenting Classes*:

0-4 Parenting Class:

- 80 % of Parents Improve Parental Attitudes and Beliefs(from pre to post)
- 80% of Parents Improve Parental Behaviors (from pre to post)
- 80 % of Parents Improve Perception of Child's Behavior (from pre to post)

5-12 Parenting Class:

- 80 % of Parents Improve parental Attitudes and Beliefs(from pre to post)
- 80% of Parents Improve Parental Behaviors (from pre to post)
- 80 % of Parents Improve Perception of Child's Behavior (from pre to post)

13-25 Parenting Class

- 80 % of Parents report Improvement in teens attitude & behavior (from pre to post)

Progress and Accomplishments (10/1/12 to 9/30/13):

- FIS EPP received two technical assistance site visits, for a total of six hours, from DFCP. Revised logic model and evaluation plan to reflect core activities, realistic outputs based year four of implementation, and targeted performance indicators for evaluation and ongoing CQI.

- FIS EPP enrolled 310 unduplicated parents in one of the parenting classes offered. Of those 310 parents enrolled in a parenting class, 211 graduated (attending 5 out of the 6 classes). This is 67 additional parents, above the 144 projected, that FIS graduated. FIS exceeded the projection in both enrollment and graduation. Below is a table depicting estimated and actual program enrollment and completion/graduated for each of the APP parenting classes:

Parenting Class	Estimated # of Parents Enrolled	Actual # of Parents Enrolled	Estimated # of Parents Completed Class	Actual # of Parents Completed Class
0-4	100	**142**	40	**85**
5-12	135	**150**	72	**109**
13-25	60	**18**	32	**17**
Total	295	**310**	144	**211**

- Implemented the Active Parenting Pre/Post Test Questionnaire administered before first class starts and post-test questionnaire administered in the 6th class. Separate sections of the tool are administered based on the class the parent is taking and the age of the target child.
- The following is a snapshot of key program indicators by parenting class and an brief analysis from the program:

Parenting Class	Target Indicator	Actual Performance	Program Analysis
0-4 **N=85**	80 % of Parents will Improve Parental Attitudes and Beliefs	70% of parents improve parental Attitudes and Beliefs	The FIS EPP did not meet the target for the outcome measures. The FIS EPP staff looked at the data and engaged in a CQI discussion to understand these results. Staff indicated participants with low literacy levels may need help in completing their pre and posttests accurately. Based on the discussion the staff decided to read instructions and describe the scales out loud to increase participants understanding. The staff also suggested exploring the availability of culturally and literacy appropriate and parent-friendly questionnaires.
	80% of Parents Improve Parental Behaviors	75% of Parents Improved Perception of Child's Behavior	
5-12 **N=109**	• 80 % of Parents Improve parental Attitudes and Beliefs	63% of Parents Improved parental Attitudes and Beliefs	
	• 80% of Parents Improve Parental Behaviors	63% of parents Improved Parental Behaviors	

Plans for Upcoming Year (10/1/14 to 9/30/15):

- Grant funds ended on 6/30/13. Program was actively working on sustainability at the end of the grant period.

F. FELLAS: Fathers Empowered to Learn, Lead, Achieve & Succeed (24/7 Dads model)

Lead Agency/Grantee: Partnership For Maternal and Child Health of Northern New Jersey (PMCHNNJ)

Target Community: Essex County

Target Population: Fathers and fathers-to-be of any age, with a dependent child of any age

Funding Source: CBCAP Grant – 100%

Funding Ended: 6/30/13

Program Description

Essex County has a higher proportion of families living below the poverty level, a higher proportion of female headed households with children under the age of 18 with no husband present, a higher unemployment rate, and a higher rate of unmarried women between the ages of 15 and 50 who recently delivered a baby as compared to NJ as a whole. Studies suggest that fathers with unstable financial and employment circumstances have more difficulty being responsible fathers. PMCHNNJ FELLAS Fatherhood Program of Essex County aims to help fathers and fathers-to-be to develop the attitudes, knowledge, and skills they need to get and stay involved with their children. Using a comprehensive approach, the FELLAS program offers services for fathers as well as training and coaching for new facilitators to implement fatherhood courses.

The FELLAS program provides Fatherhood Courses, Individual Support, and Support Groups for fathers in Essex County. The Fatherhood Course utilizes the National Fatherhood Initiative's 24/7 Dad™ A.M. and 24/7 Dad P.M. curricula. An evaluation of the 24/7 Dad™ A.M. and 24/7 Dad P.M. curricula conducted by the Baldwin County Fatherhood Initiative (Bay Minette and Robertsdale, Alabama) in 2006 revealed that through utilization of the 24/7 Dad™ A.M. and P.M. curricula, the program "successfully achieved [its] goal to increase the knowledge and skill levels of fathers, as well as to promote a more positive, healthy attitude regarding fatherhood and parenting". The demographic characteristics of the participants of this study are reflective of the Essex County population in regards to race/ethnicity and income. National Fatherhood Initiative. "24/7 DadTM A.M. and 24/7 DadTM P.M. Outcome Evaluation Results 2005-2006. www.fatherhood.org. The 24/7 Dad™ A.M. curriculum covers the topics such as: family of origin; masculinity; handling & expressing emotions; spirituality; physical & mental health; family roles; fathering & culture; discipline, rewards and punishment; children's development; balancing work and family; and how to get involved with your child. The 24/7 Dad P.M. curriculum build off of the AM curriculum covering the following additional topics: recognizing and handling anger; what it means to be a man; spirituality and growth; sex, love, and relationships; power and control; competition and fathering; communication skills; stress, alcohol, and work. The curriculum is supplemented with individualized support, support groups, and a community advisory board.

FELLAS Individual Support is one on one session with fathers to assists with resource referrals, job readiness, goal setting, and assistance with navigation of community resources. FELLAS Support Group is an open support groups covering social service resources and relevant topics of interest such as: interviewing; financial literacy; and mental health. The FELLAS Advisory Board allows graduate fathers and other community agency representatives to provide input and course correction on program implementation, outreach and marketing strategies, and suggesting solutions to challenges.

Graduates and or other professionals or volunteers in the community can also be trained and coached in the implementation of the Fatherhood Course 24/7 AM and 24/7 PM. This comprehensive training and coaching consists of shadowing, observation and ongoing supervision to assure competency in facilitation of the Fatherhood Course 24/7 AM and 24/7 PM twelve week courses.

The goals of this program are to decrease social isolation, increase personal stability and increase community involvement and leadership among fathers so that there is a decrease in child abuse and neglect. Ultimately, the goal of the 24/7 Dad™ course is to increase the number of children

growing up with involved, responsible and committed fathers present. The program achieves this goal by equipping facilitators with the tools they need to help fathers increase their involvement, responsibility and commitment with their children and the mothers of their children. The program helps to create "24/7 Dads" who enhance the well-being of their children by being an integral part of their lives physically, emotionally, spiritually and intellectually 24 hours a day, 7 days a week.

80 fathers will graduate from the 24/7 Dads AM course annually. Of those 80 fathers, 35 will go on to the 24/7 Dads PM course and 25 will graduate. 100 fathers will access Individual Support annually.

Program Activities and Outputs:

a) *FELLAS Fatherhood Course – 24/7 Dads AM:* A minimum of 6 cycles of 24/7 Dad AM courses. Each cycle consists of 12 sessions/ 2 hours for each session. A total of 100 fathers will enroll in 24/7 Dad AM annually. 80 Father's will graduate (completing 9 out of the 12 sessions)

b) *FELLAS Fatherhood Course – 24/7 Dads PM:* A minimum of 3 cycles of 24/7 Dad PM courses. Each cycle consists of 12 sessions/ 2 hours for each session. Half of the graduating father's from 24/7 Dads AM, 35 will enroll in the PM, with 25 fathers graduating (completing 9 out of the 12 sessions)

c) *FELLAS Individual Support:* .5-1 hour individual support meetings with an average of 5- 10 fathers each week for a total of 100 fathers (may be duplicate)

d) *FELLAS Support Group:* Ongoing group held in two alternating locations 30-40 weeks out of the year. Average of 5-10 dads in each group with 20% of the 24/7 dads course graduates participating in at least one support group.

e) *Advisory Board:* Meets every other month, for 1.5 hours each for a total of 6 meetings per year. 15 total members are to enroll in the board including F.E.L.L.A.S. participants and other community representatives.

f) *Training and Coaching in Fatherhood Course*

- Shadowing: Trainee shadows Program Coordinator 3 sessions per week for 3 weeks, each session 2 hours for a total of 18 hours of shadowing.
- Observation: Program Coordinator observes Trainee facilitation of 24/7 groups once a week for 3 weeks – each observation last 2 hours. Total of 6 hours of initial follow up observation. Program Coordinator follows up every other week with observation for 3 weeks – each observation lasts two hours
- Ongoing Supervision: Program Coordinator meets with Trainee once a week for .5-1 hours.

Core Program Performance Indicators:

- 90% of graduates increase Parenting skills and knowledge about topics focused on parenting (separate for AM and PM graduates)
- 90% of graduates improve Fathering/Parenting Attitudes (separate for AM & PM graduates)

Progress and Accomplishments (10/1/12 to 9/30/13):

- FELLAS program received one technical assistance site visits, for a total of three hours, from DFCP. Revised logic model and evaluation plan to reflect core activities, realistic outputs based on forth year implementation, and targeted performance indicators for evaluation & CQI.

- 131 fathers enrolled in the 24/7 Dads AM course and 101 graduated, 77%. The program exceeded the expectation of the number of father that would enroll (100) and graduate (80).
- Of the 101 fathers that graduated from the 24/7 Dads AM course, 27 enrolled in the 24/7 Dads PM course. Of those 27 fathers, 25 graduated. Although the anticipated enrollment (35) was lower than the actual enrollment (27), the program met the goal of 25 fathers graduating from both the 24/7 AM and 24/7 PM courses.
- 138 fathers accessed FELLAS Individual Support from the FELLAS.
- A total of 233 fathers participated in the FELLAS Fathering Program.

FELLAS Fatherhood Course	Target Indicator	Actual Performance	Program Analysis
24/7 Dads AM	90% of graduates will increase Parenting skills and knowledge about topics focused on parenting	65% of graduates increased Parenting skills and knowledge about topics focused on parenting	For the 24/7 Dads AM course, the staff believe the Fathering Inventory and Fathering Skills Survey evaluation tools are not appropriate for low literacy and poor reading comprehension abilities of many fathers that graduated from the 24/7 Dads AM course. Father's that went on to the second course, the 24/7 Dads PM, may have done so because they could actually understand the materials better and thereby complete the pre and post questionnaire without difficulty.
	90% of graduates will improve Fathering/Parenting Attitudes	65% of graduates improved Fathering/Parenting Attitudes	
24/7 Dads PM	90% of graduates will increase Parenting skills and knowledge about topics focused on parenting	100% of graduates increased Parenting skills and knowledge about topics focused on parenting	
	90% of graduates will improve Fathering/Parenting Attitudes	100% of graduates improved Fathering/Parenting Attitudes	

Plans for Upcoming Year (10/1/14 to 9/30/15):

- The FELLAS Fatherhood Program closed on June 30, 2013 due to the inability to secure ongoing resources.

G. South Jersey Father Time (24/7 Dads model)

Lead Agency/Grantee: Parents Anonymous® of New Jersey, Inc.

Target Communities: Cumberland County - Millville, Bridgeton & Salem Counties)

Target Population: Fathers and fathers-to-be of any age, with a dependent child of any age

Funding Source: CBCAP Grant – 100%

Funding Ended: 6/30/13

Program Description

Father Time™ is an initiative of Parents Anonymous® of New Jersey, Inc., for fathers in Cumberland and Salem County. The Father Time™ project goal is to develop three Father Time™

groups providing support and education to men as they nurture, protect and deepen their father-mentor/child relationship and relationship to the community. Father Time™ operates in three distinct locations, Bridgeton, Millville and Salem. Factors supporting the choice of these locations are: Bridgeton: The highest concentration of minorities in Cumberland County which has the highest crime rate per 1,000 residents in the state; the 2009 unemployment rate is 12.2%. Bridgeton's unemployment rate is highest in the county. 22.7% of Bridgeton residents are living below the poverty level, over 50% of the children in Cumberland County live in fatherless homes. Millville: The numbers of teen pregnancy, fatherless homes, gang violence, unemployment, continues to rise in Millville. There were no other fatherhood programs operating in Millville. Salem: Ranks highest in substantiated cases of child abuse and neglect in the state (based on percentage of population). Unemployment, poverty, teen pregnancy, fatherless homes, crime rate, high school drop-out rates and accessibility to services are serious concerns. Most of the county's municipalities are rural and transportation is a problem.

The Father Time™ program uses two evidence-based/informed models. In component 1 - the evidence based Parents Anonymous® support group model which is listed on the prestigious California Evidence Based Clearinghouse for Child Welfare. Professionally facilitated peer-led community based support groups: Parents Anonymous® is a family strengthening program with national standards of practice free to all participants. The California Evidence-Based Clearinghouse for Child Welfare (CEBC) has rated the Parents Anonymous® support groups model with a Scientific Rating of 3 for a Promising Research Evidenced Based program and a Child Welfare Relevance Rating of 2. Groups are co-facilitated by a trained Group Facilitator and a Parent Group leader to address any issue the group participants wish to discuss, including topics such as child development, communication skills, positive discipline, parental roles, age appropriate expectations, effective parenting strategies, anger management techniques and self-care.

The second component is the Parenting Curriculum, using the National Fatherhood Initiative's 24/7 Dad Second Edition. It is the most comprehensive fatherhood program available with innovative tools, strategies, and exercises for fathers of all races, religions, cultures, and backgrounds. Developed by fathering and parenting experts, it focuses on the characteristics men need to be good fathers 24 hours a day, 7 days a week. This quarter the men completed the AM Component of Dads 24/7.

The third component of the program is Community Involvement Activities, evidence informed, where program members are engaged in planning and implementing free community activities for families. Reduction of isolation, building of leadership skills, parent engagement are all embedded in the Strengthening families protective factors. This quarter families participated in a Parent Leadership Recognition event, an Egg Hunt and Family Cook Off.

The goal of the program is to improve protective factors associated with strong, safe and thriving families in Salem and Cumberland Counties. The key activities of the Father Time™ program are Parent Education, support group and the planning and implementation of free family activities in the community. The Parent Education and support groups meet weekly for 90 minutes Staff includes 1, Scott Allen, Father Time™ Coordinator who oversees the project and is currently assisted by Parents Anonymous staff. The project serves 45 group members annually.

Program Activities and Outputs:

a) *Parents Anonymous Support Groups:* Ongoing, weekly 90 minutes groups. Serving 45 fathers annually
b) *Fatherhood Curriculum 24/7 Dad*: Two, 16 week program cycles, 2 hours each week, serving 45 fathers annually.
c) *Community Family Involvement Activity:* 12 community activities will be provided each year. A total of 600 people will participate in the community activity.

Core Program Performance Indicators:

- 100% of fathers who participate in a minimum of 6 weeks of the Parent Support Group will show an increase of 85% on the protective factors survey scores.
- 100% of fathers who participate in at least 10 of 16 sessions of the 24/7 Dads parenting curriculum will show increases in their posttest curriculum scores.
- Fathers will show an increase in communication, leadership and planning skills as measured by the Facilitator observation tool.

Progress and Accomplishments (10/1/12 to 9/30/13):

- 87 fathers enrolled in the Parents Anonymous Support Groups, slightly below the projected 90. Of those 90 that enrolled, 52 fathers attended 6 or more groups, well above the anticipated 45.

- 101 (anticipated 90) men/fathers enrolled in the 24/7 Dad curriculum; with 45 fathers completing the course.

- Father Time held community events/activities reaching a total of 587 participants.

- The Statewide Annual Conference, "Speak Up, Take Action, and Create Change," was held at the Atlantic City Convention Center on April 20, 2013. With over 550 registrants, it was the largest conference ever held in organizational history. The conference brought together professionals and parents who are working to improve their communities and address issues in education, health care, mental health, family support, human services and child welfare. Fathers from Father Time™ presented a workshop and shared their leadership skills they had learned through our program. Father Time™ Parent Leaders also staffed the resource table and provided information to all participants. This conference was about creating change by creating strong parent-led organizations, strong families, excellent schools and stronger communities, and inspired parent leaders to take action across systems.

- Parents Anonymous® of New Jersey's Father Time™ partnered with SPAN to provide an exclusive Conference just for Fathers of Children with Special Needs. This Fatherhood Conference was held on June 1, 2013 at the CentraState Healthcare System in Freehold, NJ. This conference allowed fathers throughout the state to come together and to learn, network and share their personal experiences with other fathers who are facing similar challenges and joys parenting their child(ren) with special needs. A resource table of Father Time™ and Parents Anonymous educational and promotional materials was distributed.

Plans for Upcoming Year (10/1/14 to 9/30/15):

- Grant funds ended on 6/30/13. Program was actively working on sustainability at the end of the grant period.

II. CBCAP Funded Grants in the Office of Family Support

Family Success Centers (FSC)

DFCP funds a statewide network of Family Success Centers (FSC) as "one-stop" shops that provide wrap-around resources and supports for families before they find themselves in crisis. FSCs are neighborhood-based gathering places where any community resident can find various information and services. New Jersey has one of the only statewide systems in the United States with publicly supported Family Success Centers. There is no cost to access FSC services and supports. FSCs provide community-based, family-centered neighborhood gathering places where community residents can go for family support, information, referrals and access to services at no cost to them.

The goal of the FSC is to strengthen families and empower individuals to acquire the knowledge necessary to have successful families as well as raise healthy and happy children. A key element of each FSC is its Parent Advisory Boards, an effective way for parents to become stewards of their respective communities by helping to develop services that are unique to the geographic area that work for them and their families. Parents as well as other members of the community share the governance of each center and aid in its development to enable them to reach every part of their respective communities they are located in. FSCs offer primary and secondary child abuse prevention services to families and bring together concerned community residents, parents, leaders and community agencies to address problems that threaten the safety and stability of families and the community.

The FSC model as an emerging/promising practice has required NJ to closely consider the evaluation of the FSC approach. Although each FSC is required to implement core components of the model, the makeup of core components is quite different based on the community in which the FSC sits. Before DFCP can strategically build the local capacity of CBCAP grantees in evaluation and continuous quality improvement, DFCP needed to identify and develop a menu of targeted performance indicators for FSCs at the local level from which to choose. The process of creating a DFCP state level FSC logic model and evaluation plan began in August 2013 and will continue through the August 2014. This participatory process with the DFCP Office of Family Support staffs will result in a state level FSC logic model and evaluation plan framework for local FSCs capacity building efforts. Program activities and short and mid-term performance indicators listed below are the results of this effort to date, not just within the reporting timeframe. The information provided about each of the FSC grantees is a snapshot of available information and data at the local level during this reporting period.

Program Activities:

Individual Activities:

a) *Information and Referral (I&R):* Offer individual service to every individual or family as requested.

b) *Advocacy:* Assist families in making connection to referred services, advocating for them as needed

Group Activities:

c) *Parent Education (PE) / Parent Child Activity (PCA):* FSC staff to provide at least 2- 4 PE/PCA per month. At least 4 PE/PCA per year are focused on fathers (1 quarterly).
d) *Life skills (LS):* FSC staff provides at least 2- 4 LS activities per month.
e) *Advocacy:* FSC staff provides at least 2- 4 family advocacy sessions per month.
f) *Information and Referral (I&R):* FSC staff provides at least 2- 4 I&R sessions per month.
g) *Family Health:* FSC staff provides at least 2- 4 family health activities per month.
h) *Housing Related Services (HRS):* FSC staff provides at least 2- 4 HRS activities per month.
i) *Employment Related Activities (ERA):* FSC staff provides at least 2- 4 ERA activities per month.
j) *Strengthening Families Event:* All FSCs will organize at least 1 child abuse prevention awareness event in the month of April.
k) *Caregiver and Senior Outreach:* All FSCs will collaborate and/or actively participate in at least 1 event hosted by their regional Kinship Navigator Provider.
l) *Community Advisory Board (CAB):* All FSCs will hold at least 1 CAB meeting per month.
m) *Leadership:* All FSCs will provide at least 1-4 opportunities per year for participants to take on leadership roles.

Core Program Performance Indicators:

Menu of Short Term Indicators/Outcomes for Local FSCs

- 80% of parents involved in parent education/parent child activities increase their knowledge base regarding appropriate parenting skills.
- 80% of participants involved in LS activities learn new or improve existing life skills.
- 90% of the registered community residents will receive the type of family advocacy sought.
- 80% of families involved in family health services receive information of health resources available in their community.
- 80% of families involved in housing related services increase their knowledge of housing related services available in their community.
- 80% of participants involved in I&R services will receive information and referrals requested.
- 80% of participants involved in employment related services receive information and support regarding employability.

Menu of Mid-Term Outcomes for Local FSCs.

- 70% of parents demonstrate improved parenting skills and enrich their relationship with their child.
- 70% of participants involved in LS services are able to use their new or improved life skills in their personal lives.
- 70% of the registered community residents receiving advocacy advance their cause in their dealings with private and public entities.
- 70% participants involved in family health services will gain the ability to navigate the various health and medical service systems.

- 70% of the participants involved in employment related services increase their employability.
- 70% of the participants improve their ability to provide for their children as evidenced in successful linkages to formal and informal supports.

FSC Program Description:
Each Family Success Center (FSC) is a warm and welcoming gathering place that offers families and individuals' convenient access to information, support, and resources that help develop and maximize their strengths and potential. The overarching goal of each is to prevent child maltreatment by strengthening individual and family functioning; enhancing parental capacity for growth and development; increasing the stability, health and well-being of children and families; and empowering community residents to acquire the knowledge, skills and resources they need to succeed and provide optimal outcomes for children and families.

A. Gloucester County Family Success Center

Lead Agency/Grantee: Hispanic Family Center of Southern NJ, Inc. (Woodbury Family Success Center)

Target Community: Gloucester County

Target Population: All adults, children and families residing in the county

Funding Source: CBCAP Grant – 100%

The Woodbury FSC is located at 21 Delaware Street, Woodbury, NJ. It is conveniently located in downtown Woodbury with easy access to public transportation and within walking distance to the school, library and other community services.

Program Activities: The Woodbury FSC provides the following contracted services:

- Access to Child, Maternal and Family Health Services: In partnership with Rutgers University, the Woodbury FSC provides health education workshops (i.e. nutrition, fitness, diabetes prevention) and provides several non-invasive health screenings such as blood pressure, respirator, and heart checks among other things. This FSC hosts a yearly health fair on site inviting community agencies to provide health information as well as administer health screenings.
- Family Success Plans: staff partners with families in the development of functional plans to help the families attain their identified goals.
- Parent Education:
    - Offers parent-child activities that create opportunities for intergenerational learning and bonding. These intergenerational activities include family literacy events.
    - Plans monthly theme-based activities for FSC participants providing an opportunity for intergenerational learning and interaction. These themes are driven by the interests and recommendations of families that submit ideas through the suggestions box and/or the Parent/Community Advisory Board

- Employment-Related Services: weekly workshops related to job readiness. Speakers present on topics such as : dressing for success, using your local One Stop Career Center and future job and training opportunities available through Gloucester County
- Workshops:
    - Nutrition based educational workshops to parents and families.
    - Adult English as a Second Language classes are held.
    - Local banks provide workshops on budgeting, banking and fiscal management for families.
- Housing Related Services:
    - Refers families to the Low Income Home Energy Assistance Program (LIHEAP) and Weatherization programs.
    - Legal Services of Southern New Jersey provides workshops on tenant and landlord issues.
    - Families in need of housing assistance are linked to the Gloucester County Housing Authority.
- Advocacy & Related Support:
    - Staff advocates for all community residents as needed and appropriate by interceding, supporting and/or advancing the cause of individuals and families in their dealings with public and private entities.
    - Staff accompanies families/individuals to meetings, appointments, or visits with other service providers to assist them in navigating the system and facilitating direct linkages, communication and/or problem solving.
- General Information and Referral/Linkages: The Woodbury FSC maintains an up-to-date information and referral directory of available local, county, and state supported services as well as non-traditional service providers such as houses of workshop and grassroots organizations.
-

Progress and Accomplishments (10/1/12 to 9/30/13):

- OFSS staff provided on-site technical support in monthly reporting, provision of core services, development of family friendly activities, engagement of families and communities, development of parent advisory boards and creating a family friendly environment for families.

- The Woodbury FSC relocated to a bigger facility in the business center of Woodbury. This facility is a family friendly location and has a parking space available for families.

- The Woodbury FSC staff are trained in the evidence informed 1,2,3,4 Parents and 24/7 Dads models. This FSC offered parenting classes to support parents/families in: understanding individual differences of children and nurturing children of different temperaments; reintegrating into family and community; positive approaches to discipline; and reinforcing positive behaviors in children. In addition, this FSC implemented the Parents Anonymous Parent Support Group Curriculum.

- The Woodbury FSC has established a strong partnership with the Gloucester County HSAC and other social services providers in Gloucester County. In May and June of 2013 the

Woodbury FSC collaborated with Glassboro FSC in a County wide outreach benefiting 200 families.

- During this reporting period the Woodbury FSC provided the following workshops:
    - in partnership with the Woodbury High school provided workshops for LGBTQ community.
    - In partnership with Rutgers University, the Woodbury FSC provided health education workshops (i.e. nutrition, fitness, diabetes prevention) and several non-invasive health screenings such as blood pressure, respirator, and heart checks among other things. Hosted a yearly health fair on site inviting community agencies to provide health information as well as administer health screenings.

- Served 933 families during the reporting period.

Plans for Upcoming Year (10/1/14 to 9/30/15):

- Receive training, coaching and technical assistance site from OFSS staff and DFCP Quality Improvement Manager. Develop logic model to identify core activities and outputs based on local interpretation of core FSC components. Identify which outcomes from menu of FSC performance indicators to use to evaluate core implemented activities. Develop evaluation plan, identifying tools to collect the data. Begin collecting data and reporting on identified performance indicators.
- OFSS staff will continue to provide on-site technical support on provision of core services, development of family friendly activities, engagement of families and communities, development of parent advisory boards and creating a family friendly environment for families.
- Collaborate with the Kinship Navigator Program to provide services and support to Kinship caregivers.
- Continue to offer parenting skills classes – targeting positive approaches to discipline and reinforcing positive behaviors in children.
- Continue to offer workshops related to job readiness, nutrition and adult English as a Second Language classes.

B. Cape May Family Success Center

Lead Agency/Grantee: Cape Counseling Services

Funding Source: CBCAP Grant – 100%

The Cape May FSC serves all of the children, families, and residents in Cape May County. The FSC is located at 1046B Route 47 Rio Grande, NJ.

Program Activities: Cape May FSC provides the following contracted services:

- Access to Child, Maternal and Family Health Services: provides blood pressure screening, flu shots and assistance with the Health Insurance Marketplace.

- Family Success Plans: staff partners with families in the development of functional plans to help the families attain their identified goals.
- Parent Education – groups, classes and activities: infant, toddler and preschool playgroups; breastfeeding support group; grandparents raising grandchildren support group; Active Parent classes - curriculums are rotated for parents of 1-4 and 5-12 year olds; Focus on Fathers curriculum is offered for fathers; parent-child activities that create opportunities for intergenerational learning and bonding.
- Employment-Related Services: assistance with resume writing and job applications. Also provide referrals to Vocational Assistance programs.
- Life Skills: Family Enrichment, Teen Groups and Safe Sitters life skill workshops.
- Housing Related Services: assists families with energy assistance applications and provides referrals to housing assistance programs.
- Advocacy & Related Support:
    - advocates for all community residents as needed and appropriate by interceding, supporting and/or advancing the cause of individuals and families in their dealings with public and private entities.
    - staff accompanies families/individuals to meetings, appointments, or visits with other service providers to assist them in navigating the system and facilitating direct linkages, communication and/or problem solving.
- General Information and Referral/Linkages: The Cape May FSC maintains an up-to-date information and referral directory of available local, county, and state supported services as well as non-traditional service providers such as houses of workshop and grassroots organizations.

Progress and Accomplishments (10/1/12 to 9/30/13):

- OFSS staff provided on-site technical support in monthly reporting, provision of core services, development of family friendly activities, engagement of families and communities, development of parent advisory boards and creating a family friendly environment for families.
- FSC Advisory Board actively participates in the governance of the FSC.
- Cape May FSC staff were trained in father training and created resources for fathers.

Plans for Upcoming Year (10/1/14 to 9/30/15):

- Receive training, coaching and technical assistance site from OFSS staff and DFCP Quality Improvement Manager. Develop logic model to identify core activities and outputs based on local interpretation of core FSC components. Identify which outcomes from menu of FSC performance indicators to use to evaluate core implemented activities. Develop evaluation plan, identifying tools to collect the data. Begin collecting data and reporting on identified performance indicators.

- OFSS staff will continue to provide on-site technical support on provision of core services, development of family friendly activities, engagement of families and communities, development of parent advisory boards and creating a family friendly environment for families.

- Cape May FSC will expand hours of operation to include evenings and/or weekends in order to meet the needs of families; continue to develop services for individuals and families affected by Superstorm Sandy; add a parenting class for parents of teenagers.

C. Hunterdon County Family Success Center

Lead Agency/Grantee: Hunterdon Prevention Resources

Funding Source: CBCAP Grant – 100%

The Hunterdon County FSC is located at 3 East Main Street, Flemington, NJ - conveniently located in downtown Flemington with easy access to and other community services.

Program Activities - The Hunterdon County FSC provides the following contracted services:

- Access to Child, Maternal and Family Health Services:
    - Central Jersey Family Health Consortium offers weekly workshops on topics such as Health/Unhealthy Family Relationships, Domestic Violence, Managing Stress, and Substance Abuse Recovery.
    - Infant Massage workshop is offered twice a week to teach new moms how to soothe their baby through a nurturing touch.
    - A Take Control of Your Health workshop provides self-management tools and discusses topics such as: nutrition, portion control; how to read food labels; exercise; difficult emotions; talking with your healthcare provider, etc.
    - A Diabetes Self-Management Program discusses proper nutrition for regulating insulin levels.
    - Fit for Free program to provide moral support as well as tips to heal keep families healthy.
- Family Success Plans: The Hunterdon County FSC staff partners with families in the development of functional plans to help the families attain their identified goals.
- Parent Education: The following parent education services are provided:
    - Strengthening Families Curriculum - focuses on improving family relations by working with both parents and children in a group setting.
    - Unifying Families with a different topic discussed each month, such as Blended Families, Cyber Safety, Talking to Your Kids about Drugs and Alcohol, Improving Communication Skills, etc.
    - Parent-child activities that create opportunities for intergenerational learning and bonding.
- Employment-Related Services:
    - Hunterdon FSC collaborates with Middle Earth to provide a job readiness program to at-risk youth.

    - A laptop is available to anyone who needs computer access for working on resumes and job hunting.
    - A one hour resume writing workshop is offered monthly.
- Life Skills:
    - Budgeting workshop is offered monthly. Topics include: Planning for Emergencies; Creating a Savings Plan; Creating a Household Budget; Improving your Credit Score and Financial Fitness for Kids.
    - Girls Night In, a weekly empowerment program for girls 12 years of age or older. Topics include: Journaling; Self-Defense; Empowerment; Yoga; Child Assault Prevention; Living, Loving and Growing Up in a Healthy Family; and Decision Making.
    - Homework Help is provided weekly to kids of all ages. Translation Assistance is provided.
- Housing Related Services: Collaborates with several local organizations to assist families in finding a place to stay if they are homeless or providing the needed money for a deposit on a new apartment or to prevent the shut-off of utilities.
- Advocacy & Related Support: FSC staff advocate for all community residents as needed and appropriate by interceding, supporting and/or advancing the cause of individuals and families in their dealings with public and private entities. The Hunterdon County FSC staff accompanies families/individuals to meetings, appointments, or visits with other service providers to assist them in navigating the system and facilitating direct linkages, communication and/or problem solving.
- General Information and Referral/Linkages: Hunterdon FSC maintains an up-to-date information and referral director of available local, county, and state supported services as well as non-traditional service providers such as houses of workshop and grassroots organizations.

Progress and Accomplishments (10/1/12 to 9/30/13):

- OFSS staff provided on-site technical support in monthly reporting, provision of core services, development of family friendly activities, engagement of families and communities, development of parent advisory boards and creating a family friendly environment for families.
- The Hunterdon County FSC hosted the State's Head Start Pilot Project Kick-Off event on December 6, 2012. This event was attended by approximately 125 people, including DCF Commissioner Alison Blake and other DCF representatives, staff and families from the five Family Success Centers participating in the Pilot Project, and consultants contracted to provide Pilot Project training. The Advisory Board played an active role in the development and implementation of this project.
- Implemented the 24/7 Dads model following DFCP 24/7 Dad training to all 51 FSCs.
- The Hunterdon FSC has served over 1,137 families during this reporting period.

Plans for Upcoming Year (10/1/14 to 9/30/15):

- Receive training, coaching and technical assistance site from OFSS staff and DFCP Quality Improvement Manager. Develop logic model to identify core activities and outputs based on local interpretation of core FSC components. Identify which outcomes from menu of FSC performance indicators to use to evaluate core implemented activities. Develop evaluation plan, identifying tools to collect the data. Begin collecting data and reporting on identified performance indicators.
- OFSS staff will continue to provide on-site technical support on provision of core services, development of family friendly activities, engagement of families and communities, development of parent advisory boards and creating a family friendly environment for families.
- Will collaborate with the Kinship Navigator Program to provide services and support to Kinship caregivers; continue to provide services and programs for families and children and will collaborate with Fatherhood Now to create services for fathers.
- The Hunterdon County FSC will collaborate with other FSCs in Central NJ to develop a Child Abuse Prevention (CAPA) conference.

D. Morris County Family Success Center

Lead Agency/Grantee: Northern NJ Maternal and Child Health Consortium, Inc.

Funding Source: CBCAP Grant – 100%

Morris County FSC is located in downtown Dover.

Program Activities;
Morris County offers the 8 contracted FSC services which are: access to health information, development of family success plans, employment related services, information and referral, life skills training, housing related services, parent- child activities, advocacy.

Progress and Accomplishments (10/1/12 to 9/30/13):

- OFSS staff provided on-site technical support in monthly reporting, provision of core services, development of family friendly activities, engagement of families and communities, development of parent advisory boards and creating a family friendly environment for families.
- Hired bilingual in Spanish and English staff (Dover as well as Morristown has a high Spanish speaking population)
- Translated all of flyers and other publications into Spanish - offering both English and Spanish versions.
- Launched:

    - Info-blast campaign to increase awareness of services at the Morris County FSC to all residents in Morris County.
    - Media and information campaign for new health care law and offered assistance to help enroll residents in the health marketplace.
- Secured donated office space in Morristown and started to offer select services as a satellite location.
- Organized positive activities and events that bring the residents together such as:
    - 'Coffee House' a free community wide coffeehouse and information fair with activities and live music for children
    - Designing flower gardens and initiating park clean up

- Established robust Advisory Board that meets on a monthly basis to inform decisions for expanded services to offer and provide governance for the FSC. In addition, this supportive parent advisory board and forged many collaborations with other Dover businesses and non-profit agencies
- Served 550 families during the reporting period.

Plans for Upcoming Year (10/1/14 to 9/30/15):

- Receive training, coaching and technical assistance site from OFSS staff and DFCP Quality Improvement Manager. Develop logic model to identify core activities and outputs based on local interpretation of core FSC components. Identify which outcomes from menu of FSC performance indicators to use to evaluate core implemented activities. Develop evaluation plan, identifying tools to collect the data. Begin collecting data and reporting on identified performance indicators.
- OFSS staff will continue to provide on-site technical support on provision of core services, development of family friendly activities, engagement of families and communities, development of parent advisory boards and creating a family friendly environment for families.
- Will collaborate with agencies located in Morristown to develop and deliver services to the Morristown community and with the Board of Education in order to support the education of the children they work with.
- Morris County FSC will develop a coalition of business in order to provide in disaster readiness to residents of Dover.

E. Somerset County / EmPower Family Success Center

Lead Agency/Grantee: EmPower Somerset

Funding Source: CBCAP Grant – 100%

Program Description

The Empower FSC is located at 34 West Main Street, 2nd Floor, Suite 201, Somerville, NJ. The Center provides services to all of the residents in Somerset County. It is conveniently located in downtown Somerville and is within walking distance to many community services.

Program Activities: The Empower FSC provided the following services:

- Family Success Plans: staff partner with families in the development of functional plans to help the families attain their identified goals.
- Parent Education: provides the following parent education programs/ activities:
    - Strengthening Families
    - Proactive Parenting
    - Raising a Confident Child from Toddler to Teen
    - How to Develop Critical Thinking Skills in Your Child and
    - family story time and craft.
    - For fathers: "I'm Not the Babysitter" workshop and 24/7 Dads.
    - Parent-child activities that create opportunities for intergenerational learning and bonding.
- Employment-Related Services:
    - Mastering the Interview workshop,
    - Coping with Work and Family Stress workshop
    - Talent Development Group
- Housing Related Services: links families to community programs providing affordable housing, rental assistance, down payment assistance, legal services, weatherization, and heating/utility assistance.
- Advocacy & Related Support: staff advocate for all community residents, FSC staff accompanies families/individuals to meetings, appointments, or visits with other service providers to assist them in navigating the system and facilitating direct linkages, communication and/or problem solving.
- General Information and Referral/Linkages – The Empower FSC maintains an up-to-date information and referral directory of available local, county, and state supported services as well as non-traditional service providers such as houses of workshop and grassroots organizations.

Progress and Accomplishments (10/1/12 to 9/30/13):

- OFSS staff provided on-site technical support in monthly reporting, provision of core services, development of family friendly activities, engagement of families and communities, development of parent advisory boards and creating a family friendly environment for families.
- FSC Advisory Board actively participates in the governance of the FSC.

- Implemented the following groups and activities: Women's Wellness Support group; walking club; Take Control of Your Health workshop; Affordable Health Care Act workshop and "Quick Peek" Developmental Screenings
- Implemented the following classes: English as a series of educational workshops designed to improve life skills of individual and families participating in the life of the center. Offered English as a Second Language (ESL) , Citizen Preparation Classes, Managing Money Wisely, Tough Choices, Girls Youth Partnership, Reading Workshop and SAT Preparation classes.
- Served 205 families during the reporting period.

Plans for Upcoming Year (10/1/13 to 9/30/14):

- Receive training, coaching and technical assistance site from OFSS staff and DFCP Quality Improvement Manager. Develop logic model to identify core activities and outputs based on local interpretation of core FSC components. Identify which outcomes from menu of FSC performance indicators to use to evaluate core implemented activities. Develop evaluation plan, identifying tools to collect the data. Begin collecting data and reporting on identified performance indicators.
- OFSS staff will continue to provide on-site technical support on provision of core services, development of family friendly activities, engagement of families and communities, development of parent advisory boards and creating a family friendly environment for families.
- In partnership with a local church & businesses cooking, sewing, financial management, fatherhood Life Skills classes.
- In partnership with the three area YMCA's will provide free swimming lessons, 2 weeks of summer camp, and other activities during the summer.
- In collaboration with Middle Earth (local non-profit that serves at-risk youth) will offer 5 workshops for parents; one session offered in Spanish to benefit non English speaking families.
- The FSC will provide at least one free Family Fun night each month in cooperation with local agencies, business, or towns.

F. The Family Success Center of Orange

Lead Agency/Grantee: Family Connections, Inc.

Funding Source: CBCAP Grant – 100%

Funding Ended: 6/30/13

Program Description

The Family Success Center of Orange was located at 170 Scotland Rd., Orange, NJ 07050.

Program Activities: FSC of Orange provided the following contracted services:

- Monthly workshops to families in the areas of nutrition, parent education, Health Insurance Marketplace, English as a second language (ESL), child development, parenting skills, youth leadership, employment-related services
- Family Success Plans: staff partners with families in the development of functional plans to help the families attain their identified goals.
- General Information and Referral/Linkages: provided information and referral to families and strives to make this referral successful linkages.

Progress and Accomplishments (10/1/12 to 9/30/13):
- Provided leadership skills to youth: crucial life skills in the areas of leadership, nutrition and employment.
- Provided English as a Second Language (ESL) classes and assisted individuals and families with translation, advocacy, employment and housing.
- Provided free screenings, health education and helped individuals and families to obtain health benefits for themselves and their families.
- Served over 103 families during the reporting period.
- The FSC of Orange was supported by private foundation funding prior to DFCP funding. When the private funding was cut, the DFC DFCP provided temporary bridge funding with the support of CBCAP for the period starting 7/1/2012-6/30/2013. The organization was not able to find sustainable funding during the one year of DFCP support and with multiple FSCs sites already operating in Essex County; DCF DFCP could not provide ongoing support.
- Family Connections closed this FSC after DFCP funds ended (6/30/14).

Plans for Upcoming Year (10/1/13 to 9/30/14):
- Temporary funding ended 6/30/2013.

G. Additional CBCAP funds used to support FSS Initiative:

Rutgers the State University - Family Development Credential Training: Family Development Credential (FDC) training, (offered every other week for a period of eight months) provides FSC frontline staff with the skills and competencies to work with families to attain a healthy self-reliance and interdependence with their communities. The frontline workers are "credentialed" once they complete this training. FDC training was offered from September 2012 to April 2013 in Camden, Jersey City, Newark, Piscataway, Trenton, Vineland and Wayne. 74 Family Success Center frontline staff successfully completed the FDC program during this reporting period. The plan for Family Developmental Credentials for 10/1/14-9/30/15 is to provide The Family Development Credential Leadership (FDCL) training to approximately 25 FSC Directors and/or eligible FSC staff. (See Section XIII – Plan for Support, Training, Technical Assistance and Evaluation)

Family Success Center Conference: The 6th Annual Family Success Center Conference was held on June 18, 2013 at the DCF's Professional Center located in New Brunswick, NJ. This

event brought together parents, participants and staff from all fifty-one of New Jersey's Family Success Centers for a day of educational workshops, facilitated discussions, networking and learning opportunities. Each of the workshops was co-facilitated by at least one parent from a Family Success Center. There were approximately 300 Family Success Center parents, participants and staff in attendance.

III. The following programs receive partial/supplemental CBCAP funding support:

A. Office of School-Linked Services:

New Jersey Child Assault Prevention (CAP) Project is a statewide prevention program. CAP trains school-age children, parents and teachers to prevent peer assault, stranger abduction and known adult assault. CAP staff work closely with local school districts, parent/teacher associations, home school groups and other community groups. CAP has a threefold educational approach to prevention which includes staff in-service, parent programs and individual classroom workshops for children and teens. NJ CAP website: http://www.njcap.org/contact_us.wbp

B. Office of Domestic Violence Services:

Domestic Violence Liaisons

Lead Agencies/Grantees:

- 180 Turning Lives Around, INC, Monmouth County
- CARA, Shelter, Cape May County
- Domestic Abuse and Sexual Assault Crisis, Warren County
- Domestic Abuse and Sexual Assault Crisis, Sussex County
- NJ Association of Correction Passaic County Women's Center, Passaic County
- SAFE, Hunterdon County
- Salem County Women's Services, Salem County
- Women Rising, INC, Hudson County
- WomanSpace, INC., Salem County

Target Population: Adult Victims of Domestic Violence and their dependent children who are experiencing the co-occurrence of domestic violence and Child Maltreatment and Local CP&P staff.

Funding Source: State and CBCAP

Program Description: Each county within New Jersey has at least one DVL that works to assist victims of domestic violence who are also involved in the child protective services system. DCF increased the number of DVLs from the original 5 in 2008 to 32 throughout the State with the help of CBCAP funding. The DVL Program is a partnership of the DCF, FCP, CP & P and NJCBW at the state level, and the CP&P local offices and domestic violence lead agencies at the county level. 32 DV Liaisons are specialist co-located in 46 CP&P local offices 4 days per week. Services are provided on site in CP&P Area/Local Offices, client homes, family team meetings and at the domestic violence lead agency. The goal of this program is to strengthen and enhance the service coordination between New Jersey's child protection and domestic violence systems to bring about improved safety and wellbeing outcomes for women and children when child abuse and domestic violence co-occur. DVL's assist CP&P casework staff in assessing domestic

violence and connecting services to cases where domestic violence may be occurring. They also assist domestic violence providers in the identification of possible protective service cases that should be referred to CP&P, and to help coordinate services for clients. Collaboration occurs with CP&P caseworkers in the following DV Liaison activities:

Program Activities

a) Referral: All services are initiated by CP&P case managers via the DVL Referral and Case Practice Form

*b) Confidential Client Communications***:** and/or team interviews with CP&P and adult victim.

c) Case Consultation and Planning: Assess DV, DV Safety Planning and Referrals for services to include:

- DVLs assist caseworkers in assessing domestic violence in co-occurring cases of dv and child abuse for adult victims.
- DVLs participate in developing CCP&P case plans for non-offending parents, and consistent with the DCF DV Protocol, may assist with separate case planning for batterers
- Domestic violence safety plans are developed with non-offending parents and children when age appropriate

d) Education, Training and Mentoring - DV Liaison provides education, mentoring and training that builds capacity of CP& P intake, permanency and other staff to understand:

- the unique needs of adult victims and their children
- safe interventions that will produce the best outcomes for adult victims and their children

e) Collaboration: DV Liaisons collaborate with CP&P caseworkers during protective service investigations, home visits, case planning, FTMs for families under CP&P Supervision

f) Face to Face Contact: DV Liaisons are encouraged to have on-going face-to face contact with both DCF staff and the non-offending parent

Core Program Performance Indicators:

The Family Violence Prevention and Services Act (FVPSA) is a federally required outcomes evaluation conducted through program participant survey in four areas: Shelter; Counseling; Support Services & Advocacy; and Support group. Two questions must be answered for each component, however only the shelter component is mandatory. A minimum benchmark of 65% is set for the following shelter indicators:

- At least 65% of clients served will demonstrate increased strategies for enhancing their safety
- At least 65% of clients served will demonstrate increased knowledge of available options and community resources

Progress, Accomplishments and Outcomes (10/1/12 to 9/30/13):

Below is a snap shot of select DVL data points for FFY 13:

- 6,350 non-offending parents were served by DVL's
- 9,573 case consultations with safety plans were developed

- 6,265 confidential client communications and/or team meetings with CP&P and adult victims were conducted.
- 563 home visits were provided

FVPSA Performance Indicators Safety and Resources Federal standard = 65% yes responses			
	Number of Surveys Completed	Yes Responses Strategies for Safety	Yes Responses Community Resources
Total	4076	3643 (89.33%)	3722 (91.27)

C. DCF Office of Communications

NJ Safe Haven Program In June 2000, the State Legislature passed the New Jersey Safe Haven Infant Protection Act. The Safe Haven law allows a parent, or a parent's designee, to anonymously surrender an infant 30 days old or less to any hospital emergency room or police station in the state and without threat of criminal prosecution as long as the infant shows no signs of abuse or neglect.
The Safe Haven Program is implemented by the DCF Communications Office in response to the NJ Safe Haven Infant Protection Act [January 17, 2010 (S.184)].

- Target Audience: It was initially believed that pregnant teens were responsible for the unsafe abandonment of infants. However, information from Safe Haven surrenders and abandonment cases where the mother was identified showed mothers ranging from young adolescents to women in their 40s. This suggests that the primary target audience for this message is all females of childbearing age.
- Advertisements (NJ Transit): During this reporting period, DCF Office of Communications coordinated a Safe Haven public awareness campaign by placing advertisements on New Jersey Transit. DCF's Safe Haven campaign includes ads placed on the exterior/sides of king sized buses, as well as ads in the interiors. NJ Transit is an effective advertising medium because it allows DCF to reach a wide range of individuals, reaching New Jersey residents where they live, work, shop and play- from the urban areas to the suburbs. NJ Transit buses travel by colleges, malls, the Jersey Shore, Hospitals and Sporting Arenas. The DCF Safe Haven NJ Transit campaign will strategically ran for two months (July through September) targeting different counties/areas of the State.
- Publication Distribution: It is critical that DCF's public awareness efforts reach expecting mothers throughout the state. In addition to the outreach conducted through NJ Transit advertisements, DCF distributes outreach materials including brochures, posters, volunteer kits, teacher kits, and pocket cards. DCF works to distribute these to schools, community organizations, medical professionals and other partner agencies on a yearly basis so they can be distributed free of charge to the public. All materials are available in both English and Spanish. Additional requests for materials are satisfied on an ongoing basis. DCF

distributed over 25,150 Safe Haven educational materials, including brochures, posters, medical questionnaires, volunteer kits, teacher kits, and pocket cards.

- Community Presentations: DCF advances Safe Haven awareness and education by participating in community events, workshops, and conferences for education and health professionals. During FY2012, DCF participated in three statewide conferences where the Department distributed a variety of materials, including Safe Haven, as well as the department's publication form so event participants may order additional materials at their convenience. DCF attended the following conferences: New Jersey Educational Association (NJEA); NJ School Counselor Association (NJSCA); and NJ Association for the Education of Young Children (NJAEYC). During CY 2013, DCF participated in, and distributed Safe Haven awareness material at several conferences and conventions:
    - NJ Parent Teacher Association Convention, March 8-9, 2013
    - National Association of Social Workers Convention, May 5-7, 2013
    - Governor's Conference on Women, June 3, 2013
    - New Jersey Children's Alliance & Association of MDT Coordinators Annual Conference, June 6, 2013
    - Conference on Fatherhood, August 7, 2013
    - NJ Task Force on Child Abuse and Neglect, September 20, 2013

  Legislation: On January 17, 2010 (S.184) was signed into law requiring DCF to "notify agencies about the availability of information concerning the New Jersey Safe Haven Infant Protection Act including pamphlets, posters, and other materials available on the department's Internet site." The Department distributed materials to the following organizations/partners as required by law, and continues to satisfy material requests on an ongoing basis, free of charge: County and municipal government agencies; Social service agencies administered by DCF, DHS, and DHSS; Physicians; Pregnancy crisis centers; Adoption agencies; Colleges and universities. In SFY 2013, 4 infants surrendered, of which 0 were unsafe abandonments.

III. The New Jersey Children's Trust Fund

The New Jersey Children's Trust Fund (CTF) is a private/public partnership created by law in 1985 to fund child abuse and neglect prevention programs in New Jersey communities. The CTF supports local child abuse and neglect prevention programs that implement evidence-based and evidence-informed programs. Funds come to the CTF primarily from residents through the NJ state income tax check-off; and other private donor contributions. The funding priority for the current funding cycle (through 6/30/14), established by the NJTFCAN, is to promote positive parent-child attachment and support infant and early childhood metal health programs. Grants were awarded through a competitive process and funded for a three-year cycle. Funding in the first year is $85,000. Second year funding is $79,000 with a 10% match requirement and third and final year of funding level is $76,500 with a 15% match. These projects are overseen by the DCF, Division of Family and Community Partnership (DFCP), Office of Early Childhood Services (OECS). The OECS provides technical assistance (TA) that builds program capacity in using

evaluation for continuous quality improvement. OECS staff works with each CTF grantee to develop a program logic model and evaluation plan. These tools help guide the grantee in quality implement, measuring performance and monitoring ongoing quality improvement. OECS implemented an electronic quarterly reporting format in the first quarter of FFY2013. This allows DFCP to look at the program outputs and performance indicators for the entire portfolio of grantees.

A. Incredible Parents = Incredible Kids! [*Incredible Years* evidence-based curriculum]

Lead Agency: Family Connections, Inc.

Target Community: Newark and Essex County

Target Population: African American Children and their Parents in Queen of Angels; Parents in Newark Pre-school and additional Parents in the community

Funding Source: 75 % CTF Grant and 25 % Newark Pre-School Council

Program Description:
This program serves families in Newark and Essex County. Both counties have challenges of crime, gang violence, unemployment and poverty all of which increases the chances of child abuse/neglect, early pregnancy, mental health problems and imprisonment. For children these factors are indicators of poor school performance, behavior/anger problems and social/emotional deficits.

Incredible Parents = Incredible Kids is a research based prevention program targeting children and their parents. This program incorporates 3 evidenced based curriculums: Incredible Years Children and Parenting Series; Talking about Touching Safety Curriculum and the Music Together Program.

The child component consists of The Incredible Years DINA Curriculum, Talking about Touch and Music Together. Incredible years DINA curriculum is for 3-5 year olds and covers topics such as: problem solving; understanding and communicating feelings; anger management; behaving appropriately; friendship and communication skills. Talking about Touch is a second step safety curriculum focusing on teaching: fire safety, gun safety, good touch/bad touch, street safety and car safety. Music Together is a music curriculum for 1.5-2 year olds that focuses on the development of language skills and fine/large motor skills.

The Parenting Component provides 3 psycho-educational parent training groups for: Parents of Babies, Parents of Toddlers and Parents of Preschoolers. The group format for all the groups consists of vignettes, group discussions, role playing and worksheets. The Parent of Pre-schoolers Group focuses on parental self-care, time management, school readiness, development of rules/routines, positive discipline skills and strengthening parent/child attachments/bonds. The Parents of Toddlers Group focuses on separation/reunions, parental self-care, potty-training, strengthening social skills, development of language, importance of routines, positive behavior management and strengthening parent/child bonds. The Parents of Babies Group focuses on: getting to know you're your baby, understanding baby's cues, self-care/ time management, developmental milestones and providing appropriate stimulations (visual/tactile.)

This preventative program's aim is to promote strong healthy families, prevent child abuse and neglect and increase school readiness and success. 55 children and 35 parents are served annually.

Program Activities and Outputs:

a) Professional Training in Incredible Years:

- *Incredible Years DINA curriculum* -3 full days of training/ 24 hours total for community professionals
- *Incredible Years Parents Group Leader* – 5 full day training/40 hours for Clinical Coordinator.

b) *Relationship Building and Development with Newark Preschool Council*- monthly meetings for one hour each meeting.

c) *Incredible Years DINA Curriculum* (3-6 year olds): 4 pre-school cycles/24 sessions per cycle/ 15-30 minutes each session. A total of 96 sessions will be held serving 55 children.

d) *Talking About Touch* (3-5 year olds): 4 pre-school cycles/15 sessions per cycle/ 15-30 minutes each session. A total of 60 sessions will be held serving 55 children.

e) *Music Together* (1.5-2 year olds): 2 cycles/7 sessions per cycle/ 15 minutes each session. A total of 14 sessions will be held serving 20 toddlers.

f) *Parents of Pre-Schoolers***:** 2-3 parent cycles/12 sessions per cycle/ 2 hours each session. A total of 24 sessions will be held serving 12 -18 parents.

g) *Parents of Toddlers***:** 2-3 parent cycles/9 sessions per cycle/ 2 hours each session. A total of 18 sessions will be held serving 12-18 parents.

h) *Parents of Babies:* 1-2 parent cycles/7 sessions per cycle/ 2 hours each session. A total of 14 sessions will be held serving 6-12 parents.

Core Program Performance Indicators:

- Children will demonstrate a decrease in problem behavior as measured by the pre and post Preschool and Kindergarten Behavior Subscale problem behavior composite score
- Children will demonstrate an increase in positive social skills as measured by the Preschool and Kindergarten Behavior Subscale) social skills composite score
- Parents of Preschoolers, toddlers and babies will indicate confidence in managing current child behavior in the home, on their own, to be measured by Parent Questionnaire.

Progress and Accomplishments (10/1/12 to 9/30/13)

- Revised logic model and evaluation plan to reflect core activities, realistic outputs based on lessons learned from year two of implementation, and targeted performance indicators for evaluation and ongoing CQI.
- 56 preschoolers participated in the Incredible Years DINA Curriculum and Talking about Touch.

Outcome results for children that participated in the Incredible Years DINA Curriculum:

- 100 % of children demonstrated an increase in positive social skills as measured by the pre and post Preschool and Kidergartin Behavior Subscale (PKBS) test social skills compositie score
- 100 % of children demonstrated a decrease in problem behavior as measured by the pre and post PKBS test problem behavior composite score

Outcomes results for children that participated in the Talking about Touching second step curriculum:

- 95% of students demonstrated increased knowledge about safety rules for touching private body parts
- 92% of students demonstrated increased knowledge regarding car/seat belt safety; stranger safety and how to respond/stay safe if someone tries to touch private body parts
- 86% of students demonstrated increased their ability to identify private areas of bodies
- 84% of students demonstrated increased knowledge regarding traffic safety
- 81% of students demonstrated increased knowledge for staying safe if they get lost

- Groups and Continuous Quality Improvement – a lesson in following the demand: The demand for the Parents of Toddlers group was not as high as anticipated. The program enrolled 8 parents as opposed to the 20 projected. For the Parents of Preschoolers groups the program anticipated offering 2 cycles, recruiting 20 parents and graduating 12-18. Recruitment for the Parents of Preschoolers group resulted more parents interested in the Parents of Preschoolers group than anticipated. Due to this increase demand, the program offered an additional cycle of this group - 3 cycles, rather than 2. 26 parents enrolled in the Parents of Preschoolers Group with 22 parents completing (85%). 100% of parents that completed either the Parents of Toddlers or the Parents of Preschoolers Group indicated that they were "confident" or "very confident" in managing their child's behavior in the home on their own following the course.

Plans for Upcoming Year (10/1/14 to 9/30/15):

- Grant funds end on 6/30/14. Program is actively engaged in discussion with NJ Department of Human Services, Division of Family Development to offer the Incredible Years Group components in childcare setting across Essex County.

B. Positive Parenting-Padres Positivos [*Common Sense Parenting* evidence-based curriculum]

Lead Agency: Jewish Family & Children's Services of Greater Mercer County

Target Community: Greater Mercer County

Target Population: Children/parents at 2 preschools serving lower income, largely Hispanic immigrant families --Better Beginnings & Princeton YWCA

Funding Source: CTF Grant – 78%; NJ DHS, Division of Mental health and Addictions – 13%; United Way – 9%

Program Description:
Positive Parenting/Padres Positivos program serves families in Mercer County. Mercer County contains pockets of poverty and its Latino population is rapidly increasing. The Positive Parenting/Padres Positivos program targets at risk, low income Spanish and English speaking Latino immigrant and refugee parents with pre-school children ages 2 ½ to 5. Positive Parenting/Padres Positivos incorporates two evidence based/research informed curriculums: Common Sense Parenting Curriculum (CSP) for Parents and Mental Health Psychosocial Curriculum for preschoolers.

CSP was developed, researched and distributed by Boys Town USA and is endorsed by the National Center for Mental Health Promotion and Youth Violence Prevention as a Best Practice. It has been normed on a multicultural population, including Latinos. The CSP Group is a parenting skills training group that includes behavior management, child development, nurturing, parenting skills and self-control as well as how to calm the child when emotionally upset. The Mental Health Psycho-educational Preschool Groups is an in classroom social emotional group for preschool children ages 2-5 years old. Topics are individualized and tailored based on the needs of the preschool children. Topics can include: grief; bullying; making friends; following rules; anger management; appropriate expression of feelings/thoughts; and social skills. Goals for this prevention program include the prevention of child abuse and neglect, increased school readiness and supporting healthy and strong families.

The Positive Parenting/Padres Positivos program is offered at the Better Beginnings Child Development Center of Hightstown/East Windsor and at the Princeton YWCA Day Care Center in eastern Mercer County. The Positive Parenting/Padres Positivos is implemented by a mental health professional, who is bilingual and bicultural. JFCS is the only provider of mental health services to pre-school children in the Hightstown area and has expanded culturally competent services to Princeton pre-school children and their families, including many Latinos. 65-75 parents and 149 children are served annually.

Program Activities and Outputs:

a) *Outreach/Recruitment*: develop marketing and recruitment efforts.
b) *Common Sense Parenting Groups:* 8 series/cycles of CSP groups, 2 series/cycles each quarter, one in Spanish and one in English; 7 classes in each series at 2 hours each; 65-75 parents will graduate.
c) Individual Parent Consultation: 1-3 consultation sessions, .5 – 1 hour each for 15 parents.
d) *Mental Health Psycho-educational Preschool Groups:* Implement in a total of 9 classes (5 classes in Better Beginnings and 4 classes at the YWCA) Minimum of 1X/week in each classroom for, .25-.5 hours classroom, a minimum of 16-20 weeks in the school year. Serve a total of 149 children.

Core Program Performance Indicators:

- Increase in family functioning
- Increase in social and concrete supports
- Increase in nurturing and attachment
- Increase in understanding of child development

Progress and Accomplishments (10/1/12 to 9/30/13):

- Positive Parenting-Padres Positivos received one technical assistance site visits, for a total of three hours, from DFCP. Revised logic model and evaluation plan to reflect core activities, realistic outputs based on second year implementation, and targeted performance indicators for evaluation and ongoing CQI.
- Common Sense Parenting (CSP) Group
    - 76 parents were recruited, of which 71 (92%) enrolled.
    - 60 (85%) of parents that enrolled, completed the program.
- CSP Evaluation and Continuous Quality Improvement: To evaluate the effectiveness of the Common Sense Parenting Groups, JFCS began administering the FRIENDS National Resource Centers Protective Factor Survey (measures Family Functioning; Social Support; Concrete Supports; Nurturing and Attachment and understanding of Child Development) to all participants. By the end of the first year of implementation, the program was able to aggregate the data and showed increases in Protective Factors (PF) for the overall program. Although interesting, JFCS wanted to understand the statistical significance of the increases for each of the PFs and which protective factors the Common Sense Parenting program was most impacting. JFCS contracted with Central Jersey Family Health Consortium to perform an external evaluation of the Common Sense Parting Program. The results of the evaluation are as follows: Parents showed improvement within each area with the largest improvement witnessed in family functioning and social support. All factors, except for concrete support, showed statistically significant improvements. Of those with pre- and post-test scores, 83.3% of participants showed improvement in family functioning and in child development. These results suggest that the program is effective at improving understanding of family functioning, social support, nurturing and attachment, and child development; however, there is only limited impact on concrete support."
- 158children benefited from the Mental Health Psycho-educational Preschool Groups
- 59 parents participated in the Individual Parent Consultation offered, almost 400% above the anticipated number to be served.

Plans for Upcoming Year (10/1/14 to 9/30/15):

- Grant funds end on 6/30/14. Program is actively engaged in sustainability funding with both public and private entities.

C. Triple P- Positive Parenting Program [*Triple P* evidence-based model]

Lead Agency: INSPIRA Health Care

Target Community: Cumberland County the towns of Vineland, Millville, Bridgeton

Target Population: Parents/Caregivers of children ages 0-5

Funding Source: CTF Grant – 100%

Program Description:

This program targets Cumberland County, specifically the cities of Bridgeton, Millville and Vineland. Cumberland County has the highest rate of abuse/neglect investigations and teen pregnancy in the state and ranks high in children in out-of-home placements, children living in poverty and unemployment.

Triple P Positive Parenting Program is an evidence based program with more than 30 years of clinical trials. This program targets parents/caregivers of children from birth to age five. Triple P -Positive Parenting Program offers the Group Triple P- Level 4 Parenting Sessions and Pathways Triple P – Level 5. The Group Triple P- Level 4 Parenting Sessions is an 8 session program that provides opportunities for parents to learn through observation, discussions, practice and feedback. Segments from DVD's, the parent workbook and power points are used to demonstrate positive parenting skills. Parents complete homework to consolidate the learning from the group sessions. Two to three telephone sessions are provided to parents as follow up to the group and provide additional support. Pathways Triple P – Level 5 is a service for parents that have completed Group Triple P. This is a more intensive family intervention for parents and caregivers experiencing relationship conflict, parental depression and/or high levels of stress. Three modules are provided in private sessions with Triple P Practitioner.

The outcome for this project is to prevent child abuse and neglect by parents/caregivers understanding realistic expectations a child's behavior, parents modeling behaviors they wish for their children to adopt and correcting and redirect their child's inappropriate behaviors without corporal punishment.

85-100 parents are served annually.

Program Activities and Outputs:

a) *Professional Training***:**

Group Triple P:

- *Initial Training* Triple P Group Level 4: 3 full days of training in Group Triple P with National Office Trainers. 17 professionals will complete training in FY 2011-2012
- *Pre-Accreditation Visit/Training:* One full day of training with National Office Trainers. 17 Professionals will complete training in FY 2011-2012
- *Accreditation Visit/Training:* One and a half days of half day accreditation training/visit with 5-7 professionals in each group. 17 professionals will become accredited. Professionals will become accredited in FY 2011-2012

Pathways Triple P

- *Initial Pathways Training*: 2.5 full days of training in Pathways for 4 SJHC staff in Atlanta. SJHC staff will attend in FY 2012-2013
- Accreditation for Pathways: Accreditation through video submission for 4 SJHC Professionals, completed in FY 2012-2013.

b) *Outreach & Recruitment* Scheduling for Group Triple P groups/classes:

- Monthly Meeting with Trainers for 3 months (beginning in February 2013), then quarterly following. Meeting for two hours.

- Create Recruitment plan and group/class schedule in February meeting for each trainer. Submit to DCF March 2013

c) *Group Triple P- Level 4 Parenting Sessions:* 14-16 cycles of 8 week group/classes: first 4 weeks 2 hour group class sessions, fifth – seventh week 15 minute phone follow up with each parent participant; 7th group/class session, 1.5 hours. A total of 84 – 192 parents will complete.

d) *Pathways Triple P – Level 5:* Up to 2 individual meetings with caregivers, one hour each for 9 caregivers/year.

Core Program Performance Indicators:
Both parent and child performance indicators are measured which include:

- Decrease in caregiver over-reactivity,
- Decrease in caregivers laxness
- Decrease in caregivers verbosity
- Decrease in child's emotional symptoms
- Decrease in child's conduct problems
- Increase in child's pro-social behavior

Progress and Accomplishments (10/1/12 to 9/30/13):

In the previous year, INSPIRA reported partner agencies trained in the Group Triple P did not implement the model once trained. The strategy to "train trainers" would allow for multiple agencies to provide the services and thereby more families being served. With partner agencies not implementing the services, there was a significant reduction in the number of families that enrolled and graduated from the groups. In a technical assistance visit with DFCP staff, INSPIRA agreed that there was a needed to revise their outreach strategy in order to increase the number of families served. Quarterly meetings with INSPIRA internal staff were set to develop and implement a revised recruitment strategy in March 2013. Although this additional effort was made, the program continued to struggle with enrollment for the groups - with only 57 parents enrolling, 30% of the projected 190. Of the 57 parents enrolled, 66% (38) parents completed the program. Although the percentage of parents that completed the program (66%), was higher than anticipated (a 44% graduation rate projected), the numbers of families the program was reaching remained low.

With the lower than anticipated numbers of families enrolling and graduating from the Triple P Parenting Groups, INSPIRA decided to once again revise their strategy for how to get the parents the Triple P curriculum. In September 2013 INSPIRA decided to offer a Selected Seminar Series in Triple P. The Selected Seminar Series in Triple P was structured so that parents could attend one, two or three seminars based on their needs and availability. Seminars were offered monthly for 90 minutes and covered the following topics; The Power of Positive Parenting; Raising Confident, Competent Children; Raising Resilient Children. INSPIRA anticipated that 84 parents would attend at least one seminar. Results for this new strategy will be shared in FFY2013 report out.

Plans for Upcoming Year (10/1/14 to 9/30/15):

- Grant funds end on 6/30/14. Program is actively engaged in sustainability funding with both public and private entities.

Section 2E
Strengthening the System at the Front End

CAPTA State Grants

Basic State Grant
Child Protection Substance Abuse Initiative

CAPTA Basic Grant Program

New Jersey has opted to use its allocation of basic grant funding to support the Child Protection Substance Abuse Initiative (CPSAI). This program is offered through three contracted providers:

- Preferred Behavioral Health/Children Services
- Catholic Charities of Metuchen
- Center for Family Services

The two CAPTA program areas of focus for New Jersey are:

1. Improving the intake, assessment, screening and investigation of reports of abuse and neglect.

2. Improving the case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

Accomplishments

Annual Update – As reported in Section 2 – PSSF updates, and the one that follows this section, CPSAI continues to be a valued program in terms of improving intake, case management, and service delivery to families served by the child welfare system.

- During the FFY of 2013, the CPSAI program has supported over 20,000 referrals, conducted over 14,000 substance abuse assessments, and assisted over 4,000 individual with securing treatment.

- The ability of the CPSAI staff to work closely with the referred individuals has been important in getting them through the phases of screening, assessment, and into treatment.

- Consortium meetings, networking, and training/consultation offered to Division of Child Protection & Permanency (DCP&P) staff have supported caseworker ability to identify early-on and seek assistance when potential substance abuse concerns are noted.

(3) ***Five Year Summary --*** As stated in previous CAPTA reports, New Jersey has focused its basic grant allocation on the Child Protection Substance Abuse Initiative (CPSAI) program. Listed below are the improvements that the CPSAI Program has accomplished during the FFY's 2010-2014.

- Certified Alcohol and Drug Counselors (CADC) continue to receive best practice training from national experts in substance abuse areas to identify issues. Also, each CPSAI Provider has indicated that increases of CADC's hired by their agencies have a Master's Degree and/or are licensed or credentialed. This has resulted in better case practice and coordination of services.

- Substance Abuse Training continues to be provided by CPSAI to DCP&P staff to help them identify any potential substance abuse issues. As a result, DCP&P staff has reported an increased knowledge base around substance abuse issues in all phases of casework activity from intake, assessment, and screening to the completion of services.

- CPSAI Supervisors have smaller caseloads; hold weekly case reviews, monthly clinical rounds with the CADC's around DCP&P referred individual records and case conferencing. Substance Abuse evaluations and assessments are now computer based which helps reduces the waiting period for clients to be scheduled for an appointment. As a result, additional clients are seen for urine drug screens and assessments.

- Collaboration with agencies for the coordination of treatment has supported better service delivery. For example, parents have been assisted to access Substance Abuse treatment programs that offer evening hours and services which do not conflict with their employment and other obligations.

- The CPSAI Program has established a working relationship with the DCP&P Child Welfare Substance Abuse Treatment Programs. Each program is specifically designed to address DCP&P families who are experiencing multiple problems including substance abuse and child neglect. These programs are prepaid and offer a variable Level of Care including Residential Treatment, Intensive Outpatient Treatment, and Medication Assisted Therapies Treatment (e.g. Methadone Maintenance).

- CPSAI hired Case Managers, Motivational Enhancement Counselors and Floater Certified Alcohol and Drug Counselors (CADCs) who are designed to go between several DCP&P Offices to enhance their case management services. These services have allowed CPSAI to increase client contact including home visits to keep clients engaged in the treatment process.

- CPSAI Case Managers complete all aspects of intense case management from referral to clients entering treatment and the completion of services. This position includes representation at community partnership meetings as well as increased communication with DCP&P staff. It is anticipated that there will be a higher success rate in the completion of the drug treatment program.

- Motivational Enhancement Counselors and Counselor Aides provide home visits to support clients engaged in the treatment process while awaiting treatment beds/slots. These positions also assist clients with connecting to 12 Step Support Meetings and to keep open the window of hope for recovery. These positions include regular communication with DCP&P caseworkers to help establish a safe home environment for children. This enhances services that DCP&P offers and allows the caseworker to focus on child welfare issues.

- Assessment services have been strengthened with hiring Certified Alcohol and Drug Counselors (CADCs) who serve as floaters. Several CADCs and their supervisors are on call to provide back-up assessment services for all DCP&P Offices if needed to support a continuum of services. This position guarantees the immediate service for children who are at risk for abuse and neglect.

- Clients who discontinue treatment against medical advice within the first 30 days of treatment are re-engaged back into treatment and a conference is scheduled. The CADC and Treatment Provider determine if the level of care originally identified for the client is still appropriate or if the client should be referred to a higher level of care.

- CPSAI established an Extended Assessment Program for clients who required additional assessment time to determine if a substance related disorder diagnosis was warranted. Clients entering this program receive individual monitoring services ranging from 1 to 4 weeks. CPSAI reported a 25-40 % decrease in the number of undiagnosed clients who were initially screened for a substance related disorder.

- A grant was awarded to the Department of Children and Families, Department of Human Services and the Administrative Office of the Courts by the National Center on Substance Abuse and Child Welfare (NCSACW). The NCSACW provided a tailored program of In-Depth Technical Assistance focused on improving outcomes for families with substance use disorders in the child welfare and family court systems. CPSAI was a member within this partnership who focused on families engaged in treatment who took the necessary steps to maintain sustainability in recovery, and promoted reunification and permanency for their children.

2010 – 2014 CAPTA Basic Grant Plan

Over the five year period (2010-2014), New Jersey intends to continue to address the following CAPTA program areas through its Child Protection Substance Abuse Initiative (CPSAI):

- Improving the intake, assessment, screening and investigation of reports of abuse and neglect.
- Improving the case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families

The Child Protection Substance Abuse Initiative (CPSAI) program provides assessment, referral, case management, transportation and urine drug screenings, and identified the risk of harm to children created by addiction. The three agencies/providers listed below will continue to work with DYFS involved individuals/families regarding addiction services.

- Preferred Behavioral Health/Children Services
- Catholic Charities of Metuchen
- Center for Family Services

Accomplishments

Annual Update – As reported in Section 2 – PSSF updates, and the one that follows this section, CPSAI continues to be a valued program in terms of improving intake, case management, and service delivery to families served by the child welfare system.

- CPSAI program supported 20,100 referrals, conducted 14,733 substance abuse assessments, and assisted 4,609 individuals with securing treatment during FFY 2013 (October 1, 2012- September 30, 2013).

- The ability of the CPSAI staff to work closely with the referred individuals has been valuable in getting them through the phases of screening, assessment, and into treatment.

- Consortia meetings, networking, and training/consultation offered to DCP&P staff have supported the caseworker ability to identify early-on and seek assistance when potential substance related concerns are noted.

Through its case management, case coordination, and training/consultation functions, CPSAI is a valued provider of services and education to all parties involved with the family, including the

DCP&P caseworker. As a result, caseworkers are better informed and able to identify issues that may indicate substance related disorder concerns to be addressed.

- A grant was awarded to the Department of Children and Families, Department of Human Services and the Administrative Office of the Courts (AOC) by the National Center on Substance Abuse and Child Welfare (NCSACW). The NCSACW has provided New Jersey with In-Depth Technical Assistance where the focus has been on improving outcomes for families with substance use disorders who are involved in the child welfare and family court systems. CPSAI is a member within this partnership who will focus on families engaged in treatment as well as taking the necessary steps to maintain sustainability in recovery, promote reunification and permanency for DCP&P involved children.

    - The goal of IDTA is to improve cross system communication and collaboration while promoting safety, stability, permanency and well-being for children and families who have complex multi-service needs.
    - Several workgroups were developed as a result of the IDTA. These workgroups include members from the different divisions who meet monthly to make improvements within the system.
    - The Data Workgroup is designed to focus on developing joint outcomes and data integration across DCP&P, AOC and Division of Mental Health and Addiction Services (DMHAS). Each organization has its own data systems; however, this workgroup has explored additional strategies on how each data system can be used effectively to track issues and trends to monitor family treatment outcomes.
    - The Best Practice Workgroup is designed to focus on establishing a pilot project to improve outcomes between DCP&P, the court and treatment providers. This workgroup will explore how coordination across the systems (DCP&P, courts and treatment providers) can work best for the families served so that there is enhanced communication on the client's progress in treatment.
    - The Staff Development and Training Workgroup were designed to focus on evidence-base models that exhibit best case practice among all three areas of discipline. The goal of the workgroup was to help develop a skill building training program where staff from all three entities is able to participate in. This training program will educate staff concerning the co-occurrence of substance abuse and child maltreatment and the best practices to assist these families. This part of the Staff Development and Training Workgroup is still in the process of design. However, a system wide training has been implemented to all Child Welfare staff where an understanding of substance related issues is addressed.
    - As part of the In-Depth Technical Assistance that New Jersey receives from the NCSACW. Dr. Nancy Young was one of the presenters who highlighted the progress and successes that the IDTA grant has provided over the past 36 months. Some of the successes included: (1) the goals, objectives and outcomes achieved by families affected by substance abuse who are involved with DCP&P and the family courts, (2) our shared values and practice principles identified as a criteria that has help determine our joint efforts achieved in working with

families seeking recovery from substance use disorders and (3) identifying a training and workforce development need to enhance our skills across all systems for DCF/DCP&P, DHS/ DMHAS and the Judiciary staff who serve these families.

CPSAI remains a key contributor in the partnership established with IDTA. CPSAI will continue to focus with system partners in several ways to:

- reduce systemic barriers to service access,
- keep families engaged and sustained in their service involvement,
- address gaps in service delivery, and coordinate any and all resources that support parental recovery and safety, permanency and well-being for children.

Intent	**Plan**	**Measure**
Strengthen success of services under CPSAI contracts.	Continue to implement services and participate in partnership activities, such as the IDTA and the DCP&P Substance Abuse Consortia. The CPSAI program will actively participate with the IDTA cross system collaboration work along with DCP&P, DMHAS and the AOC.	Annual PSSF reports.
Implement plans to improve cross system communication.		IDTA monthly active workgroups.
Coordination of resources between Substance Abuse Community, Child Welfare and the Court System.		Treatment Capacity Increased.
Reduction in barriers to services.		Increased usage of services.
Increased engagement and retention of clients in service.		

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Preferred Children's Services Child Protection Substance Abuse Initiative (CPSAI)	**1b Date:** June 6, 2014
1c	**Relevant PSSF Program**: _X_FPS, ___FSS, ___TLFRS, ___APSS	
1d	**Program Address**: P.O. ox 2036, Lakewood, New Jersey 08701	
1e	**Objective**: The result expected by the Department of Children and Families is protection of the child through; ➢ Comprehensive Substance Abuse Assessment (DCP&P Offices & the Community) ➢ Identification of Substance Abuse Related Disorders ➢ Extended Assessment ➢ Collaboration with DCP&P about case recommendations ➢ Referral to Substance Abuse Treatment Program with appropriate Level of Care ➢ Transportation to Evaluation or Substance Abuse Treatment Transportation to Extended Assessment ➢ Drug Screens – Chain of Custody, GCMS ➢ Presentation of difficult cases at Consortiums monthly to collaborate with Child Welfare Providers, DCP&P and Social Services. ➢ Follow-up with treatment providers once client admitted into treatment facility	
1f	**Outcome(s) Addressed**: _X___Safety __X__Permanency __X__Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	Overview of Service: Preferred Children's Services, Child Protection Substance Abuse Initiative (CPSAI) provides assessments, extended assessments, referral, case management, motivational interviewing, transportation, and chain of custody toxicology screenings for families associated with the Department of Children and Families, Division of Child	

	Protection and Permamency (DCP&P). The overall goal is to ensure child safety by assisting DCP&P with the identification of parents/guardians that have issues with a substance abuse disorder. The CPSAI program, through a comprehensive assessment, intends to determine the severity of the substance abuse disorder and the potential risk to the child(ren). The results of the assessment will enable the Assessment Counselor to establish an appropriate level of care recommendation and to make the most appropriate referral for substance abuse treatment or collaborate with other professionals to ensure the safety and well being of the children in their care.
2b	Population Served**:** the target populations for this program are parents/guardians involved with the Child Welfare System due to allegations of substance abuse. Preferred Children's Services has demonstrated experience with the target population since 2000.
2c	**Geographical Area of Services:** We currently operate the CPSAI Program in eleven counties: Bergen, Hudson, Hunterdon, Mercer, Monmouth, Morris Ocean, Passaic, Somerset, Sussex, and Warren, located in 20 Local DCP&P offices.
2d	**Referral Sources**: DIVISION OF CHILD PROTECTION AND PERMANENCY
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals. Use data to support your comments.** All clients identified as needing additional services were referred for Mental Health Treatment, Medical Evaluations and Social Services CPSAI participated in 5 Consortium meetings per month (Ocean, Monmouth, Mercer, Passaic and Hudson). CPSAI attended the Passaic County Professional Advisory Committee on Alcoholism and Drug Abuse (PACADA) meetings as scheduled in various counties where we provide DCP&P Services CPSAI staff attended Gatekeepers meetings in the North and Central Regions as scheduled. CPSAI staff attended the Statewide CPSAI Providers Meetings (as scheduled). In addition we were invited to attend the National Center on Substance Abuse and Child Welfare's In-depth Technical Assistance Committee (IDTA) meetings. CPSAI staff have attended the DCP&P /CW, Women's and Father Steering Committee Meetings and Referral Guidelines Meetings with Local Office Mangers and Gatekeepers. CPSAI has been enriched through training and education; many staff members are pursuing their Licensure and Certification towards Mental Health and Addictions. Such as LCADC, CADC, LSW, LCSW, LAC, LPC. CPSAI has met the multifaceted needs of our clients through seamless and prompt referrals as well as to other services whenever possible. We received **10,936** referrals; of those referrals we completed **8,643** assessments. Of the **8,643** clients assessed, **5,107** clients were given a substance abuse/dependence diagnosis and **2,411** clients were referred to Extended

	Assessment for further evaluation. CPSAI completes up to 4 drug screens per client in Extended Assessment. The number of drug screens completed in Extended Assessment was approximately **5,000** (for clients in Extended Assessment). There were **4,688** clients referred to treatment, and **2,366** clients enrolled in treatment. There were **5,107** clients who received Case Management Services. Additionally, there were **291** clients who were eligible for and referred to services with the SAI. PCS/CPSAI provided 15 trainings to CP&P and CPSAI Staff, 25 in-service workshops to CP&P Caseworkers and Supervisors, and 28 in-service workshops for CPSAI Staff.
3b	**How did this help children and families experience better outcomes?** Providing assessments to determine if there is a substantiated substance abuse problem, allows DCP&P to become actively involved with the family. This results in safety for the child/children. The CPSAI Staff removed barriers for assessments and treatment admissions by providing transportation using culturally sensitive staff from the local communities to motivate clients hard to engage.
3c	**Identify specific factors that contributed to the improvements/accomplishments.** Specific factors that contributed to this improvement is as follows: Monthly Consortium meetings Relationships with providers to be able to initiate immediate access to treatment CPSAI Assessment Counselors are able to utilize Division of Mental Health and Addiction Services, DCP&P treatment slots designed specifically to meet the needs of DCP&P clients. Participation in Family Team meetings and ongoing communication with Caseworkers, Supervisors, Gatekeepers, Local Office Managers and Community Providers CPSAI stays current with best practices in all areas of addiction, including, continually updating our drug screening capabilities. CPSAI staff participates in internal and external cultural competency training
3d	**Identify significant barriers to goal accomplishment and how you addressed them.** Significant barriers are as follows: **1) Limited treatment slots in many geographical areas** CPSAI continues to address this through our Extended Assessment Programs through Case Management strategies **2) Limited bi-lingual services in all Regions** CPSAI addressed this through utilizing our bi-lingual staff that has relationships with programs throughout the State.

	3) **Due to the complicated nature of many of the CP&P clients evaluated, many of them fall short of admission criteria for example those clients on pain medication and/or Medicated Assisted Therapy** CPSAI uses ASAM Criteria to refer clients to appropriate services. 4) **Lack of residential services, especially when related to co-occurring clients without insurance** CPSAI has Dually Licensed Staff and Supervisors to identify and expedite all admissions especially relating to the Co-Occurring clients needing services.
3e	**Define the Unit of Service, or Units if more than one** A Unit of Service is as follows: • Substance Abuse Assessment (Adult/Adolescent) • Drug screen (Chain of Custody, GC/MS Screening) • Transportation • Extended Assessment • Case Management • Family Meetings • Consortiums • Trainings
3f	**Enter your <u>contracted</u> Level of Service (number of units expected) funded under Title IV-B PSSF for the period of 10/1/12 – 9/30/13** CPSAI is contracted to complete 7,800 Substance Abuse Evaluations CPSAI is contracted to complete approximately 1,800 Extended Assessments
3g	**Enter your <u>actual</u> Level of Service (number of units delivered) with that Title IV-B funding for the period of 10/1/12 – 9/30/13** CPSAI received **10,936** referrals for the contract year from the Division of Child Protection and Permanency. Of the **10,936** referrals **8,643** assessments were completed. Of the **8,643** assessments completed, **5,107** clients were diagnosed and referred to the appropriate Level of Care. CPSAI referred **2,411** clients to Extended Assessments.
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period**

	should be counted only once. CPSAI received **10,936** referrals and completed **8,643** unduplicated comprehensive assessments. Of the **8,643** assessments completed, **5,107** were diagnosed and referred to treatment. *This data was compiled utilizing the tracking report submitted monthly to DCP&P Contract Administrators and the Project Manager of Substance Abuse Services for the Division of Child Protection and Permanency. This data can all be accessed through the New Jersey Substance Abuse Monitoring System (NJSAMS) in real time.*
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received, and the results.** CPSAI Supervisors attend The Women's and Father's Steering Committee Meetings, Monthly Consortiums, CP&P Staff Meetings, Gatekeeper's meetings as scheduled, ongoing communication with Gatekeepers and Local Office Managers, Contract Administrators, and Statewide Meetings to discuss programmatic changes, issues, etc.
Section 4 – The Year Ahead FFY '14 (10/1/13– 9/30/14)	
4a	**Identify any changes you are making to the services described in Section 2 and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** CPSAI has continued to recruit certified and licensed bi-lingual staff and dually licensed clinicians to complete assessments. Recognizing a wide range of cultural and ethnic differences, we continue to recruit and hire staff, which lives in the communities we serve. In addition, we will continue to provide in-service workshops to CP&P for the contract year 2013-2014. CPSAI realizes participation in the workshops provided to CP&P staff, increases their knowledge of addiction disorders, CPSAI recognizes a need to do more in home assessments, coordinate with CP&P to help motivate clients to engage in treatment. Preferred CPSAI has started implementing DSM 5 and are using the newest version of the ASAM Criteria.
4b	**Identify changes you will make that stem from stakeholder feedback.** N/A
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** **7,800** Substance Abuse Evaluations and **1,800** Extended Assessments.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve for the period of 10/1/12 – 9/30/13.** We anticipate servicing 7,200 unduplicated individuals and unduplicated families.
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** CPSAI will measure progress through the data collected utilizing the tracking reports submitted monthly along with the New Jersey Substance Abuse Monitoring System (NJSAMS) in real time. CPSAI will measure progress through ongoing feedback from CP&P at the Gatekeepers Meetings, Statewide Provider Meetings, Women's and Father's Steering Committee Meetings, CP&P Staff Meetings, meetings with Gatekeepers and Local Office Managers, and Consortiums. CPSAI will also measure progress through

	completing the required level of service in our Annex A.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** Our Quality Improvement process starts at the initial referral. The professionalism and Quality Care that CPSAI provides to our CP&P clients, evaluation assessments and any other services units CPSAI delivers. Also ongoing communication with CP&P until the client has completed the evaluation process and/or referred and engaged in treatment. CPSAI uses best practices when completing assessment. Preferred uses a high standard drug screening, all tests are Chain of Custody and GC/MS confirmed which gives validity in testimony in court. CPSAI has a Toxicologist available to testify if called. Staff also has the ability to perform assessments and drug screening in the field. CPSAI stays current with the trends of various drug use in the different geographic areas in the State. Right now we are experiencing a heroin epidemic in many of the Counties we serve. We also see an increase in prescription medication abuse and are working with medical professionals to collaborate effectively.
5c	**How do you collaborate with community partners?** CPSAI will collaborate with community partners and/or providers through in-service workshops, open houses, case conference with outside providers, consortiums, Professional Advisory Committee on Alcoholism and Drug Abuse, Women's and Father's Steering Committee Meetings, and trainings. CPSAI attends the Quarterly Statewide Meetings with Contract Administrators and the Monitoring Body of this grant.

2014 PSSF Update Report

Section 1 – Identifying Information		
1a	Provider: Center for Family Services	1b. Date: 6/6/14
1c	**Relevant PSSF Program**: _X__FPS, ___FSS, ___TLFRS, ___APSS	
1d	Program Address: **594 Benson Street, Camden, NJ 08013**	
1e	Objective: **To provide substance abuse assessments, urine drug screens, referral to treatment, referral to extended assessments, case management, and supportive services for parents/caregivers who are referred due to current or suspected substance abuse. This supports the achievement of family safety, permanency and wellbeing.**	
1f	Outcome(s) Addressed: _X_ Safety ____Permanency ____Well-Being **Child/Family Services Outcomes are identified and addressed during the assessment. The client will receive full continuum of treatment services that will assist them in achieving the goals of their DCP&P service plan.**	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	Overview of Service: **The Center for Family Services CPSAI Program provides:** a. **Consultation with DCP&P workers as needed to identify appropriate cases to be assessed.** b. **Standardized substance abuse assessments, including urine drug screens, referral and case management to, and advocacy for, appropriate levels of treatment.** c. **Substance abuse training to DCP&P staff to facilitate the early identification of potential substance abuse issues.** d. **Identification of cases appropriate for Work First New Jersey Substance Abuse Initiative (SAI) and coordination of treatment placement.** e. **Collaboration with provider agencies for treatment coordination, follow up and monitoring of treatment compliance in keeping with current case closing protocols.** f. **Transportation and support services.** g. **Ongoing written and verbal case conferencing with DCP&P Staff** h. **Systems coordination facilitating communication between DCP&P (Camden County) and local county welfare agency.**	
2b	Population Served*:* **The population served consists of adult caregivers who are under investigation or supervision to rule out substance abuse or dependence as a precipitating or co-existing factor to child abuse/neglect Adult caregivers who received a DSM IV diagnosis were referred to the appropriate level of treatment.**	
2c	Geographical Area of Services: **Services are provided on site at DCP&P offices throughout the Southern Region. This includes Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem.**	

2d	Referral Sources: **Department of Children and Families/Division of Child Protection and Permanency.**
Section 3 – The Year in Review FFY '12 (10/1/11 – 9/30/12)	
3a	Provide a summary of program accomplishments on goals. Include data where available. **Out of the 5,240 referrals that we received, 3,432 assessments were completed. 3,007 clients were referred to treatment, and 1,417 clients were enrolled into treatment. 169 clients that did not enter treatment were referred to the extended assessment program throughout the southern region. There were 262 clients who were referred to receive a second (UDS) Urine Drug Screens. There were 122 clients SAI eligible and transferred to SAI for services.** **There were four joint trainings given for CP-SAI and DCP&P staff covering topics of: Current Drug Trends and Emerging Drugs of Abuse; Substance Abuse and Trauma; Co-Occurring Disorders: Substance Abuse and Mental Health; and Safety and the workplace.** **There were also on-going In-service trainings on the process of assessment, staff meetings, new hire orientation, and ethics training**
3b	How did this improve outcomes for children and families? **By determining the severity of substance abuse in the home and assisting clients in entering the treatment process, the risk of harm to the children was reduced thereby promoting the safety, reunification and preservation of the family.**
3c	Identify specific factors that contributed to this improvement. **(1) Improvements were accomplished through ongoing communication/engagement with the clients, DCP&P caseworkers and substance abuse treatment agencies. (2) The services provided include: case management, counselor aide contact, home visits to deliver appointment letters as well as phone contact and transportation to the assessment and treatment intake appointment.**
3d	Identify significant barriers to goal accomplishment. **1) Unanticipated increase in number of referrals in some DCP&P local offices** **2) Staff vacancies** **3) Lack of available treatment within the Southern Region** **4) Inability to contact clients i.e. no phone, homeless** **5) Lack of treatment for male clients** **6) Lack of transportation** **7) Long waiting lists for treatment slots** **8) Financial difficulty** **9) Client refusal and/or non-compliance**
3e	Definition of Level of Service as per contract: **A service unit is the substance abuse assessment which includes a urine drug screen, referral to treatment when clinically indicated, and referral to extended assessment. It also includes Case Management Cases, Counselor Aide Services, and DCP&P Trainings.**

3g 3f	Enter your actual Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/11 – 9/30/12. Enter your ~~contracted~~ Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13. **The actual level of service units were 3,432 completed assessments out of the** 5,240 **referrals received.** ~~**Level of service expected 5100 assessments to be completed, 3,825 clients will be placed in treatment, 25 families per Counselor Aide per month will be receive case management services from the Counselor Aides.**~~
3h	How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once. **Extended Assessment Services- 1,275 clients will receive Extended Assessment Services.** **# of unduplicated individuals:** 3,432
3i	Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results. Stakeholder **Feedback information is provided through several sources. Through participation at the Child Welfare DCP&P Consortium Meetings, regularly scheduled Resource Development Specialist Meetings as well as ongoing communication with local and State representatives of the CP-SAI project, positive feedback was reported in support of the ongoing services provided by CP-SAI.**
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program. • **CPSAI will continue to provide case manager services to enhance client outreach thereby supporting a continuum of care.** • **Substance abuse training to DCP&P staff to facilitate the early identification of potential substance abuse issues at local DCP&P offices. Combined Substance Abuse Educational workshop series are presented at offsite location to DCP&P/CP-SAI staff throughout the year.**
4b	Identify changes you will make that stem from stakeholder feedback. 1. **During the year FFY 2014 we will increase the number of assessments scheduled per CADC to increase the number of assessments being completed and number of clients entering treatment.** 2. **Assign and move staff to other offices with the greatest need where there a higher number of referrals to improve our levels of service.** 3. **Implement CADC call out policy to provide backup services when CADC's are out of the office so as not to interrupt services.** 4. **In the Atlantic East/Atlantic City DCP&P local office, the referrals almost doubled. We addressed this by adding a second CADC in the Atlantic City office.** 5. **We added an additional CADC floater to float to offices as needed for increased referrals and to meet contracted time frames.** 6. **We fill vacant positions with CADC/LCADC floaters as well as having supervisors' also complete assessments as needed.**

4c	How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14? **Level of service expected 5100 assessments to be completed, 3,825 clients will be placed in treatment, 25 families per Counselor Aide per month will be receive case management services from the Counselor Aides.** **Extended Assessment Services- 1,275 clients will receive Extended Assessment Services**
4d	Indicate how many unduplicated individuals and unduplicated families you expect to serve. **# of unduplicated individuals: 5100** **# of unduplicated families: 5100**

Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)

How will you measure progress?

1. **Monitoring state mandated spreadsheets for contracted goals**
2. **Implementation of Electronic Record Keeping**
3. **Reviewing monthly CADC assessment logs**
4. **Clinical supervisors reviewing each assessment completed by CADC, office referrals and CA progress notes to assess case management hours**

Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.

1. **Continue to meet with DCP&P Resource Development Specialists to address areas needing improvement as well as reviewing monthly data and contract obligations.**
2. **Continue to work closely with DCP&P staff on a case by case basis to support families and provide child protection.**
3. **Continue to attend and participate in monthly county consortium meetings**
4. **Ongoing CPSAI staff trainings/staff development on all aspects of the contracted services as well as substance abuse education/training for the clinical staff.**
5. **Weekly review of all records by Clinical Supervisor.**
6. **Continued participation @ DCP&P staff meetings and RDS/Gatekeeper meetings on a regular basis.**
7. **Stakeholder satisfaction surveys.**
8. **Consumer satisfaction survey through the Case Manager position.**
9. **Meetings with Contract Administrator and Statewide Manager of Substance Abuse Services at DCP&P Central Office.**

How do you collaborate with community partners?

1. **Attend and participate in Consortium meeting with DCP&P staff, treatment providers and staff from SAI to address specific issues that create treatment barrier for clients.**
2. **Attend and participate in Resource Fairs for DCP&P**
3. **Continue to build relationships with treatment providers by contacting them weekly for follow-ups on clients who have entered treatment.**
4. **Continue to provide Substance Abuse specific training that will be open to DCP&P staff from all 7 counties.**
5. **Participated in Women's Steering Committee Meeting, CP-SAI provides meeting and CP-SAI statewide meetings.**

2014 PSSF Update Report

Section 1 – Identifying Information

1a) Provider: Catholic Charities, Diocese of Metuchen

1b) Program Name: Child Protection Substance Abuse Initiative

1c) Relevant PSSF Program (check one):

_X__ Family Preservation Services _____Adoption Promotion and Support Services

_____Family Support Services _____Time Limited Family Reunification Services

1d) Program Address: 26 Safran Avenue, Edison, NJ 08837

1e) Program Objective(s) (purpose of service):
To provide substance abuse assessments, extended assessments, treatment referrals, case management and counselor aide services to caregivers and families, referred to us by DCP&P, where it has been determined that the children are at risk of abuse or neglect. Individuals are referred to rule out or determine if there is a substance abuse or dependence problem.

Once the assessment or extended assessment is completed and treatment is the recommendation, CPSAI will work together with DCP&P to enroll those customers in treatment, and manage the case for a minimum of 30 days, to ensure compliance, and reduce any barriers that may allow the customers to refuse to comply; or work to reduce any issues that may arise within the early treatment phase. To provide education and a better understanding of the disease concept of substance abuse / dependence to the DCP&P family service workers through trainings surrounding topics related to working with substance abusing families

1f) Outcomes Addressed (check all that apply)**:**

__X__Safety _____Permanency _____Well-Being

Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)

2a) Overview of Service(s) (describe): The Catholic Charities CPSAI Program outposts Substance Abuse Counselors, counselor aides, and case managers in the local DCP&P offices in the counties of Middlesex, Union, and Essex. This program provides consultation services with DCP&P workers as needed, to identify appropriate cases to be assessed for substance abuse, to assess DCP&P clients for Substance Abuse, per referral, and to manage those cases referred to treatment, for a minimum of 30 days. CPSAI provides early identification and assessment of the

severity of the addictive disorder, and identifies the risk of harm to children shaped by the addiction. Catholic Charities CPSAI provides referral to the appropriate level of care for substance abuse treatment, at a facility best suited or available to the client's individual situation. Catholic Charities CPSAI provides collaboration with treatment agencies for treatment coordination, follow up, and monitoring of treatment compliance in keeping with the current case closing protocols. Catholic Charities provides transportation services within all three counties, and system coordination between Essex and Union County DCP&P and the Local County Welfare Agencies. Catholic Charities provides Extended Assessment services to customers where it is clinically indicated such as having risk factors that appear to be related to substance abuse, or self-report substance abuse different from collateral information provided by DCP&P. The CPSAI program also offers an immediate response to workers needing their customers assessed via our immediate assessment process. Workers can have their customers seen that day or the first working day after, if the case is deemed an emergency and the client meets the criteria for emergency assessments, through the DCP&P office. Urine drug screen testing is taken throughout the processes of assessment, whether it is an initial or an extended assessment. CPSAI provides trainings throughout the year for the DCP&P family service workers surrounding substance abuse and the impact substance abuse can have on families.

2b) Population Served (describe):
Caregivers of children that are customers of DCP&P; adults that live in the household with the child(ren) who are customers of DCP&P and adults who are being considered as Adoptive or Resource Families. In addition there are adults who are referred from Family Court and / or Family Drug Court that are customers of DCP&P.

2c) Geographic Area of Service (what areas are covered**):**
DCP&P cases are served within the counties of Middlesex, Union and Essex.

2d) Referral Sources (from whom you accept referrals): DCF, DCP&P's Case Workers, Supervisors and Gatekeepers.

Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)

3a) Provide a summary of the program accomplishments and goals. Use data to support your comments.
Out of the **3924** referrals that we received, **2658** customers were assessed; **1463** customers were given a diagnostic impression. **1280** customers were referred to treatment and **826** customers were reported to be enrolled in the treatment process. Customers that were referred over to Extended Assessment from the initial assessment equaled **132.** **19** of the **132** referred to EA, were to receive additional UDS/RUS only. There were **175** clients SAI eligible and transferred to SAI, for services. Case Management services were provided to **286** customers. We continue to improve and revamp the data collection and statistics for more precise information. Catholic Charities continues to collaborate with the Division of Mental Health and Addiction Services (DMHAS), working together, improving data collection through the New Jersey Substance Abuse Monitoring System (NJSAMS).

There were also four DCP&P trainings completed and six in-service workshops completed.

3b) How did this improve outcomes for children and families? (Indicate benefit/impact and be certain to relate these to the identified DCP&P Performance Based Outcomes)

1) Determining the severity of substance use disorder in the home, and customers following through and enrolling in treatment, reduces the potential for continued substance use including alcohol and/or neglect of the children thereby allowing the families to remain intact and increases the safety of children.

2) We provided in house trainings to educate the family service workers in assisting their families and identifying potential for substance use disorders.

3c) Identify specific factors that contributed to the improvements/accomplishments.

1) Customers identified with substance use disorders that engaged in the treatment process and began to get well, allowed their families to remain intact, get healthy, and the environment became safer for the children.
2) Customers that did not follow recommendations, since identified, were able to be discussed by DCP&P, and then decisions could be made, by them, as to the safety of the children.

3d) Identify significant barriers to goal accomplishment and how you addressed them.

1) Lack of enough dedicated interview space creates a barrier when we could conduct more than one assessment which would reduce scheduling time. We have discussed this in meetings and here in this report.

2) The complexity of working with a large system like DCP&P, often results in communication problems. Those communication issues can result in the customers not following through with treatment recommendations, which can create a barrier for us accomplishing our goal of clients getting into treatment, as well as getting them assessed**.** We are working harder than ever to increase better communication with DCP&P via email to all parties involved, as well as voice mail and speaking with the worker and or supervisor in person.

3) Lack of understanding of the disease of addiction within the DCP&P worker population creates a lack of awareness of how a parent or caregiver using substances including alcohol in the household can impact a child/children, on an emotional and behavioral level. We are providing substance abuse trainings to the DCP&P employees that will enhance their understanding of clients with substance use disorders and general overall information on Drug and Alcohol and their effects.

3e) Define a Unit of Service as per contract: (If more than one, include each)

Assessments, Extended Assessments, Immediate Assessments, Case Management Cases, Counselor Aide Services, and DCP&P Trainings

3f) Enter your <u>contracted</u> Level of Service portion (# of units expected) **that were Title IV-B funded for the period 10/1/12 -9/30/13.**
4800 comprehensive LOCI-2R, NJSAMS assessments with treatment recommendations, 75% who did not receive a diagnostic impression with the initial assessment will complete extended assessments with written reports, and 60% of customers with treatment recommendations will be enrolled in an appropriate treatment program.

3g) Enter your <u>actual</u> Level of Service (# of units delivered) **that were Title IV-B funded for the period 10/1/12 – 9/30/13.**
2658 assessments were completed and **132** Extended Assessments were completed. Of the 132 referred to Extended Assessment, **19** were to receive additional UDS/RUS only. Of the **1280** clients that were referred to treatment, **826** were reported to be enrolled in treatment.
286 customers were attended to via case management.

3h) How many unduplicated individuals and unduplicated families were served for this period? (Each individual and family who received services during the reporting period should be counted only once.)

3575 unduplicated individuals were referred, and **2442** unduplicated individuals were assessed. **2802** unduplicated families were referred, and **1948** unduplicated families were assessed. Improvements in data collection and reporting systems made this information accessible.

3i) Provide stakeholder feedback information, e.g. satisfaction surveys, referral source information. (Include the number of surveys sent, responses received and the results.)
Feedback from the RDS/Gatekeepers is positive. The RDS/Gatekeepers feel the counselors are an important part of their team. Stakeholder feedback has also been presented as positive with the communication between all parties increasing, and improving. Communication is also improved between the provider agencies, as well as, consortium meetings. A further effort for face to face and closer communication with case workers has been a priority.

<u>Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)</u>

4a) Identify any changes you are making to the services described in Section 2 and why. (This may include projected goals and objectives identified by vendors for their programs. Indicate if there are no planned changes to the program.)

1) Continue to outreach the customer by implementing new protocol for Missed Substance Abuse Evaluations:
    a) Family member does not come in: Within 1 business day CC, DCP&P worker and/or supervisor have a conversation (not email) to resolve barriers for family member. During the conversation, CC and DCP&P worker call family member TOGETHER to arrange appointment #2, either at home or in-office (with transportation provided by CC or DCP&P as needed)

b) Family member misses appointment #2: Within 1 business day CC, DCP&P worker and/or supervisor will call family member TOGETHER and discuss:
    - Making arrangements for appointment #3 to be held in the DCP&P office, or at home, as needed
    - Third and final opportunity-if this appointment is missed, a report from CC will be provided as documentation that the case will be closed out after the 3rd missed appointment and a new referral will need to be generated. (Original document can be re-submitted if all contact information remains the same).
    - A DAG conference will take place for in-home cases to discuss possible court intervention.

2) Continue to provide immediate emergency assessments, to meet the needs of the DCP&P offices, based on the criteria to determine an emergency from a regular referral.
3) Continue to provide case management services to help ensure admission to treatment programs for clients that is referred.
4) Continue to utilize our new vender that expedites the reporting process on drug screen results.
5) CPSAI has added two Bi-lingual Counselors and a Bi-lingual Clinical Supervisor to accommodate Spanish speaking customers.
6) CPSAI provides ongoing training to update Counselors on new ASAM Criteria and DSM-5 improving assessment skills
7) CPSAI continues to improve communications with DCPP staff.

4b) Identify changes you will make that stem from stakeholder feedback.
Stakeholder feedback results in continued increase in communication within the DCP&P offices by attending more staff meetings and increasing the number of RDS/Gatekeeper meetings, in order to develop and maintain consistent, open lines of communication.

4c) How many Units of Service are you expecting to deliver with IV-B funding for the period 10/1/13 – 9/30/14?

4800 comprehensive LOCI-2R, NJSAMS assessments with treatment recommendations, 75% who did not receive a diagnostic impression with the initial assessment will complete extended assessments with written reports, and 60% of customers with treatment recommendations will be enrolled in an appropriate treatment program.

4d) Indicate how many unduplicated individuals and unduplicated families you expect to serve.

4800 unduplicated individuals' **4800 unduplicated families**

Section 5 – Evaluating Progress FFY'14 (10/1/13 – 9/30/14)

5a) how will you measure progress? (Note methods)

1) Evaluate program level of service
2) # of assessments completed (Initial, Extended, Immediate)
3) # of customers diagnosed
4) # of customers referred to treatment
3) # of Case Management Service
4) # of clients enrolled in treatment
5) Track time frame of assessment / recommendation / engaging client / case closure

5b) Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.

1) Supervisor Case Record Review
2) Consistent increased training with staff on all facets of the contracted services.
3) Continued participation @DCP&P Staff meetings
4) RDS/Gatekeeper meetings on a frequent basis
5) Frequent scheduled meetings with the contract administrators.
6) Implement Customer Satisfaction Survey.

5c) Describe how you collaborate with community partners.

1) Ongoing communication with DCP&P
2) Coordination with other service providers i.e.: Substance Abuse Imitative (SAI)
3) Participation in the County Consortium Meetings
4) Attendance to DCP&P Family Team meetings, if requested
5) Treatment Program Open Houses and treatment program information sessions at CPSAI staff meetings presented by the treatment programs
6) Various substance abuse trainings for up to date knowledge on current drug trends.
7) Brainstorming / group meetings with the team to discuss concerns and ideas for improvement.
8) Various public engagements to inform public and private institutions of substance abuse / dependence issues, increasing awareness regarding signs and symptoms of substance abuse / dependence and what resources are available.

Section 2F
Strengthening the System at the Front End

CAPTA State Grants

Criminal Background Checks

Changes Regarding Criminal Background Checks for Prospective Adoptive and Foster Parents

The requirement for background checks is pursuant to N.J.A.C. 10:122-C 5.4 and 5.5, whereby New Jersey requires that every adult member of a resource, adoptive and relative care provider household undergo a federal and state background check at the time of initial application. The mechanism is also in place for fingerprints that have been processed at the state level to be "flagged." As a result, in the event an individual is arrested, DCF would receive notification. A regulation was added effective March 19, 2012 and operational September 19, 2012 that allowed an exception. Specifically, N.J.A.C. 10:122C-5.4(a)4 states, a criminal history record name-based check can replace the CHRI background check in individual cases where fingerprints cannot be taken because of a physical disability which prevents fingerprints or because the person has either no fingerprints or no fingers.

Section 2G

CAPTA
State Grants

NJ Child Fatality and Near Fatality Review Board Annual Report

Staffing Oversight and Review Committee Report

NJ Task Force on Child Abuse and Neglect Report

DCF is committed to the partnerships with the Citizen Review panels and continues to work in collaboration with them. Each year the three primary Citizen review panels submit an annual report and DCF is given the opportunity to respond. The following represents the DCF responses to the previous year's annual reports:

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
P.O. Box 729
TRENTON, NJ 08625-0729

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

ALLISON BLAKE, PH.D., L.S.W.
Commissioner

July 15, 2013

Martin A. Finkel, DO, FACOP, FAAP
Co-Chair, NJ Task Force on Child Abuse and Neglect
Professor of Pediatrics
Medical Director
C/O Child Abuse Research Education Services (CARES) Institute
UMDNJ; School of Osteopathic Medicine
42 E. Laurel Road, Suite 1100
Stratford, NJ 08084

Dear Dr. Finkel:

The Department of Children and Families values the feedback and recommendation of the New Jersey Task Force on Child Abuse and Neglect in its 2012-2013 Third Annual Report. DCF is committed to expanding our use of data throughout the department and strive for continuous quality improvement and to sustaining measurable reform.

To that end, I want to formally thank you and the Task Force for your continued commitment to New Jersey's children and families and I look forward to continuing our work with the Task Force as you continue to provide the opportunity to build on our successes and address areas for continued improvement in our work. Together, we can shape the future of New Jersey's child welfare system to ensure a better today and even a greater tomorrow for every individual we serve.

Thank you for your leadership, service and commitment.

Sincerely,

Allison Blake, Ph.D., L.S.W.
Commissioner

AB:AJ

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
P.O.Box 729
TRENTON, NJ 08625-0729

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

ALLISON BLAKE, PH.D., L.S.W.
Commissioner

July 15, 2013

Cecilia Zalkind, Esq., Chairwoman
Staffing and Oversight Review Subcommittee
Advocates for Children of New Jersey
35 Halsey Street
Newark, NJ 07102

Dear Ms. Zalkind:

This letter is to formally thank you and the members of the Staffing and Oversight Review Subcommittee (SORS) for your volunteerism and continued commitment to New Jersey's children, youth and families. As you are aware, DCF strives to build a culture of partnership; collaborating with stakeholders and community partners to improve outcomes for New Jersey's children, youth and families.

As a result, we look forward to continuing our work with SORS as you continue to provide the opportunity to build on our successes and address areas for improvement in our work. Together, we can shape the future of New Jersey's child welfare system to ensure a better today and even a greater tomorrow for every individual we serve.

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July 25, 2013

Anthony V. D'Urso, Psy.D.
Ernest G. Leva, M.D.
Child Fatality and Near Fatality Review Board
PO Box 717
Trenton, New Jersey 08625-0717

Dear Dr. D'Urso and Dr. Leva;

The Department of Children and Families (DCF) is in receipt of the 2012 Annual Report issued by the Child Fatality and Near Fatality Review Board (Board). We have thoroughly reviewed the report and have prepared the following letter in response to recommendations assigned to DCF.

Please note we are working to gather the responses from other state departments that received recommendations as well and plan to submit those under a separate cover as needed. We understand the responses to recommendations issued to the Department of Health and the Department of Education have already been received by the Board.

The Department welcomes the opportunity to discuss the recommendations or our responses with the Board.

Division of Children's System of Care (CSOC)

1. *The CFNFRB recommends that youth who are at high risk due to mental illness, substance abuse, or a combination of both, have access to adequate acute care and hospitalization in New Jersey.*

   The Department maintains through the Division of Children's System of Care that appropriate in-patient beds exist for extended diagnostic evaluation. The Board has had communication with the System of Care who reinforced the notion that these beds exist in a hospital based setting in both northern and southern New Jersey. The Board sought to outreach to those in-patient settings to understand the focus of their services including length of stay, psychiatric diagnostic capacities and types of treatment that are distinct from non-hospital based

services, such as Intensive Residential Treatment Services (IRTS), that the Board deems as insufficient for these psychiatric needs. The Division preferred to review those contracts with the Department of Health and Senior Services who govern hospital admissions. To date, no further information has been received. Therefore, the Board continues to hold its position that these in-patient services are non-existent until such time as the Division provides that documentation.

The Children's System of Care (CSOC) has a continuum of care to address the needs of youth for whom we serve. The continuum includes both short term and long term treatment options, including inpatient hospital settings. CSOC monitors the use of all levels of care and utilizes data to assist in the decision making process to expand or contract services as necessary to match the utilization of services. CSOC will continue to monitor the utilization and length of stay at both long and short term hospitals. CSOC continues to be open to discussing the Board's concerns further.

Institutional Abuse Investigation Unit (IAIU)

1. *The IAIU should consider substantiating environmental neglect when conditions of a provider's home create a danger to the child; depending on the child's developmental age, mobility, and access to unsafe structures in home.*

Institutional Abuse Investigation Unit (IAIU) agrees that environmental concerns present in a resource home or facility that impact the ability for a child/youth to be safely cared for are a concern. Allegations of Environmental Neglect are often difficult to substantiate and when issues are present, IAIU staff work closely with staff from the Office of Licensing, Local Child Protection & Permanency staff to ensure immediate steps are taken to ensure a child's safety. The child's development capacity, mobility and overall well-being are considered in all investigations.

2. *The CFNRB also recommends that a Deputy Attorney General be assigned to each of the four regional offices of the IAIU for consultation purposes.*

Each IAIU regional office is assigned a Deputy Attorney General (DAG) for case consultation. The regions meet monthly with their DAG representation as well as include them in staff meetings when possible. DAG representation is available both in person and via teleconferences.

Policy

1. *The CFNFRB recommends the Division of Child Protection and Permanency (DCP&P) modify policy to reflect that the total number of children in the care of a resource home that is specially trained to accept the placement of medically fragile or developmentally delayed children, regardless of whether those children are placed in the home, should not exceed a certain number. The practice of these resource parents to be emergency/back-up caregivers for each other would have to be avoided to not exceed this number.*

DCF agrees to further study CFNFRB's recommendation that the total number of children placed in the care of a resource home that is specially trained to accept the placement of medically fragile or developmentally delayed children.

Presently, the capacity of all resource homes is limited by N.J.A.C 10:122C-1.4 to six total children, four of whom may be in placement. The total number of non-ambulatory children is capped at two. Homes are also limited to two total children younger than two, and four total children younger than six. Those limitations may be waived by DCF to accommodate the placement of sibling groups. Within that authority, DCF has retained authority to more stringently limit the number of children residing in a home based on the unique needs and best interests of a child in placement.

DCF's focus continues to be on ensuring that resource homes are specially trained to meet the unique needs of each individual child. The Policy changes implemented relevant to our Special Home Service Provider (SHSP) Program has allowed us to better meet the health care needs of all children requiring out of home placement and ensure that all resource families are better prepared to meet the health care needs of all children. We have accomplished this by making enhancements to our SAFE home study process, incorporating health care training into pre-service and in-service training for all resource families, including the child health nurses into the facilitation process and providing child specific child health training for all caregivers. We also eliminated some of the barriers that the SHSP program created such as providing more flexibility for resource families who work outside the home and who express a willingness to care for children with special medical needs, eliminating the need to contract with families who care for children with increased medical needs, and not ruling out kin just because they were not a contracted SHSP. These changes have allowed us to ensure that children with medical needs requiring specialized care are better matched with families who are willing and capable of caring for them.

2. *Current practice of assessing safety hazards in homes does not include checking for window guards, position of beds in relation to a window, or accessibility of cords on window blinds in homes where young children reside. The CFNFRB recommends DCP&P mandates checking for hazards near windows as part of the routine home assessment.*

DCF agrees to further study changes to policy that would effectuate the recommendation to include in home safety assessments a review of window guards, positioning of beds relative to windows and the accessibility of cords on window blinds.

3. *The CFNFRB recommends The Department of Children and Families' Statewide Central Registry (SCR) should code all referrals with an immediate response time that are having to do with a child death that falls within the criteria of the CFNFRB mandate below:*
Pursuant to N.J.S.A. 9:6-8.90, the CFNFRB's mandate requires the identification of fatalities due to unusual circumstances according to the following criteria:

- *The cause of death is undetermined;*
- *Death where substance abuse may have been a contributing factor;*
- *Homicide, child abuse or neglect;*
- *Death where child abuse or neglect may have been a contributing factor;*
- *Malnutrition, dehydration, or medical neglect or failure to thrive;*
- *Sexual abuse;*
- *Head trauma, fractures, or blunt force trauma without obvious innocent reason, such as auto accidents;*
- *Suffocation or asphyxia;*
- *Burns without obvious innocent reason, such as auto accident or house fire; and*
- *Suicide.*

In addition, the CCAPTA mandates the CFNFRB to identify children whose family was under DCP&P supervision at the time of the fatal or near fatal incident or who had been under DCP&P supervision within 12 months immediately preceding the fatal or near fatal incident. The CFNFRB also examines and identifies approaches to achieve better coordination of efforts regarding child welfare and child protective services cases to promote prevention and the competency of response and investigation of reports of maltreatment. The CFNFRB is empowered to select cases from among these categories and to conduct a full review.

The Department disagrees with CFNFRB's recommendation that the Statewide Central Registry (SCR) code all referrals having to do with a child death within the scope of the CFNFRB's statutory mandate for immediate response, and declines to make a change to policy. Current DCP&P policy requires immediate response in specified circumstances[1] in which time is of the essence and any delay in response is likely to leave a child at risk of harm or jeopardize the viability of the DCP&P investigation. Policy requires that all other Child Protection referrals be responded to within 24 hours.

While child deaths are treated as particularly serious referrals, and attended to promptly, there is, absent extemporaneous factors, no reason to require that these be responded to more promptly than other referrals. The concurrent involvement of other authorities,

[1] There are seven such circumstances provided for in CP&P policy II B 1400.6, "Determining the Need for an Immediate Response": (1) Law enforcement requests an immediate response. (2) A child has died due to abuse/neglect and a sibling(s) or another child remains in the home/under the care of the parent/caregiver. (3) A child is a hospital "boarder child," or a drug-exposed newborn. (4) A child, under the age of six is currently unsupervised or being left alone. (5) A child requires medical attention now. (6) A child is being seriously physically abused. (7) A child has suffered serious physical harm or sexual trauma, and there is reason to believe that a parent, guardian, or caregiver may have been responsible, and the child's immediate safety needs to be assured; or physical evidence may be lost if not immediately and properly documented.

including police and medical examiners, in the investigation of a child death may in fact preclude the immediate commencement of the DCP&P investigation.

Business and Contracting Practices

1. *The CFNFRB has observed many instances where contracted agencies and providers have furnished substandard evaluations and reports. In regards to substance abuse evaluations, using the short version of the New Jersey Substance Abuse Monitoring System is inappropriate. In regards to psychologists and psychiatrists, reports which do not include substantive information used by the provider to assess the individual, other than the client's report, are not acceptable.*

The CFNFRB recommends that DCF provide their practitioners and sister agencies with specific guidelines and standards for conducting evaluations whether it be for substance abuse, mental health, or domestic violence evaluations.

The Board looks forward to the current Department work group delineating such standards. Guidelines for Expert Evaluations" Child Abuse and Neglect Forensic Assessments (Mental Health) is currently in draft form and will be finalized for distribution in October 2012. These guidelines are to be included in each service providers' contract.

Additionally, it should be part of the contract with DCF that clinicians are required to demonstrate evidence of Continuing Education Credits in specific subject matters. The Board recommends a requirement of ten earned CEU credits or equivalent hours approved by the State each year. However, the Board wants to re-emphasize that the CEU credits or hours need to be specific to practice standards and competencies associated with their specific contract.

Families who become known to the child welfare system often face a complex array of challenges that are difficult to overcome even in the best of circumstances. It is not unusual for a family involved with the New Jersey Department of Children and Families' (DCF) Division of Child Protection and Permanency (DCP&P) to face multiple issues.

Common challenges include: child abuse and neglect; substance abuse; intimate partner violence; mental health disorders; and poverty.

DCF partners with clinical supports co-located in DCP&P Local and Area Offices that are positioned to assist DCP&P in understanding the multiple challenges individuals and families may be confronting, including substance use disorders; mental health challenges; and, domestic violence. Clinical assessment, support, and treatment services are provided by a network of contracted community-based agencies throughout the state. In addition, DCP&P staff is able to access an array of child behavioral health services provided by the

DCF's Children's System of Care, as well as to refer families to other community based services under contract through the Division of Family and Community Partnerships.

DCF currently follows guidelines for substance abuse assessment and evaluation supported by the Department of Human Services' Division of Mental Health and Addition Services, and will be reviewing guidelines/protocols and tools to ensure that they can address clients who may present with co-occurring challenges. As part of ongoing reform efforts, DCF is also reviewing the role and function of the clinical supports co-located in DCP&P offices to identify opportunities for clinical teaming so that co-occurring challenges can be identified and addressed in case planning and with treatment providers.

In 2011, Commissioner Blake convened the Child Abuse and Neglect Mental Health Evaluation Advisory Group to develop comprehensive guidelines concerning the use of forensic evaluations for DCF children, youth, and families. Over the past year, the Advisory Group has worked to achieve its goal of creating a framework that provides clarity and sets expectations for the role and function of a forensic (mental health) evaluation and that addresses general competencies of expert evaluators. On November 8, 2012, the New Jersey Department of Children and Families' adopted Guidelines for Expert Evaluations in Child Abuse/Neglect Proceedings. These guidelines are intended to support and improve the quality of expert forensic (mental health) evaluations provided for DCP&P.

Psychologists who do forensic mental health evaluations for DCF are expected to follow the Guidelines as well as some specific requirements concerning minimum hours of continuing education credits (10 hours) in relevant subject areas and demonstration of training and competency in forensic interviewing.

2. *The CFNFRB recommends that DCP&P review their contract with the University of Medicine and Dentistry of New Jersey regarding nursing services to allow for services to be provided to children who continue to reside in the home of their parents.*

DCF appreciates the recognition that nursing services available to children in out of home placement helps ensure adequate access to and monitoring of healthcare needs. The nature of the funding stream for the Child Health Units limits their scope of work to those children in out of home placement. Therefore, DCF assists parents/caregivers in addressing the healthcare needs of children in their own homes through working with existing healthcare resources in the families' community.

Joint Recommendations

The Board has also issued three joint recommendations to the Department of Health (DOH), the Department of Human Services (DHS) and DCF.

1. *The CFNFRB recommends that the Department of Children and Families and the Department of Health and Senior Services release another Public Service Announcement (PSA) regarding pool safety with the approaching summer season. The PSA should include: training children on pool and safety equipment as standard procedure prior to entering pools; pool operators and lifeguards should be aware of safety procedures; and parents must be vigilant in supervising their children in a pool.*

The DOH and DCF have both released public service announcements on pool safety. (The DOH full response is noted in their letter to the Board). The DCF website contains tips on water safety and resources. They can be found http://nj.gov/dcf/news/press/2013/130702_watersafetyinitiative.html. Additionally, the department plans a press event to support the campaign, *"Not Even for a Second"*.

2. *There is no standardized assessment completed when a woman arrives at a hospital to give birth. No social history questions are routinely asked; therefore, a child can be placed at risk. Although an institution licensed by Department of Health and Senior Services has the ability to obtain information from DCP&P regarding termination of parental rights, the onus is on direct care providers to ask these questions.*

The DOH maintains authority for all licensing and regulatory authority for hospitals in New Jersey. DCF has no ability to influence the collection of information during a woman's hospital stay at the time of childbirth. Therefore, while DCF is willing to engage with hospital staff when concerns are raised, the ability to enforce a standard assessment process is out of the scope of DCF.

3. *The Department of Health and Senior Services, the Department of Children and Families, and the Department of Human Services should add social history questions to the Prenatal Risk Assessment (PRA) form currently being used to assess maternal and infant risk. The social history questions should include a previous history of child abuse or neglect for the family and the mother.*

The DCF, in collaboration with DOH, would welcome a discussion with the Board to identify social history questions that are recommended to be added to the Prenatal Risk Assessment form. Any specific information the Board has considered in its creation of this recommendation would be helpful.

The final recommendation from the Board to DCF is a joint recommendation assigned to DCF and the Office of the Attorney General.

1. *The Child Fatality Multi-Disciplinary Investigation Protocol is currently being developed by Gloucester County Prosecutor Sean Dalton, with collaboration from multiple agencies. It outlines the expectations, roles, and responsibilities of each*

agency involved in a child death investigation. This protocol addresses the current predicament where different agencies' roles may be unclear.

The CFNFRB continues to recommend that the Office of the Attorney General and the Department of Children and Families issue a directive mandating The Child Fatality Multi-Disciplinary Investigation Protocol be approved and implemented with the multiple agencies involved in a child death investigation; including emergency medical services, law enforcement, Medical Examiner's Office, hospitals, and DCP&P.

DCF is committed to working with the Office of the Attorney General as it relates to the Child Fatality Multi-Disciplinary Investigation so that the various entities involved with the child fatality have clearly delineated roles and responsibilities during the investigation.

In closing, I would like to thank the Board for your partnership with DCF and your commitment on behalf of New Jersey's children and families. I look forward to our continued work together.

Sincerely,

Allison Blake

Allison Blake, Ph.D., L.S.W.
Commissioner

c: Mary O'Dowd, Commissioner, Department of Health
Jennifer Velez, Esq., Commissioner, Department of Human Services
Junius Scott, Children's Bureau
Evelyn Torres Ortega, Children's Bureau

DCF is also committed to providing vital information to all stakeholders by making available to the public all available published Citizen Review Panel reports. These reports can be viewed at the following links:

NJ Taskforce on Child Abuse and Neglect Forth Annual Report

http://nj.gov/dcf/news/reportsnewsletters/taskforce/NJTFCAN.Report.2014.pdf

Staffing Oversight and Review Committee Eighth Annual Report

http://nj.gov/dcf/news/reportsnewsletters/taskforce/SORS.Annual.Report.2014.pdf

NJ Child Fatality and Near Fatality Review Board 2013 Annual Report

http://nj.gov/dcf/news/reportsnewsletters/taskforce/fatality_reports.html- this report will be made available soon at this link. This report will be sent under separate cover.

Section 3

Promoting Safe and Stable Families

The Promoting Safe and Stable Families (PSSF) Program is federally funded (Title IV-B, Subpart 2) grant program that focuses on helping families stay together, promotes family strength and stability, enhances parental functioning, and protects children. The federal government requires that at least 20% must be spent on programs in each of the following four funding categories: Family Preservation Services, Family Support Services, Time-Limited Family Reunification Services and Adoption Promotion and Support Services.

CATEGORIES of PSSF FUNDING

Family Preservation Services (FPS)	**Family Support Services (FSS)**	**Time-Limited Family Reunification Services (TLFRS)**	**Adoption Promotion and Support Services (APSS)**
Services are designed to help children and families who are at risk or in crisis including: services that are geared to: • Help children reunify with families • Help children be placed for adoption, or with legal guardian • Offer pre-placement preventive services • Provide post reunification follow-up • Offer respite care of children • Improve parenting skills • Infant Safe Haven programs	Community-based services are provided to promote the well-being of children and families by: • Increasing the strength and stability of families • Increasing competence in parenting abilities • Building a safe and stable environment • Strengthening parental relationships • Promoting healthy marriages • Enhancing child development	Services are provided to the parents or the primary caregiver and children in placement, in order to facilitate reunification. The services and activities include: • Counseling • Substance abuse treatment services • Mental health services • Assistance to address domestic violence • Temporary child care/ therapeutic services • Crisis nurseries • Transportation to or from services and activities • Visitation	Services and activities are designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children. This includes: • Pre and post-adoption counseling • Summary writers • Visitation and treatment • Behavioral Supports • Information and referrals • Advocacy and support services
1,136,919	1,131,619	1,269,035	1,384,545
23.1%	23.0%	25.8%	28.1%

Decision Making Process

Agencies and organizations are selected for funding to provide family support services based on their knowledge of the issues and expertise in addressing the needs of the service population. Agencies and organizations must demonstrate responsiveness to the community, culture, and populations they intend to serve. Providers are selected in the community or as close as possible to the service recipients.

New contracts are awarded in accordance with New Jersey Administrative Code. A standardized Request for Proposal (RFP) policy and process is implemented department wide to assure a consistent approach in awarding contracts. An RFP template and associated standardized forms ensure uniformity of the RFP contents and process approach. It is through this systematic RFP process that DCF becomes familiar with a potential provider's knowledge, program approach, and expertise in their field. A review panel is established to evaluate proposals through an objective, prescribed approach.

Contracts with service providers may be continued based on demonstrated sensitivity and success with the DCF service recipients. Contracted services are monitored regularly for the quality of service delivery and achievement of performance outcomes

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Family and Children's Services	**1b Program Name:** Family Stabilization Services
1c	**Relevant PSSF Program**: ___FPS, ***X*** FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 40 North Avenue, Elizabeth, NJ 07208 16 Jefferson Avenue, Elizabeth, NJ 07201	
1e	**Objective**: Objectives are to: resolve family crisis; provide brief psychotherapy; identify and facilitate ancillary services; and stabilize the family through the provision of a full complement of supportive services.	
1f	**Outcome(s) Addressed**: ___X_Safety __X__Permanency __X__Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The program provides comprehensive assessments, short-term therapy, and case management services to families and/or individuals to address current levels of functioning, child abuse and neglect issues, reduce potential risk factors and minimize conflict. Case management services address concrete needs in the family environment that can be best managed with referrals to ancillary service providers or the provision of basic education and support. The primary goal of the program is to achieve stability and ultimately to improve child safety, permanency and well-being.	
2b	**Population Served**: Children who are at risk of out of home placement or who have been placed out of the home due to a family crisis. Families in which there is a risk of child abuse or neglect.	
2c	**Geographical Area of Services**: Union County, NJ	
2d	**Referral Sources**: Union County Local Offices of the Division of Child Protection and Permanency	
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)		
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** 134 families completed initial assessments; 103 families achieved at least 2 objectives in their Treatment/Service Plans; 83 families demonstrated an improvement in their level of functioning as measured by their Global Assessment of Functioning (GAF) scores; and 64 families achieved stabilization.	

3b	**How did this improve outcomes for children and families?** Families/individuals who received services in this program exhibited an improvement in their overall level of functioning and moved forward with the objectives developed in their treatment/service plans. Subsequently, the risk of abuse and/or neglect was reduced and children were able to remain safely in their own homes.
3c	**Identify specific factors that contributed to this improvement.** Contributing factors include: the ability to complete a comprehensive assessment of client needs in a natural environment for the family; the flexibility of the program regarding the location, time and frequency of client contacts; intensive outreach efforts; and a close working relationship with DYFS.
3d	**Identify significant barriers to goal accomplishment.** Clients who participate on an involuntary basis can be reluctant to commit to services.
3e	**Definition of Level of Service as per contract**: 1 unit of service = 1 family served
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** 62 families
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 148 families
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: 245** **# of unduplicated families: 148**
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Client feedback was generally very positive, and did not indicate any necessary change to services. Feedback obtained through ongoing contact with referral sources, community, and the courts, through phone contacts and meetings, was also very positive.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** Trauma focused counseling services will be implemented for children (ages 5-17) where indicated.

4b	**Identify changes you will make that stem from stakeholder feedback.** None indicated.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** 62 units
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals**: 186 **# of unduplicated families:** 62
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** Improvement in the Global Assessment of Functioning (GAF) scores is indicative of an increase in the overall level of functioning. The program also considers the number and extent to which clients achieve the Objectives that are outlined in their Treatment/Service Plans and the completion of Comprehensive Initial Assessments.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** Information obtained through record/chart reviews, periodic consumer satisfaction surveys, and working closely with the stakeholders/referral source is used to assess and improve program services.
5c	**How do you collaborate with community partners?** Family and Children's Services links clients to accessible community resources and actively communicates with other community entities to obtain needed supports for the clients. Agency staff are also an integral part of Family Team Meetings.

2014 PSSF Report

Section 1 – Identifying Information		
1a	**Provider**: Mercy Center	**1b Program Name:** Family Resource Center
1c	**Relevant PSSF Program**: ___FPS, __x_ FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 1108 Main Street Asbury Park, NJ 07712	
1e	**Objective**: To establish a Family Resource Center/Community Based drop-in center in Asbury Park where consumers from Asbury Park and Neptune have access to a continuum of services that address the needs of underserved children and families.	
1f	**Outcome(s) Addressed**: __x__ Safety ____ Permanency __x__ Well-Being	
Section 2 – Service Description Basics		
2a	**Overview of Service**: The FRC is a multi-faceted community-based program that offers families and community residents convenient access to information, support, and resources that help develop and maximize their strengths and potential. The FRC's purpose is to provide treatment and an array of supportive services that help to prevent or reduce the incidence of child abuse and neglect and out-of-home placement by strengthening enhancing family stability and functioning. All services promote the physical, psychological, and spiritual health and wellbeing of the children and families of Asbury Park and Neptune, NJ. Families are empowered to acquire the knowledge, skills and resources they need to provide optimal outcomes for their children. Services include: drop-in crisis intervention and a myriad of direct services and related supports that promote family stability, preservation, and self-sufficiency; linkages with community resources; and informational presentations, workshops, and resource materials for community organizations, churches and schools. Families have the option of receiving direct support services on-site at the FRC or being referred to other community-based agencies to adress their concerns. In any case, the FRC makes every effort to provide or link families with the resources they need to succeed.	

2b Population Served:

The FRC serves at risk/fragile families in Asbury Park and the Neptune, who are experiencing some level of family crisis that has put their children in danger of out-of home placement; others may be in foster care. FRC also serves individuals or families whose behaviors have created an unstable family situation which impact their ability to maintain a stable and healthy family unit.

Population Profile:

- 40 % are single mothers with at least 3 children
- 85 % are under or unemployed
- 50% % have not completed high school
- 2 % have no child care

- 20 % Latino
- 40 % indicate they have some concrete needs, that they do not know how to get met
- 56% are males
- 45 % have history of substance abuse
- 53 % African American (includes West Indians)
- 15% Caucasian

The number of self-referrals is an indication of how FRC has successfully established itself as a Community Based- drop in center. The program continues to receive an increasing number of calls for information and referrals, more office visits seeking services to address the issues contributing to the families' distress. The FRC continues to serve an increasing number of males who are participating in treatment/support services. Although many of these males appear motivated to complete mandatory treatment services and become self-sufficient; however, those with a criminal history are negatively impacted in obtaining employment. On a positive note, more fathers are beginning to undertake their role and responsibilities of custodial parents, others are taking a more active role in their children's lives.

FRC also serves a significant number of children between the ages of 5 and 12 years old who are referred by the school district and or parents. The demographic continues to change, consequently there are different ethnic groups seeking supportive and clinical services. There is a consistent increase in the Latino population seeking support services and becoming more involved in the child welfare system.

2c	**Geographical Area of Services**: Asbury Park and Neptune in Monmouth County
2d	**Referral Sources**: • 18% are DCPP formally DYFS involved • 52% self-referrals • 30% community providers DCPP, Judicial System, County & Local Social Services, Faith Community Providers, local school districts & the Health Care System. Walk-Ins (self-referrals) continue to increase, which serves an indicator that the community has knowledge of the program and its services. The self-referrals also indicate that families/individuals appear to be more motivated and proactive in seeking services and utilizing the program services.

Section 3 – The Year in Review FFY '11 (10/1/12 – 9/30/13)

3a Provide a summary of program accomplishments on goals.
Include data where available.

Mercy Center has expanded services under the umbrella of the FRC by exploring funding opportunities to implement a Community Intervention Coaches project to reduce the incidents of probation violations. The agency continues to seek funding to more adequately address the needs of the spanish speaking population. The program has increased the utilization of masters' level graduate students.

During this reporting year, the FRC has seen a significant increase walk-ins/self-referrals seeking and ulitizing program services which suggest that the community residence are more aware of the program. Aproximately 3,000 families and children received a wide array of services, including family preservation,

family support, family reunification, conference/workshop presentations, concrete services, advocacy, community events, information and referrals.

- 33 families received Family Preservation services/ 23 families remained intact with children maintained safely in their homes at the completion of services
- 32 families received Family Reunification services /10 children were returned home from foster care
- 182 families received Family Support services/60 families were stabilized
- 32 individuals enrolled in parenting classes/ 13 completed; 15 partially completed
- 57 enrolled in adult substance abuse intervention 30 completed
- 56 enrolled in adult anger management 28 completed; 10 partially completed

Approximately half the families served received varying levels of mental health counseling to address the individual or family issues.

3b	**How did this improve outcomes for children and families?** Children and families experienced better outcomes as a result of a combination of factors: increased community awareness of child abuse and neglect prevention and family support services via participation in community presentations and the distribution of educational and informational materials including updated resource guides (with links to website:www.mercycenternj.org for calendar of program activities). In addition, more families were linked to needed resources such as summer camp, after-school and recreation programs. More families were connected to the appropriate services to address crisis situations and basic needs thereby stability and strengthen their families. Program staff participate in community grass root initiatives; DCPP team meeting; immediate link to crisis screening; linkage to Perform Care for mental health assessment and referrals; and to mobile crisis unit Families demonstrated improvement in family functioning and stability through participation in individualized services such as parenting education, substance abuse counseling, individual and family counseling, anger management and wraparound services. Intervention such as parenting classes helped to strengthen/enhance parental relationship by using more appropriate and effective parenting practices.

3c	**Identify specific factors that contributed to this improvement.** The following factors have contributed to families and children having improved outcomes: • Access to a continuum of on-site services • Connection and follow up with the appropriate services • Ongoing professional development training for staff • Effective working relationship with staff • Delivery of culturally sensitive services • An environment that is friendly, non-threatening, and accessible • Additional support services from other funding sources, e.g. such as parent aide (in–home) services and bilingual staff

- Access to computers with internet availability, use of telephone and fax machine
- Maintaining good working collaborative relationships with other agencies and stakeholders

- Maintaining an active role on local, county and state human services/advocacy committees and advisory councils

3d	**Identify significant barriers to goal accomplishment.** The city's revitalization/redevelopment plan has not adequately addressed the needs of the underserved residents of the west side of the city of Asbury Park. Issues related to unemployment; unaffordable housing; and the escalation in gang violence within the community have created an increasingly stressful and dangerous environment for the families and children in Asbury Park. Street violence sometimes prevents families from accessing services, and parents mired by the feeling of helplessness and hopelessness struggle to provide and maintain a healthy, safe and nurturing environment. An increasing number of undocumented immigrants (mainly Latinos) with children whose families are ineligible for social services entitlement experience significant difficulties in creating an environment of safety and stability for their children. The lack of trust in the system prohibits many of these families from accessing needed help for their children. The most significant barrier to the male population (young fathers) reentering the community is the lack of resources to appropriately address their needs. To address these barriers, FRC continues to advocate and engage other interested community stakeholders to review polices and interventions that hinder families and children's safety and stability.
3e	**Definition of Level of Service as per contract**: A unit of service consists of one hour of direct service provided to clients and case management: individual/family counseling, team meetings, meeting with collaterals, concrete services-transportation, clothing, program meals, emergency assistance; services –urine testing, and education and information workshops.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** LOS per year 4,800
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** FRC delivered 5,823 actual units of service which reflects the increase in the utilization of the FRC services. FRC served more families with multi-needs and complex situations that required more intensive and long term interventions, e.g., undocumented Spanish speaking families required intensive, long term services, and also an increase in service provided to fathers seeking custody of their children. Individuals use the computer (resource) room daily, developing resumes, faxing documents, making phones and completing job application. There is a significant increase in the utilization of the program services which has put tremendous financial stress on the agency to adequately address the needs of the families.

3h How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the

reporting period should be counted only once.

# of unduplicated individuals: _NA__
# of unduplicated families: 214 families

Note: These numbers represent only those who received on-site direct services. Approximately 3,000 individuals received referral services, educational & resource information via phone calls or on-site visits to the office and community resource fairs. FRC also provides crisis intervention and access to computers for job searches and resume writing to walk-in clients.

3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Twenty (20) questionnaires were sent out to referral sources (stakeholders) to gather feedback about the services provided at the FRC. Twelve **(12)** were completed and returned. The questionnaire contained a series of items referencing the accessibility of services, services delivery, staff professionalism and cultural competency and sensitivity. Responses were based on a liker scale, responses ranged from strongly agree to strongly disagree or not sure/not applicable. Respondents were asked to state the degree to which they considered the services were delivered according to appropriate standards of practice. Overall the responses were very positive. Responses indicated a high level of satisfaction in the following areas: services delivered in a timely manner; the organization's convenient location and accessibility; services provided were culturally sensitive; organization works with other community organizations to advocate on behalf of the persons it serves; organization reputation with the community is favorable and the organization's personnel are qualified and competent in the performance of their jobs. Few respondents suggested expansion to provide services tailored to the needs of fathers, especially those with a history of incarceration and enrichment /treatment services for boys and young adults. One hundred (100) consumer satisfaction surveys were distributed on-site or via mail. Overall the evaluations were very positive. Over ninety percent **(90%)** rated the services as excellent. All participants indicated that the services were provided in a timely manner and the workers were friendly and helpful. Some indicated having more evening hrs. and Saturday hrs. in addition to more social and behavioral services for children.

Section 4 – The Year Ahead FFY '13 (10/1/13 – 9/30/14)

4a. Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program

Mercy Center plans to expand services under the umbrella of FRC by exploring funding opportunities to implement a fatherhood program, seeking to improve service delivery to the Spanish speaking population, increase the utilization of masters' level graduate students,

and to take information and resources the Faith community. To adequately address the needs that would bring about the desired changes, this program needs additional to continue serving the families and children.

How do you collaborate with community partners?

4b	**Identify changes you will make that stem from stakeholder feedback.** FRC will be make efforts to increase the residents' knowledge of available community resources and information, maintain and an updated website with a monthly calendar of program activities and events, distribute information through the local social service providers and the United Way of Monmouth County liserv, present information regarding community resources at various events, continue to explore funding opportunities to sustain the Fatherhood Empowerment Project.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** An anticipated 4,800 units of services will be delivered. Units of Service will include direct services, case management, information and referrals.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: _NA__** **# of unduplicated families: 150** *Since FRC's goal is to strengthen and support families, services are centered on the family as a unit.*

Section 5 – Evaluating Progress FFY '13 (10/1/13 – 9/30/14)

5a. How will you measure progress?

FRC has a customized computer case management system to track client information, service outcome data and level of service delivery. The program will evaluate progress by establishing a baseline of the family's level of functioning at the start of the services and by evaluating and monitoring benchmarks to which families accomplish their goals.

5b. Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.

The following components will be used to assess and improve services: evaluate client service plan goals, staff observation regarding changes in client behavior and attitude, consumers and stakeholders questionnaires, and staff participation in family team meetings. In addition, families will complete a pre and post-test depending on the treatment modality.

5c	**How do you collaborate with community partners?** FRC continues to build and maintain successful collaborative relationships by sharing resources, partnering on different community initiatives and utilizing program services through partnerships, referrals and networking. As a result of these collaborative relationships, clients now have easier access to services and programs such as child abuse and prevention programs, domestic violence counseling, substance abuse education and prevention, medical assistance, housing assistance, recreation, job training /employment opportunities and community events. In an effort to increase awareness of child abuse and neglect in Asbury Park, in April- Prevent Child Abuse month, the Family Resource Center and the City of Asbury Park collaborate with other social service agencies, the school district, DCPP formally DYFS, organizations and the faith community to organize community events. Maintain dialogue with other community providers to closely monitor the gaps in services, and reduce the chances of the duplication of services and maximize community resources.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Twin Oaks Community Services	**1b Program Name:** FOCUS
1c	**Relevant PSSF Program**: x___ FPS ___FSS ___TLFRS ___APSS Child Mental Health - FOCUS	
1d	**Program Address**: 79 Chestnut Street, Lumberton, NJ 08048	
1e	**Objective**: Prevention of hospitalization and/or placement in residential treatment in order to maintain children in their own homes and attain or improve child and family well-being.	
1f	**Outcome(s) Addressed**: ____Safety ____Permanency _x___ Well-Being	
Section 2 – Service Description Basics		
2a	**Overview of Service**: Intensive in-home family therapy for children and families involved in the children's acute mental health system. Master's level therapists work with families up to 3 hours per week for 6 months. The primary goals are prevention of hospitalization and residential treatment.	
2b	**Population Served**: Children ages 5-21 and their families	
2c	**Geographical Area of Services**: Burlington, Atlantic, Camden, Cape May, Cumberland, Salem, Gloucester	
2d	**Referral Sources**: Children's Crisis Intervention Services units in the Southern Region, Mobile Response, DCP&P, and Psychiatric Community Residences in the Southern Region (i.e. Gentle Harbor, Laurel Landing, and Rainbow of Hope)	
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)		
3a	**Provide a summary of program accomplishments on goals. Use data to support your comments.** Program objectives are to: Prevent hospitalization for at least 75% of active consumers. Our results were 100% Prevent residential placement for at least 75% of active consumers. Our results were 100%. Prevent hospitalization of 75% of discharged consumers for up to 6 months post discharge. Our results were 100%.	

3b. How did this help children and families experience better outcomes?

By helping children and families increase their understanding, acquire or enhance their skills for managing illness, and improve overall family functioning, children are able to remain in their communities with their families.

3c	**Identify specific factors that contributed to the improvements/accomplishments.** The program utilizes qualified professionals (master's level therapists) to provide individualized therapy to address identified issues. The involvement of family in each child's therapy also contributes to the program's success. Individualized service planning, building informal supports, and teaching self-advocacy to families encompass a wide array of services. Services are delivered in the community which enables the therapist to collaborate with the entire team serving the child.
3d	**Identify significant barriers to goal accomplishment and how you addressed them.** Lack of understanding regarding a child's diagnosis and the absence of skills needed to cope. We provided psycho-education and skill building to assist families in better coping with the challenges presented by their child.
3e	**Define the Unit of Service, or Units if more than one** One unit equals one family.
3f	**Enter your <u>contracted</u> Level of Service (number of units expected) funded under Title IV-B PSSF for the period of 10/1/12 – 9/30/13** 2 families
3g	**Enter your <u>actual</u> Level of Service (number of units delivered) with that Title IV-B funding for the period of 10/1/12 – 9/30/13** 2 families
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals:** __n/a___ **# of unduplicated families:** ___2_____
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received, and the results.** Satisfaction surveys indicate overall satisfaction with the service.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section 2 and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** No changes will be made.
4b	**Identify changes you will make that stem from stakeholder feedback.** No changes indicated at this time.

4c. How many IV-B units of service are you expecting to deliver for the period of

10/1/13 – 9/30/14?

2 families.

4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve for the period of 10/1/13 – 9/30/14.** **# of unduplicated individuals:** _n/a____ **# of unduplicated families:** __2_____
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** Quarterly outcome measures, satisfaction surveys and letters from consumer's families as well as feedback from other stakeholders will yield indications of progress.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** The program includes intense supervision of cases- group and individual. Feedback from stakeholders and other treatment team members is solicited. Clinical records are reviewed by the supervisor as well as the agency's Quality Treatment Review Committee. Outcomes are measured quarterly while families are actively participating in the service and during the six month follow up period. Satisfaction surveys are twice a year**.**
5c	**How do you collaborate with community partners?** This is accomplished formally and informally. Our Vice President serves on the Southern Region Children's Coordinating Committee, Burlington County's CIACC, and the Human Services Advisory Council of Burlington County. Focus therapists collaborate on an individual basis with the entire treatment team providing services to their families. Community partners include: all levels of case/care management, DCF partners, child study teams, medical service providers, and human services (welfare, social security).

2014 PSSF Update Report

Section 1 – Identifying Information		
1a	**Provider**: Catholic Charities, Diocese of Metuchen	**1b Program Name:** FPS Step Down
1c	**Relevant PSSF Program**: _X__FPS, ___FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 26 Safran Avenue Edison, NJ 08837	
1e	**Objective**: The target population is children and families under DCP&P supervision who have completed a 4-8 week FPS intervention and who require continued support and supervision to further reduce or eliminate risk factors identified by the Division and/or FPS.	
1f	**Outcome(s) Addressed**: __X__Safety _X___Permanency _X__Well-Being	

Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)	
2a	**Overview of Service**: The Step-Down program provides a community-based continuum of care to families that successfully complete an initial Family Preservation Services (FPS) intervention. Program participants receive a comprehensive range of supportive services that extend beyond the short- term crisis intervention and stabilization provided by FPS programs. Step-Down services are based on an aftercare model and focus on more enduring issues that impact family functioning and child and family well-being. The over-arching goal of the program is to empower and assist families in maintaining a safe and stable home environment. Consistent with the general FPS model, Step-Down programs seek to: ensure child safety by eliminating identified risk factors; prevent out of home placement; improve family functioning; and link families with appropriate community resources. Step-Down programs provide an array of social, health, educational, counseling, and case management support services either directly or through community-based resources. All services are coordinated, individualized, goal-oriented, and adapted to each family's changing needs and circumstances. Participating families receive three (3) to nine (9) months of services provided at differing levels of intensity according to their unique needs and rate of progression in achieving case goals.
2b	**Population Served**: Families under DCP&P supervision who have completed a 4-8 week FPS intervention and who require continued support and supervision to further reduce or eliminate risk factors identified by the Division and/or FPS.
2c	**Geographical Area of Services**: Middlesex County

2d	**Referral Sources**: Middlesex County Family Preservation Services Program
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** ➢ **Goal 1: Child remains home in a safe and stable environment at 12 months post-termination.** During FFY 2013, five families (13 clients) were contacted for follow-up purposes. Of those, all 13 were living in the home at 12 months post-termination. ➢ **Goal 2: Program maintains fidelity to the established Step Down model.** The program's most recent record review was conducted in October 2012 by staff from DCP&P; however the written results have not been received by Catholic Charities. Verbal feedback indicated clients were provided with quality services in accordance with the program model, and no concerns were identified.
3b	**How did this improve outcomes for children and families?** Children were able to remain in a safe and stable home environment.
3c	**Identify specific factors that contributed to this improvement.** Contributing factors include the provision of in-home therapeutic services in a strength-based, family-focused manner that empowers a family to move toward health and stability.
3d	**Identify significant barriers to goal accomplishment.** No barriers.
3e	**Definition of Level of Service as per contract**: One family = one unit of service
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** Contracted LOS is 8 to 10 families
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** During FFY 2013, ten families were served.
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: <u>18</u>** **# of unduplicated families: <u>10</u>**

3i. Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the

results.
During this time period, the program distributed satisfaction surveys to ten families, and all ten were returned. All families reported feeling that the service was helpful and that their situation was better than it was prior to the treatment. Additionally, all respondents reported being happy with their clinician and happy with the service

Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program.** No changes are anticipated
4b	**Identify changes you will make that stem from stakeholder feedback.** As part of its commitment to providing the highest quality of services, the Step Down program adapts to meet each family's needs based on case record reviews, internal quality control measures, and client satisfaction surveys. At this time, no changes are anticipated.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** The program anticipates that 10-12 families will be served during FFY 2014.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: 20** **# of unduplicated families: 11**
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** ➢ Information regarding placement outcomes and subsequent incidents of child abuse/neglect will be obtained 12 months after discharge via telephone interviews with clients. ➢ A family's successful completion of the program and improved levels of functioning as documented by the NCFAS standard assessment tool will be considered. ➢ Consumer satisfaction surveys will be used.

5b. Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.

The Step-Down program will utilize the following methods as part of its on-going quality assurance and self-assessment process:

- Case record reviews conducted by DCP&P
- Utilization reviews conducted quarterly by the program supervisor
- Consumer satisfaction surveys distributed twice per year

Aggregate NCFAS assessment results that indicate trends in service and family needs

5c	**How do you collaborate with community partners?** Ongoing communication with DCP&P and other collateral supports is an integral part of the program. As part of the program's case management responsibilities, Step Down staff is in frequent contact with other service providers and community-based agencies that are working with these families.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Youth Consultation Services	**1b Program Name:** FPS Step-Down
1c	**Relevant PSSF Program**: ___FPS, X_FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 711 32nd Street Union City N.J. 07087	
1e	**Objective**: To provide an extended range of services to families that have completed a Family Preservation (FPS) intervention in order to further strengthen family functioning and address factors supporting permanency and improving child and family well-being.	
1f	**Outcome(s) Addressed**: __X__Safety __X__Permanency _X__Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Step-Down program provides a community based continuum of care to families that successfully complete an initial Family Preservation Services (FPS) intervention. Program participants receive a comprehensive range of supportive services that extend beyond the short term crisis intervention and stabilization provided by FPS programs. Step-Down services are based on an aftercare model and focus on more enduring issues that impact family functioning and child and family well-being. The overarching goal of the program is to empower and assist families in maintaining a safe and stable home environment. Consistent with the general FPS model, Step-Down programs seek to: ensure child safety by eliminating identified risk factors; prevent out of home placement; improve family functioning; and link families with appropriate community resources. Step-Down programs provide an array of social, health, educational, counseling, and case management support services either directly or through community-based resources. All services are coordinated, individualized, goal-oriented, and adapted to each family's changing needs and circumstances. Participating families receive three (3) to nine (9) months of services provided at differing levels of intensity according to their unique needs and rate of progression in achieving case goals.	
2b	**Population Served**: The target population is children and families under DCP&P supervision who have completed a 4-8 week FPS intervention program and who require continued support and supervision to further reduce or eliminate risk factors identified by the Division and/or FPS	

2c	**Geographical Area of Services**: Hudson County
2d	**Referral Sources**: Family Preservation Services Program (only)
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals. Include data where available.** • 13 families with 43 children received FPS Step Down services • Placement disposition of child(ren) at end of the intervention: 41 children remained home upon completing the FPS/FSS Step Down program • Length of stay: On average, families participated in the program for 4 months, receiving an average of 35 hours of face-to-face sessions.
3b	**How did this improve outcomes for children and families?** Children were able to remain in a safe and stable home environment. At the cessation of services, 95 % of the children remained home.
3c	**Identify specific factors that contributed to this improvement.** Contributing Factors include the provision of in-home therapeutic services in a strength based, family focused manner that empowers a family to move toward health and stability.
3d	**Identify significant barriers to goal accomplishment.** • Family Preservation Services level of service, i.e., if the FPS program level of service is low, then the pool of cases to refer to the Step-Down program diminishes • FPS/FSS Step Down staff turnover
3e	**Definition of Level of Service as per contract**: Definition of Unit(s) of Services: One family = one unit of service. Each FPS/FSS Step Down program has one worker who is supervised by the FPS Program Supervisor. At any one time, the maximum caseload is 8 families, depending upon the family's progress and program phase. A family's length of stay in the program may be extended up to 9 months
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** A minimum of 10 families per year
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 10 families
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals:** __33___ **# of unduplicated families:** __10_____
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Satisfaction Surveys were distributed to15 parents out of which 11 were completed and 8 surveys were completed out of 10 that were provided to children who received FPSSD services. The overall response was that the services provided by FPSSD were helpful in improving the family dynamic, the Step Down Counselor provided insight and consistent support while engaging the families with dignity and respect.

Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** No changes to the FPS/FSS Step Down program are anticipated
4b	**Identify changes you will make that stem from stakeholder feedback.** As part of its ongoing commitment to providing quality services, the FPS/FSS Step-Down program will adapt to meet the needs of its clients based upon YCS and DCF Case Record Reviews, NCFAS assessment results and YCS client satisfaction surveys. Upon review of these reports, no changes to the program are anticipated at this time.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** At a minimum, 10 families will be served
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals:** _35____ **# of unduplicated families:** ___10_____
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The following mechanisms will be used to measure progress ❖ NCFAS: North Carolina Family Client Assessment Scale ❖ Substantiated incidents of child abuse/neglect and out-of-home placements at 12 months post discharge ❖ A family's successful completion of the program ❖ Client satisfaction survey ❖ Programmatic progress will be measured through DCF contract monitoring (levels of service achieved, number of clients served and service outcomes)
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** ❖ Case Record Reviews conducted by YCS. ❖ Client Satisfaction Surveys ❖ Aggregate NCFAS results that indicate trends in service provision and family needs

2014 PSSF Update Report

Population Served:	**Section 1 – Identifying Information**	
1a	**Provider**: Statewide Overview of FSS/FPS Step-Down Programs	**1b Program Name:** FPS Step-Down
1c	**Relevant PSSF Program**: _X__FPS, _X__FSS, ___TLFRS, ___APSS	
1d	**Program Address**: Six agencies provide FPS Step-Down services: Center for Family Services; Twin Oaks, Inc.; Ocean Mental Health; The Bridge, Inc.; Catholic Charities Diocese of Metuchen; Youth Consultation Services	
1e	**Objective**: To provide an extended range of services to families that have completed a Family Preservation (FPS) intervention in order to further strengthen family functioning and address factors supporting permanency and improving child and family well-being.	
1f	**Outcome(s) Addressed**: __X Safety _X_ Permanency _X_ Well-Being	
	Section 2 – Service Description Basics	
2a	**Overview of Service**: Step-Down programs provide a community-based continuum of care to families that successfully complete an initial Family Preservation Services (FPS) intervention. Program participants receive a comprehensive range of supportive services that extend beyond the short- term crisis intervention and stabilization provided by FPS programs. Step-Down services are based on an aftercare model and focus on more enduring issues that impact family functioning and child and family well-being. The over-arching goal of the program is to empower and assist families in maintaining a safe and stable home environment. Consistent with the general FPS model, Step-Down programs seek to: ensure child safety by eliminating identified risk factors; prevent out of home placement; improve family functioning; and link families with appropriate community resources. Step-Down programs provide an array of social, health, educational, counseling, and case management support services either directly or through community-based resources. All services are coordinated, individualized, goal-oriented, and adapted to each family's changing needs and circumstances. Participating families receive three (3) to nine (9) months of services provided at differing levels of intensity according to their unique needs and rate of progression in achieving case goals.	

2b. The target population is children and families under Division of Child Protection and Permanency (CPP) supervision who have completed a 4-8 week FPS intervention and who

require continued support and supervision to further reduce or eliminate risk factors identified by the Division and/or FPS.

2c	**Geographical Area of Services**: Essex/Union, Camden/Gloucester, Middlesex, Ocean, Hudson, and Cumberland Counties
2d	**Referral Sources**: All referrals are generated by Family Preservation Services programs located in the geographic area of each Step-Down program (DCF/CPP) is the sole source of referrals to FPS programs)
Section 3 – The Year in Review FFY '13 ((10/1/2012-9/30/2013))	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** SFY 2013 ((10/1/2012-9/30/2013)) program data indicates: • 72 families and 181 children received Step-Down services during the state fiscal year • The average length of participation in Step-Down programs remains consistent at approximately 5 months • 5 of 6 Step-Down programs continued to exceed contracted levels of service. A new service provider was selected for Cumberland County however a delayed start-up impacted the agency's ability to achieve the same level of service as the previous provider. Despite the new agency's inability to reach its potential, statewide Step-Down figures exceed previous years.
3b	**How did this improve outcomes for children and families?** A significant number of children were able to remain in a safe and stable home environment
3c	**Identify specific factors that contributed to this improvement.** Contributing factors include adherence to the established program model and the provision of in-home therapeutic services. All services are provided in a strength-based, family-focused manner that empowers families to move toward health and stability.
3d	**Identify significant barriers to goal accomplishment.** Participation in all FPS and Step-Down programs is voluntary. Programs sometimes experience difficulty attracting and retaining families. Programs also report an inability to provide competitive wages which makes it difficult to attract and retain qualified staff and results in high turn-over rates. High staff turn-over rates have a direct impact on programs' ability to keep pace with the demand for services.
3e	**Definition of Level of Service as per contract**: One family = one unit of service

3f. Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of (10/1/2012-9/30/2013)

All Step-Down contract terms are based on the state fiscal year (from July 1 - June30). Each Step-Down program is contracted to serve 8-10 families per year. Collectively, the statewide level of service is 48-60 families.

3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of (10/1/2012-9/30/2013)** Step-Down programs provided services to 79 families during the FFY reporting period
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals:** <u>N/A</u> **# of unduplicated families:** <u>69 families</u>
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Programs report that client feedback is consistently positive. DCF continues to value the work of FPS Step-Down programs and acknowledges their contribution in helping to ensure that children and families involved in New Jersey's child welfare system receive the extended services they sometimes need in order to achieve and maintain safety, permanency and well-being.
Section 4 – The Year Ahead FFY '14 ((10/1/2012-9/30/2013	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** All FPS Step-Down programs adhere to an established service model. Although programs will adapt to the changing needs of families involved in the state's child protective services system, DCF does not anticipate any modifications to the programmatic delivery of services at this time. **No changes to the FPS Step Down program is anticipated?** **The Cumberland County Guidance Center opted not to renew its FPS service contract effective July 1, 2012. FPS services and program operations ceased June 30, 2012.** **The Department administered an open competitive Request For Proposals (RFP) process to engage a new service provider. The selected applicant, Twin Oaks, Inc., will adhere to the established program model.**
4b	**Identify changes you will make that stem from stakeholder feedback.** Statewide changes are not anticipated at this time
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** Contracted levels of service will remain unchanged at 8-10 families per program/per year for a total of 48-60 families statewide

4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: _____** **# of unduplicated families: ____67-70?____**
Section 5 – Evaluating Progress FFY '14 ((10/1/2012-9/30/2013	
5a	**How will you measure progress?** DCF will measure progress through the following activities: • Contract monitoring activities • The collection and analysis of program/service data, including 12 month follow-up information regarding placement outcomes for children 12 months post discharge
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** At the local level, Step-Down programs utilize the following methods as part of their on-going quality assurance and self-assessment process: • Feedback from DCF and the extent to which contracted Levels of Service are achieved • Analysis of program utilization rates and service data compiled by DCF • Direct feedback from DYFS Local Offices, including case managers and Resource Development Specialists • Families' successful completion of the programs (i.e. goal attainment) and improved levels of functioning as documented by the NCFAS standard assessment tool will be considered • Consumer satisfaction surveys
5c	**How do you collaborate with community partners?** Ongoing communication with DYFS and other collateral supports is an integral part of all programs. As part of each program's case management responsibilities, Step Down staffs are in frequent contact with other service providers and community-based agencies that work with the same client population.

2014 APSR PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Center for Family Services	**1b Program Name:** FPS Step-Down
1c	**Relevant PSSF Program**: _x_FPS, _x_FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 180 South White Horse Pike Clementon, New Jersey 08021	
1e	**Objective**: To provide an extended range of services to families that have completed a Family Preservation (FPS) intervention in order to further strengthen family functioning and address factors supporting permanency and improving child and family well-being.	
1f	**Outcome(s) Addressed**: ___x_Safety __x__Permanency __x__Well-Being	
Section 2 – Service Description Basics		
2a	**Overview of Service**: The Step-Down program provides a community based continuum of care to families that successfully complete an initial Family Preservation Services (FPS) intervention. Program participants receive a comprehensive range of supportive services that extend beyond the short term crisis intervention and stabilization provided by FPS programs. Step-Down services are based on an aftercare model and focus on more enduring issues that impact family functioning and child and family well-being. The overarching goal of the program is to empower and assist families in maintaining a safe and stable home environment. Consistent with the general FPS model, Step-Down programs seek to: ensure child safety by eliminating identified risk factors; prevent out of home placement; improve family functioning; and link families with appropriate community resources. Step-Down programs provide an array of social, health, educational, counseling, and case management support services either directly or through community-based resources. All services are coordinated, individualized, goal-oriented, and adapted to each family's changing needs and circumstances. Participating families receive three (3) to nine (9) months of services provided at differing levels of intensity according to their unique needs and rate of progression in achieving case goals.	
2b	**Population Served**: The target population is children and families under DYFS supervision who have completed a 4-8 week FPS intervention program and who require continued support and supervision to further reduce or eliminate risk factors identified by the Division and/or FPS	

2c	**Geographical Area of Services**: Camden and Gloucester Counties
2d	**Referral Sources**: Family Preservation Services Program
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals. Use data to support your comments.** • 8 families successfully completed the FPS/FSS Step Down program • Placement disposition of child(ren) at end of the intervention: 53 children remained with their families, 0 were placed by DYFS • Program level of service is 10 unduplicated families per contract year. The program served 19 families • Step-Down served 6 families 9 months; 2 families 7 months; 2 families 5 months; 4 families 4 months; 1 family 3 months; 4 families 1 month. The average number of days open was 152 days approximately 5 months. families are continuing to work with Step Down and is expected to successfully complete the program • Total number of hours (months): Average = 91.80 hours/family for a Total of 1745.50 hours
3b	**How did this help children and families experience better outcomes?** Children were able to remain in a safe and stable home environment.
3c	**Identify specific factors that contributed to the improvements/accomplishments.** Contributing factors include the provision of in-home therapeutic services in a strength-based, family-focused manner that empowers a family to move toward health and stability.
3d	**Identify significant barriers to goal accomplishment and how you addressed them.** • Family Preservation Services level of services was high this past contract year. The demand for Step-Down services continues to increase as evidenced by the 19 extra families served • There is only one staff member on FPS/FSS Step-Down. The demand for her services is great. There is never a down-time period between closing and opening cases • Communication with DCP&P: a strong partnership with DCP&P is essential to best serve the children and families in the program.
3e	**Define the Unit of Service, or Units if more than one** Definition of Unit(s) of Services: One family = one unit of service. Each FPS/FSS Step Down program has one worker who is supervised by the FPS Program Supervisor. At any one time, the maximum caseload is 8 families, depending upon the family's progress and program phase. A family's length of stay can extend up to 9 months.

3f	**Enter your <u>contracted</u> Level of Service (number of units expected) funded under Title IV-B PSSF for the period of 10/1/12 – 9/30/13** The contracted level of service is 10 unduplicated families.
3g	**Enter your <u>actual</u> Level of Service (number of units delivered) with that Title IV-B funding for the period of 10/1/12 – 9/30/13** The actual Level of Services was 29 unduplicated families
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals (children):76 (53 children)_** **# of unduplicated families: _19_**
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** The satisfaction survey is given to families when services are completed. The survey was given to 20 families. Nine families returned` the satisfaction survey. The feedback has been positive.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section 2 and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** No changes to the FPS/FSS Step Down program are anticipated.
4b	**Identify changes you will make that stem from stakeholder feedback.** As part of our ongoing commitment to providing the highest quality of services, the FPS/FSS Step Down program will adapt to meet client needs as appropriate based upon Case Record Review Report, NCFAS results and client satisfaction surveys. Upon review of these reports, no changes to the program are anticipated.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** At a minimum, 10 families will be served during FFY'13
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve for the period of 10/1/13 – 9/30/14.** **# of unduplicated individuals: __**60**___** **# of unduplicated families: ____**16**____**

Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** • Information regarding placement outcomes and whether or not there were substantiated incidents of child abuse/neglect will be obtained 12 months after discharge • A family's successful completion of the program and improved levels of functioning as documented by the NCFAS standard assessment tool will be considered • Consumer satisfaction surveys will be used
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** Center for Family Services reviews chart for quality assurance in a yearly basis. Also, the Step-Down Supervisor conducts utilization reviews of the charts at the closing of each case. Center for Family services also conducts a client satisfaction survey once a year
5c	**How do you collaborate with community partners?** Ongoing communication with DCP&P in Camden and Gloucester Counties, the Boards of Social Services, the school systems, the mental health system, the legal system are an integral part of the program.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Ocean Mental Health Services, Inc	**1b Program Name:** FSS/FPS Step Down Program
1c	**Relevant PSSF Program**: ___FPS, _X__FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 122 Lien Street Toms River, NJ 08753	
1e	**Objective**: To provide an extended range of services to families that have completed a Family Preservation (FPS) intervention in order to further strengthen family functioning and address factors supporting permanency and improving child and family well-being.	
1f	**Outcome(s) Addressed**: _ **X** ___Safety **_X** ___Permanency **_X_**__Well-Being	
Section 2 – Service Description Basics		
2a	**Overview of Service**: The Step-Down program provides a community based continuum of care to families that successfully complete an initial Family Preservation Services (FPS) intervention. Program participants receive a comprehensive range of supportive services that extend beyond the short term crisis intervention and stabilization provided by FPS programs. Step-Down services are based on an aftercare model and focus on more enduring issues that impact family functioning and child and family well-being. The overarching goal of the program is to empower and assist families in maintaining a safe and stable home environment. Consistent with the general FPS model, Step-Down programs seek to: ensure child safety by eliminating identified risk factors; prevent out of home placement; improve family functioning; and link families with appropriate community resources. Step-Down programs provide an array of social, health, educational, counseling, and case management support services either directly or through community-based resources. All services are coordinated, individualized, goal-oriented, and adapted to each family's changing needs and circumstances. Participating families receive three (3) to nine (9) months of services provided at differing levels of intensity according to their unique needs and rate of progression in achieving case goals.	
2b	**Population Served**: The target population is children and families under DCPP supervision who have completed a 4-8 week FPS intervention program and who require continued support and supervision to further reduce or eliminate risk factors identified by the Division and/or FPS	

2c	**Geographical Area of Services**: Ocean County
2d	**Referral Sources**: Family Preservation Services Program
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** The Step-Down Program exceeded its contracted level of service for the reporting period associated with this grant. • Twelve families with Twenty Five children received services and successfully completed the program • All 25 children served or 100% remained safely at home upon completing the program • On average, families participated in the program for five months, receiving an average 50 hours of direct face-to-face services
3b	**How did this improve outcomes for children and families?** Children were able to remain in a safe and stable home environment.
3c	**Identify specific factors that contributed to this improvement.** A key factor to the program's success is the provision of in-home therapeutic and related support services that are delivered in a strength based, family focused manner which empowers families to move toward health and stability.
3d	**Identify significant barriers to goal accomplishment.** Barriers to goal accomplishment include the unwillingness of some families to participate in services once the case has been opened (participation is voluntary). Other barriers include issues related to staff turnover.
3e	**Definition of Level of Service as per contract**: One family=one unit of service. Each FPS/FSS Step Down program has one worker who is supervised by the FPS Program Supervisor. At any one time, the maximum caseload is 8 families, depending upon the family's progress and the intensity of services being provided. A family's length of stay can extend up to 9 months.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** 8
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 12

3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals:** __25___ **# of unduplicated families:** ____**12**_
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Families are provided with a Participant Satisfaction Survey at the end of the intervention to complete and return. 6 surveys were returned with positive feedback on the service provided. One family noted "thank you for helping my family stay together".
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** No changes to the program are anticipated.
4b	**Identify changes you will make that stem from stakeholder feedback.** As part of its commitment to providing quality services, the FPS/FSS Step Down program adapts to meet the needs of its clients based on internal reviews, contract monitoring activities, and client satisfaction surveys. There are no changes anticipated at this time.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** 10 families
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals:** __20___ **# of unduplicated families:** ___10_____
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** Progress is measured through the following methods: • A family's successful completion of the program and improved levels of functioning as documented by the NCFAS standard assessment tool • Individual supervision on a weekly and as needed basis • Ongoing record reviews by the program supervisors • Follow-up information regarding subsequent incidents of child abuse/neglect and out-of-home placements 12 months after clients are discharged from the program

5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** Quality assurance is monitored throughout the course of the contract term via • Aggregate NCFAS assessment results that indicate trends in services and family needs • Feedback from the DCPP Local Office • DCF contract monitoring processes • Consumer satisfaction surveys
5c	**How do you collaborate with community partners?** FPS/FSS Step Down program communicate on a regular basis with the Division of Child Protection and Permanency by sending written reports of a family's progress every 45 days and reaching out to consult with the family's DCPP Case Worker as needed. Additionally, the Step Down program works collaboratively with other collateral community services such as DCBH, Perform Care, Schools, Social Welfare Services, local domestic violence shelters, health care providers and others as dictated by the needs of the families with whom we are working. It is important to note that one of the hallmarks of the Step Down program is the empowerment of families to advocate for themselves with various community services. Much work is done to assist families in the navigation of the various service systems.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Twin Oaks	**1b Program Name:** FPS Step-Down
1c	**Relevant PSSF Program**: _X__FPS, _X__FSS, ___TLFRS, ___APSS	
1d	**Program Address:** 1138 East Chestnut Avenue, Unit 3-A Vineland, New Jersey 08360	
1e	**Objective**: To provide an extended range of services to families that have completed a Family Preservation (FPS) intervention in order to further strengthen family functioning and address factors that support permanency and improve child and family well-being.	
1f	**Outcome(s) Addressed**: _X___Safety _X___Permanency __X__Well-Being	
Section 2 – Service Description Basics		
2a	**Overview of Service**: The Step-Down program provides a community based continuum of care to families that successfully complete an initial Family Preservation Services (FPS) intervention. Program participants receive a comprehensive range of supportive services that extend beyond the short term crisis intervention and stabilization provided by FPS programs. Step-Down services are based on an aftercare model and focus on more enduring issues that impact family functioning and child and family well-being. The overarching goal of the program is to empower and assist families in maintaining a safe and stable home environment. Consistent with the general FPS model, Step-Down programs seek to: ensure child safety by eliminating identified risk factors; prevent out of home placement; improve family functioning; and link families with appropriate community resources. Step-Down programs provide an array of social, health, educational, counseling, and case management support services either directly or through community-based resources. All services are coordinated, individualized, goal-oriented, and adapted to each family's changing needs and circumstances. Participating families receive three (3) to nine (9) months of services provided at differing levels of intensity according to their unique needs and rate of progression in achieving case goals.	
2b	**Population Served**: The target population is children and families under DCPP supervision who have completed a 4-8 week FPS intervention program and who require continued support and supervision to further reduce or eliminate risk factors identified by the Division and/or FPS	

2c	**Geographical Area of Services**: Cumberland County
2d	**Referral Sources**: Family Preservation Services Program
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** The Cumberland County Guidance Center opted not to renew its FPS and Step Down contracts and ceased program operations on June 30, 2012. As a new provider (Twin Oaks Community Services) was selected through the DCF competitive bidding process, program operations began in December 2012. During this time period we had 9 families that were serviced. Of those 9 families, 2 interventions were interrupted. Of those 7 completed interventions, only 1 has had a 1 year post follow up conducted on it. The children remained preserved in their home with no new referrals or DCPP placements. The other 6 families' intervention continued over into the next contract year.
3b	**How did this improve outcomes for children and families?** Of the 1 family in which a follow up was conducted 12 months post intervention, the family remains preserved and the children are still in the home.
3c	**Identify specific factors that contributed to this improvement.** Currently, we do not have enough comparative data to report on these factors.
3d	**Identify significant barriers to goal accomplishment.** During this review period, the transfer of provider agencies and a protracted start-up period resulted in a significantly lower level of service (number of families served).
3e	**Definition of Level of Service as per contract**: One family = one unit of service.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** Twin Oaks is contracted to serve 20 families per year.
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 9 families

3h. How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once.

# of unduplicated individuals: __17 children___
# of unduplicated families: _____9 families_

Program operations resumed with Twin Oaks in December 2012 after obtaining the contract in July 2012.

3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** 9 families were serviced during this reporting time period. Of those 9 families serviced, 3 families closed during this time. 2 of the 3 closed cases were interrupted. 1 satisfaction feedback survey was collected. Based on the stakeholder feedback from this family, it was indicated that the family felt that the step down therapist addressed their family's needs and had experienced marked improvements in the issues there were having before the Step Down intervention occurred. There was also indication that the family felt satisfied with the services.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** The FPS Step Down service model is standard and will remain unchanged.
4b	**Identify changes you will make that stem from stakeholder feedback.** As per our consumer satisfaction surveys, family stakeholders have reported that they enjoy the service and felt that it was beneficial for their family needs.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** 20 families
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals:** _40____ **# of unduplicated families:** __20____
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** • Information regarding placement outcomes and whether or not there were substantiated incidents of child abuse/neglect will be obtained 12 months after discharge • A family's successful completion of the program and improved levels of functioning as documented by the NCFAS standard assessment tool will be considered • Consumer satisfaction feedback surveys will be used • Quality Assurance calls to the stakeholders during service

5b. Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.
Quality assurance is monitored throughout the course of the contract term via

- Feedback from the DCP&P Local Office
- DCF contract monitoring processes
- Consumer satisfaction surveys

Quality Assurance calls to the stakeholders during services

5c	**How do you collaborate with community partners?** Communication with DCP&P and other collateral supports is an integral part of the program. As part of the program's case management responsibilities, Step Down staff is in frequent contact with other service providers and community-based agencies that are working with these families.

2014 PSSF Update Report

Section 1 – Identifying Information		
1a	**Provider**: The Bridge, Inc.	**1b Program Name:** FPS/FSS Step-Down
1c	**Relevant PSSF Program**: _X_ _FPS, _X_ FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 589 Grove Street Irvington, New Jersey 07111	
1e	**Objective**: To provide an extended range of services to families that have completed a Family Preservation (FPS) intervention in order to further strengthen family functioning and address factors supporting permanency and improving child and family well-being.	
1f	**Outcome(s) Addressed**: __x__Safety __x__Permanency __x__Well-Being	
Section 2 – Service Description Basics		

2a. Overview of Service:

The Step-Down program provides a community based continuum of care to families that successfully complete an initial Family Preservation Services (FPS) intervention. Program participants receive a comprehensive range of supportive services that extend beyond the short term crisis intervention and stabilization provided by FPS programs. Step-Down services are based on an aftercare model and focus on more enduring issues that impact family functioning and child and family well-being.

The overarching goal of the program is to empower and assist families in maintaining a safe and stable home environment. Consistent with the general FPS model, Step-Down programs seek to: ensure child safety by eliminating identified risk factors; prevent out of home placement; improve family functioning; and link families with appropriate community resources.

Step-Down programs provide an array of social, health, educational, counseling, and case

management support services either directly or through community-based resources. All services are coordinated, individualized, goal-oriented, and adapted to each family's changing needs and circumstances.

Participating families receive three (3) to nine (9) months of services provided at differing levels of intensity according to their unique needs and rate of progression in achieving case goals.

2b	**Population Served**: The target population is children and families under DCP&P supervision who have completed a 4-8 week FPS intervention program and who require continued support and supervision to further reduce or eliminate risk factors identified by the Division and/or FPS
2c	**Geographical Area of Services**: Essex and Union Counties
2d	**Referral Sources**: Family Preservation Services Program
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** ***Cases Opened:*** 9 families and 25 children received Step-Down services during FFY '13. 3 out of the 9 families and 11 out of the 25 children were carried over from FFY '12. ***Cases Closed:*** 9 out of the 9 families completed Step-Down services during FFY '13 25 out of the 25 children completed Step-Down services during FFY '13 Of this figure: • 25 children remained with their families at end of the intervention; indicating a 100% placement prevention rate • On average, each family received 160 days of service or 5 months of service • On average, each family received 35 direct face-to-face hours of service • Aggregate data indicates that a total of 314.5 direct service hours with a range of direct service hours between 1 hour and 92.25 hours were provided during FFY 2013
3b	**How did this improve outcomes for children and families?** Children were able to remain in a safe and stable home environment.
3c	**Identify specific factors that contributed to this improvement.** The provision of in-home therapeutic services in a strength based, family focused manner that empowers a family to move toward health and stability.
3d	**Identify significant barriers to goal accomplishment.** A couple of barriers related to goal accomplishment included the following: Some of the families did not make themselves completely available throughout the intervention which impacted the service time. We experienced staff turnover which had an impact on the receipt of cases.

3e	**Definition of Level of Service as per contract**: One family = one unit of service. A family's length of stay can extend up to 9 months.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** 8 to 10 families
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 9 families received and completed Step Down services during FFY '13
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals:** <u>25 children</u> **# of unduplicated families:** <u>9</u>
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Satisfaction Surveys are distributed to families at termination and either mailed back to the agency or submitted in a sealed envelope as a means of gathering confidential client feedback. **5** surveys were provided (4 out of the 9 families were not available for an exit interview); **4** surveys were returned and **1** survey was not returned. All clients responded positively and indicated their satisfaction with the services received from the Step-Down Program.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** No changes to the FPS/FSS Step Down program are anticipated.
4b	**Identify changes you will make that stem from stakeholder feedback.** As part of the program's ongoing commitment to providing quality services, the FPS/FSS Step Down program adapts to meet the needs of its clients as appropriate based upon the Case Record Review Report (DCPP), NCFAS assessment results and client satisfaction surveys. Upon review of these reports, no changes to the program are anticipated.

4c. How many IV-B units of service are you expecting to deliver for the period of

10/1/13 – 9/30/14?
At a minimum, 8 to 10 families will be served during FFY 2014

4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals:** _20__ **# of unduplicated families:** __10___
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** • Information regarding placement outcomes and whether or not there were substantiated incidents of child abuse/neglect will be obtained 12 months after discharge • A family's successful completion of the program and improved levels of functioning as documented by the NCFAS standard assessment tool will be considered • Consumer satisfaction surveys will be used
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** The Bridge, Inc. will conduct utilization reviews of all charts to ensure compliance with programmatic standards and customer satisfaction surveys will be obtained from families who complete the program. In addition, the Step-Down Supervisor will conduct random quality assurance telephone calls to client families in order to obtain their feedback. Based upon responses that are received, the program will make any changes that are necessary to improve services.
5c	**How do you collaborate with community partners?** Ongoing communication with DCP&P and other collateral supports is an integral part of the program. The program's collaborative efforts include: providing Acceptance Letters to DCPP, engaging in Bi-weekly Communication with DCP&P, submitting 45 Day Review Reports to DCP&P, inviting DCP&P workers to family sessions on an as needed basis, and initiating telephone contact with collateral services.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Family Connections, Inc.	**1b Program Name:** Reunity House South Orange
1c	**Relevant PSSF Program**: ___FPS, ___FSS, _X_TLFRS, ___APSS	
1d	**Program Address**: 122 Irvington Ave. South Orange, NJ 07079	
1e	**Objective**: To expand and enhance the number and range of services to families and children in order to support family reunification and permanency	
1f	**Outcome(s) Addressed**: ____Safety __X__Permanency ___Well-Being	
Section 2 – Service Description Basics		
2a	**Overview of Service**: This program facilitates permanency planning for children in a manner that is consistent with the requirements of the Adoption and Safe Families Act (ASFA). The program provides services that address the goals of: maintaining family bonds; supporting the parent/child relationship; improving parenting skills; decreasing the length of time children remain in foster care; successfully reunifying children with parents or relatives; and providing documentation to support case goals. Services include: supervised visitation, transportation, parenting skills training, parent support groups, and information and referral. The benchmark timeframe for services is six months with aftercare services available for up to one year. Program activities focus on supporting the parent-child relationship and on providing the parent with opportunities to learn and practice new skills. The program model builds on current skills and practices, and reflects a family-focused and community-based collaboration	
2b	**Population Served**: Serves families with children in out of home placement	
2c	**Geographical Area of Services**: Union, Essex and Middlesex Counties	
2d	**Referral Sources**: All referrals are received from the Division of Child Protection and Permanency. The DCP&P case manager makes the referral for a family whose case goal is family reunification.	

Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals. Include data where available.** During the reporting period of October 1, 2012 to September 30, 2013, a total of ninety-nine (97) families were referred, and ninety-one (93) families received services. Thirty-four (34) families were enrolled in the program at the start of the reporting period. Fifty-seven (57) new families were referred; and nine (9) families were reunified. A total of one hundred and twenty-three (123) families have been reunified since the program's inception in April 2002. One hundred seventeen of those families (95%) have remained intact for at least twelve (12) months following family reunification. All nine (9) families that were reunified during the prior reporting period of October 1, 2010 to September 30, 2011, have remained reunified. As a strategy to effectively collaborate and coordinate supports for families, Family Connections' participates in Family Team Meetings for our consumers, when invited by the family.
3b	**How did this improve outcomes for children and families?** Given the complexity and chronic challenges that families have to address, the program's ability to provide a continuum of services positively impacts outcomes in achieving desired goals. In addition to the services provided within the Reunity House Program, additional Family Connections' services enhance reunification for many of our families. Within Reunity House, the combination of therapeutic visitation and group treatment, supervised overnight visitation, and in-home aftercare services enhance each family's ability to sustain long-term successful reunification. Collaboration with Family Connections' Reunity House Programs in East Orange and Paterson have also provided opportunities for increased case management services, and access to specialized parent-child bonding activities, such as Infant Massage and Music Together. Reunification opportunities for families with substance abuse issues are improved with Family Connections' intensive outpatient program for both mothers (Strong Mothers Program) and fathers (Strong Fathers Program). Due to the large percentage of clients with substance abuse histories, collaboration related to substance abuse treatment is a crucial part of assessing for reunification readiness.

3c. Identify specific factors that contributed to this improvement.

The ability to provide intensive outpatient (Strong Mothers) substance abuse services at Reunity House affords clients immediate access to substance abuse treatment at the supervised visitation site. Having the intensive outpatient treatment program (Strong Mothers) for mothers at the visitation site also allows the Reunity House clinicians to collaborate on daily basis in all aspects of a client's treatment. The Strong Fathers Program for fathers is also easily accessible, within Family Connections, and within close proximity of Reunity House.

Reunity House, a completely renovated three-story house, is centrally located within Essex County. It affords a homelike environment that includes a large reception area, private visitation rooms, a large room for group meetings, and two family suites each with a kitchen, living room with fold-out couch, playroom

with another fold-out couch, and a bedroom with two bunk beds and a crib. The suites provide for the availability of overnight

visitations. The flexible design of the house enhances the program's ability to provide individualized services to the children and their families in a comfortable and pleasant environment.

3d	**Identify significant barriers to goal accomplishment.** Difficulties associated with transportation costs for the program continue to be challenging, as bus fares and gas prices continue to escalate. The costs of maintaining the safety and effectiveness of program vehicles have also continued to increase. Transportation is time-consuming, with parking, scheduling, and logistical challenges. However, children residing in foster placements within their community have significantly increased; this improves the number of children able to remain in their own community, and decreases some of the program's transportation challenges. Services at Reunity House South Orange are primarily delivered in English. A Spanish speaking clinician at the East Orange site provides services to Spanish-speaking families who are referred there. This has improved service delivery, as the program works toward meeting the community's diverse language needs. There is a Case Manager/Driver and a full-time Driver that speaks Creole, to increase the language needs of our Haitian families. The Family Connections' Cultural Competence Committee collects data on the language capacities of all Family Connections staff, which can then be utilized for clinical support and referral resources for other languages. Reunity House is committed to hiring bilingual staff to address the needs of population referred. Language needs will continue to be tracked through the Cultural Competence Committee, and shared with the Quality Assurance Program. The Consumer Satisfaction Survey indicated a need for more Case Management services within Reunity House South Orange. There are Case Manager/Drivers in both East Orange and Paterson, and Reunity House South Orange hired a Bachelor's level driver whom also provides Case Management services in South Orange since 2010. On July 1, 2012, Reunity House South Orange's LOS increased. As a result of this, Reunity House South Orange hired a part-time Case Manager/Driver. Additionally, a full-time Clinician is providing services to 5 families in Reunity House South Orange and 10 families in Reunity House East Orange. Please note that the above challenges have not kept the program from achieving its goals. They are challenges that we examine in order to continue to improve the quality of the program and better meet the needs of our consumers.
3e	**Definition of Level of Service as per contract**: A "unit" of service is identified as a family of up to five children. Families that have more than five children are considered two units
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12-9/30/13** For the reporting period October 1, 2012 to September 30, 2013, Reunity House is expected to serve seventy (70) families/units of service. As of July 1, 2012, the LOS has increased and will be reflected in next year's numbers. Families with more than five children will be counted as two units of service. As of July 1, 2012, LOS increased and next years' numbers will reflect.

3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** Ninety-three (93) units of service were delivered.
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: _287__** **# of unduplicated families: _93____**
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Family Connections, Quality Assurance (QA) Committee conducts a yearly consumer satisfaction survey. Outcomes are identified and utilized to make improvements in services to clients. The consumer satisfaction survey report for 2011 indicated the following outcomes: ● 100% of clients that have utilized the Case Management services found the services helpful Always or Most Times. ● In 2011, over 85% of clients felt that their privacy and confidentiality was respected Always or Most Times. ● Over 85% of parents surveyed noted that they felt welcomed at Reunity House and introduced to all staff; felt their culture, confidentiality and privacy was respected; felt that the home was welcoming and had adequate supplies and toys for visits; felt that their children arrived on time for visits; and those that participated in Meet and Greets and Family Team Meetings with Reunity House found the services helpful. ● 100% of clients felt that Reunity House assisted them in obtaining their permanency goal with DCP&P Always or Most Times ● Many of the open ended statements thanked specific staff members in assisting them in reaching their goals and noted that they have gained parenting skills. Some areas for improvement included: ensuring that the first visit occurs within a week of completing the intake, improving the phone system, and ensuring that case managers are able to assist clients with services needed.
Section 4 – The Year Ahead FY '15 (10/1/14 – 9/30/15)	

4a. Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program

Due to the increase in the level of service at Reunity House as of July 1, 2012, additional part-time staff--Clinician and Case Manager/Driver—were employed to cover the increase

of service, as well as the purchase of another van to provide transportation for the additional level of service

4b	**Identify changes you will make that stem from stakeholder feedback.** A stakeholder feedback survey was completed. Due to the feedback from the consumers, an increase in Case Manager/Driver as well as another van, did assist in ensuring that visits could be scheduled within a week of the intake, as well as provide the families with more Case Management services.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/14 – 9/30/15?** For the reporting period October 1, 2014 to September 30, 2015 Reunity House is expected to serve eighty (80) families/units of service. **This number is subject to increase pending the increased level of service in Reunity Houses in Essex County.** Families with more than five children will be counted as two units of service.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: _220__** **# of unduplicated families: __80__**
Section 5 – Evaluating Progress FY '15 (10/1/14 – 9/30/15)	
5a	**How will you measure progress?** Program progress will be measured through the extent to which Reunity House achieves its performance outcomes. The two identified performance based outcomes for the reporting period are: thirteen (13) families will achieve reunification; and all families that achieve reunification will remain stable twelve months following reunification. Reunity House clients are also given the Adult-Adolescent Parenting Inventory (AAPI-2) pre and post test to measure their progress in the following constructs: Inappropriate Expectations of Children; Parental Lack of Empathy Towards Children's Needs; Strong Parental Belief in the Use of Corporal Punishment; Reversing Parent-Child Family roles; and Oppressing Children's Power and Independence. This information is utilized to identify treatment goals and formulate assessments regarding family reunification. Reunity House is currently looking into additional parenting skills measures to increase the assessment completed. Reunity House is also addressing trauma in clients utilizing Reunity House through the ARC Model. Reunity House staff will continue to work collaboratively with substance abuse and mental health service providers as well as DCP&P staff to promote client progress in the program, support follow through with court requirements, and potentially reduce the amount of time children spend in foster care. In addition, stakeholder feedback from community partners will be utilized to improve program services.

5b. Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.

The Family Connections' Quality Assurance Program is responsible for continually ensuring that the latest and generally recognized "best practice" standards for service

delivery are met and exceeded, and that desirable service outcomes are achieved for all Family Connections' consumers.

Both the Consumer Satisfaction Survey (CSS) and Stakeholder Survey are self-administered, anonymous, and facilitated through a handout/mail-back format. Participants in the supervised visitation program are given the survey after they attend group or a supervised visit. Those consumers who do not come into the agency for services (i.e. those involved in the aftercare program component) are provided an addressed, postage-paid envelope and encouraged to mail the survey to our agency. These surveys are recognized "outcome" tools that can be helpful in evaluating interventions, staff, the agency as a whole, or individual programs. This process is overseen by the Family Connections Quality Assurance Committee (QAC). The QA Coordinator/QA Assistant Coordinator review and correlate the data outcomes, which are then presented to the Executive Director, Program Directors, Program Managers, and consumers. The data is presented and reviewed in the QA Committee meeting. Agency and programmatic changes are proposed and implemented based on data outcomes.

In May 2012, the NJ Department of Children and Families (DCF) completed a monitoring visit in which they viewed records, and met with clients and staff of Reunity House. A monitoring report was completed by DCF to provide feedback and note any areas requiring program improvement and development. As a result of this process, Reunity House will be able to improve documentation regarding visitation, treatment planning, and communication with the Division of Youth and Family Services. This monitoring visit is a valuable means of providing stakeholder feedback, and will continue to occur on a regular basis.

Following each supervised visitation session at the Reunity House, the Clinician continues to document in NJ SPIRIT so the caseworker has immediate access to information. That process is now implemented in all NJ Visitation Programs and notes are entered within five days of the contact occurring.

5c	**How do you collaborate with community partners?** Collaboration efforts with community partners (i.e. substance abuse treatment, mental health treatment providers, DYFS, court, schools, and United Way participants) are made through attendance at staff and/or clinical meetings to address client and program needs. Collateral contacts are made with community partners regarding program development or client progress and attendance in the program when indicated. Program managers, clinicians, and case managers outreach to community resources and are present at community health fairs in efforts to educate and inform our community partners and the families in the community about the Reunity House services. The program conducts stakeholder survey once every three years to assess areas needing improvement as suggested by community partners.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Robins' Nest, Inc	**1b Program Name:** Family Ties II (FT)
1c	**Relevant PSSF Program**: ___FPS, ___FSS, ___TLFRS, ___APSS Time Limited Family Reunification Services	
1d	**Program Address**: 42 S. Kelsea Drive, Glassboro, NJ 08028	
1e	**Objective**: The goal of the program is to assist with the permanency planning process by providing documentation to the Division regarding our assessment of the parent's parenting skills and their interactions with their children	
1f	**Outcome(s) Addressed**: ____Safety __x__Permanency __x__Well-Being	
Section 2 – Service Description Basics		

2a. Overview of Service:

This program assists with permanency planning in a manner consistent with the Adoption and Safe Families Act (ASFA). The program provides services that address the goals of: maintaining family bonds; supporting parent/child relationships; providing parents with opportunities to learn and practice new skills; decreasing the length of time children remain in out of home placement; successfully reunifying children with parents or relatives; and providing documentation to support permanency planning.

Services provided include: transporting children to and from visits; supervising visits; providing comprehensive documentation regarding visits; teaching, modeling, and coaching parenting skills, and giving information to parents regarding parenting issues.

During visits, staff assess and document the parent's parenting skills and interaction with their children. Staff intervene as needed to ensure the child's physical and emotional safety and to teach, model, and coach parenting skills. Staff utilize feelings exploration while transporting the children to and from visits to help the children process their emotions.

A therapist may become involved to effectively address the families' needs relative to their child's permanency. The therapist may work with the parent and/or children; addressing a variety of topics, including issues that impact the progression of visits, preparing for successful reunification, educating parents on the impact out of home placement has on children, as well as exploring ways to re-establish trust and a sense of security and stability for their children. The therapist's degree of involvement is determined through the assessment process and collaboration with DCP&P and the Family Ties Program Director and facilitator.

The progressive nature of our visits allows parenting responsibilities to be gradually shifted back to the parent. Typically, visits begin with two-hour fully supervised sessions in the parent's home and may progress to partially supervised day visits, overnight visits, and extended visits.

If the family is reunified during their participation in the visitation component of the program, they may receive up to three months of the in-home post-reunification component of the program. At the end of the post-reunificatin component, they receive follow-up phone calls at 6 and 12 months post reunification. Throughout the entire program, parents have access to their FT facilitator and therapist (if applicable) 24 hours a day, 7 days a week. The parent is encouraged to call for assistance before a problem or situation escalates, placing the children at risk

2b	**Population Served**: DCP&P involved parents whose children (birth to 18) are in an out of home placement in our service area and in the legal custody of DCP&P.
2c	**Geographical Area of Services**: Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic, and Cape May counties.
2d	**Referral Sources**: Division of Child Protection and Permanency local offices
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** Based on the 42% of the contract that is Title IV-B funded, we have the following results: The primary goal of the program is: 90% of the children will achieve permanency, of which 60% is reunification with either a parent or relative. Between 10/1/12 - 9/30/13, FT provided visits to 145 children. Of the 69 children who reached a case disposition by 9/30/13, 51 (76 %) achieved permanency. Of the 51 that achieved permanency, 35 (76 %) were reunified with a parent or relative. Another goal of the program is for 70% of parents to achieve or partially achieve their service plan goals. Between 10/1/12 - 9/30/13, FT provided visits to 35 families. Of the 35 families who reached a case disposition by 9/30/13, 24 (73 %) had either achieved or partially achieved their service plan goals. A third goal of the program is for 85% of reunified families to remain together for six months after reunification. Between 10/1/10 - 9/30/12, 19 families had children who were reunified with a parent or relative. Of the 19 families who had children reunified with a parent for six months, 17 (89 %) were still together after six months.

3b. How did this improve outcomes for children and families?
By helping children achieve permanency, they were able to begin to heal from their past and move forward in planning for their future in a safe, stable home environment.

By maintaining permanency we help support the child's developmental need for continuity

and stability in family and community relationships and help reduce the damage that is caused when children have continual placement disruptions.

3c	**Identify specific factors that contributed to this improvement.** Our individualized, strength based assessments and service plans in conjunction with the fact that staff meet one-on-one with the parent usually in the parent's home gives a distinct advantage over center based, group parenting classes. The design of our program allows us to specifically target the parenting issues the parent needs to work on to achieve their ultimate goal of being reunified with their children. The progressive nature of our visitation is tremendously beneficial as it allows for extended assessment and comprehensive documentation of the parents' abilities and the parent-child interactions as we work with the Division to gradually shift parenting responsibilities back to the parent. The documentation we provide gives DCP&P and the court an objective picture of the parent's parenting skills and interaction with their children during visits. Our post-reunification component provides support to recently reunified families through their transition home, helping them stabilize and preventing placement recurrence.

3d. Identify significant barriers to goal accomplishment.
Many parents have a history of severe and chronic mental health issues. If a parent is not stable with their mental health, this may delay or prevent visits from progressing or may cause visits to regress if they had already progressed. We are addressing this problem by helping parents advocate for appropriate diagnosis and treatment as well as utilizing the therapeutic component of the program to educate parents on their diagnosis and what it means for their future.

Many parents also have a history of or currently use substances, both prescription and illegal. If a parent is not clean and sober from substances or involved in a program to assist them with becoming clean and sober, it inhibits the ability of the program to effectively assess their parenting abilities and thereby assist the Division with appropriate permanency planning. To address this barrier, facilitators are working with caseworkers to identify concerns regarding substance abuse issues and assisting the family with understanding the importance of compliance in being reunified with their children. Therapists are utilized when appropriate to compliment the parent's substance abuse treatment.

Another identified barrier is parents with developmental disabilities. Parents lacking the ability to understand information presented may require specialized care to assist them in progressing with visitation. To address these needs, staff have been assisting families with being connected to the Department of Developmental Disabilities and referring to other services that can effectively advocate for the family to receive appropriate services and supports.

Finally, families being referred immediately after removal but prior to implementation of required services, have impacted program outcomes related to achievement of permanency by the end of our intervention. May children continue to reside in care without a permanency decision as these cases frequently do not progress. As a result, we now prioritize the waiting list based on either a potential reunification date or permanency hearing date. When it is identified that a case will have an extensive wait, it is referred or moved to a more appropriate program that can provide visitation to the family until a permanency plan becomes clearer.

3e	**Definition of Level of Service as per contract**: Units of service are defined as visits for the facilitator and session hours for the therapist. A visit is defined as one hour with the facilitator observing the parent and their children. The same definition applies if the parent does not attend the visit, but the visit takes place so siblings who do not reside in the same location can visit with each other. If a facilitator picks up a child for a visit and the visit does not take place, the facilitator is credited for the visit due to the time invested in transporting the child. If the travel time for one facilitator to transport more than one child exceeds 2.5 hours because the case involves multiple counties, then two facilitators may be assigned and each facilitator will count one unit for each hour spent in the visit. There is also a ratio of one facilitator to three children unless all three children are under the age of five. If the ratio is exceeded, then additional facilitators are assigned and each counts one unit for each hour spent in the visit.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/13 – 9/30/13** (42% of contract is Title IV-B funded) 1596 Title IV-B funded visits 357 Title IV-B funded therapy session hours
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 1735 visits and 300 therapy session hours provided with Title IV–B funding
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. 42% of the contract= 69 = **# of unduplicated individuals** 35 = **# of unduplicated families**

3i. Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.
100% of families surveyed were either very satisfied or satisfied with their relationship with the Family Ties facilitator

100% of families surveyed were either very satisfied or satisfied with the program services.

100% of referral sources surveyed were either very satisfied or satisfied with the Family Ties facilitator.

100% of referral sources surveyed were either very satisfied or satisfied with the program services.

Section 4 – The Year Ahead FFY '15 (10/1/14 – 9/30/15)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** FT staff will incorporate components of Visit Coaching, and evidence-informed model, to assist parents in identifying and meeting their child's needs during visits, enhancing parent-child interactions and making visits more meaningful. FT staff will also utilize the North Carolina Family Assessment Scale for Reunification, a valid and reliable measurement tool, to provide assessment and outcome information regarding the parent's abilities. FT will continue to facilitate visits, when appropriate, at doctor's appointments and school meetings so the parent may have the opportunity to learn more about their child's strengths and needs. This also provides an opportunity for the FT facilitator to assess how the parent handles everyday situations. FT therapists will continue to facilitate age-appropriate conversations between the birth parents and children regarding why the child was removed and why they are still in out-of-home placement. The goal of these conversations is to help reduce the child's self-blame for placement.
4b	**Identify changes you will make that stem from stakeholder feedback.** Instead of sending out reports with the packet of monthly paperwork, reports will now be faxed over to CP&P caseworkers and/or supervisors so they are received more timely.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** (42% of contract) 1596 visits and 357 therapy session hours
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals:** 77 **# of unduplicated families:** 38

Section 5 – Evaluating Progress FFY '15 (10/1/14 – 9/30/15)	
5a	**How will you measure progress?** Each family has a NCFAS-R completed as part of the assessment process. This is used to create the family's individualized service plan, which defines specific and measurable goals and objectives for effective visits and parent-child interactions. Families requiring therapeutic involvement have additional service plan goals with their therapist to address specific therapeutic issues. Goals are reviewed and tracked after 90 days and at the end of services to determine the areas of progress the family made. The NCFAS-R is completed post services and a change score in the various life domain items determines progress. Follow up phone calls with reunified families provide data on whether the family is remains stable and reunified.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** During opening paperwork, parents indicate if they are willing to participate in a confidential phone survey during the visit component of the program. Parents are randomly selected to be contacted for their feedback. Receiving feedback while we are still providing services to the parent allows us to adapt our services and improve customer satisfaction. At the end of the program, the parent is given a confidential self-administered mail survey with a pre-stamped envelope to provide their feedback. A percentage of randomly selected DCP&P caseworkers receive an e-mail asking them to participate in a confidential survey. These surveys ask the parent and caseworker to indicate their level of satisfaction with the facilitator and program services.
5c	**How do you collaborate with community partners?** In addition to a strong DCP&P-Family Ties partnership, staff have established relationships with community providers involved in the family's treatment. Staff willingly collaborate with other service providers and participate in Family Team Meetings when requested. Our relationship with these community providers helps us link families to the community services they need.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Catholic Charities of the Archdiocese of Newark	**1b Program Name:** Family Resource Center
1c	**Relevant PSSF Program**: ___FPS, ___FSS, ___TLFRS, _X__APSS	
1d	**Program Address**: 249 Virginia Ave, Jersey City, NJ 07304	
1e	**Objective**: The program strengthens families, promotes the well-being and permanency of children through home-based individual and family counseling, parenting support and skill building, and play therapy. This is supplemented by socialization groups and activities, concrete services, educational training, and summer programming in order to address issues of loss, family conflict, and parent-child issues. The program's focus is: • To prevent the dissolution of adoptions; • To prevent residential placement of adopted children; • To build and/or strengthen skills, family relationships and coping strategies to all members of the adoptive family where dissolution or disruption is a threat; • To strengthen skills, family relationships and coping strategies to all members of the adoptive family to address adoption related challenges and to improve the health and well-being of the family.	
1f	**Outcome(s) Addressed**: _X_ Safety _X_ Permanency _X_ Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		

2a. Overview of Service: (describe): Since 1992, the Catholic Charities Family Resource Center (FRC) has had a contract with the Division of Youth and Family Services, now the Division of Child Protection and Permanency, to provide post adoption counseling services to Hudson County families. The program was developed in response to a dire need for supportive services for adoptive families with "special needs" children (children with emotional and behavioral problems, minority children, older children, and children with long foster care histories) in a variety of placement situations (foster homes, kinship care, and select adoptive families).

The Post-Adoption Counseling Program offers services to special needs children and their families in their homes for periods of up to one year or longer (in select cases). Through supportive counseling and education, parents learn to understand and cope with the host of emotional and behavioral issues the child often brings into their

adoptive family. Individual, family, and therapeutic group counseling assist the children in dealing with issues of separation, loss, and abandonment; histories of abuse and neglect; and resulting maladaptive behaviors. Parents gain support, information, skills and insights in ways to best meet the needs of their adopted child and to manage the various related issues that the whole family may be experiencing as an adoptive family. Post KLG services provide counseling and support to families where kinship legal guardianship has occurred and there is a need to services and supports to stabilize and/or strengthen the family to insure that wellbeing for the children and family, and permanency, are maintained.

2b	**Population Served**: The program serves Hudson County adoptive families and kinship legal guardians. "Families" served can include the adoptive parents, grandparents, siblings, foster siblings, or other family members living in the household and kinship legal guardians.
2c	**Geographical Area of Services**: Hudson County
2d	**Referral Sources**: (from whom you accept referrals): Division of Child Protection and Permanency, self-referred Hudson County families, school, churches and any other social service agency.

Provide a summary of program goals. Include data/narrative available.

Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)

3a. Eighteen families (18) families received post adoption services from October 1, 2012 to September 30, 2013. Thirteen (13) were post adoptive families and five (5) were KLG families. A range of services were available to the families with services geared to the individual needs and goals of each child and family.

During this reporting period, parents improved their understanding of core adoption and KLG issues and expanded their skills in key areas, as evidenced by:

- Improved understanding of why their children displayed negative behaviors;
- More realistic expectations of their children;
- Improved understanding of how separation from biological parents plays a major role in children's behavior;
- Increased understanding that a child's disruptive behavior is not only the child's problem; it affects the entire family. Once parents acknowledge that the impact is on the whole family, they became more involved and more supportive in the problem solving process;
- Parents increased knowledge on medications, the potential side effects of

medication on a child's behavior, and the importance of communicating this information to school officials. As a result, school behavioral issues decreased and children remained in the school system.

- Adoptive parents improved their understanding of the importance of children's continued relationship with biological parents.

- They learned new ways to cope with children's feelings of loss.

They were also able to identify in what stage of the grieving process the children were in and how to help them process their losses.

In our work with individual children and adolescents, measurable improvements were made, as evidenced by:

- Improved self-esteem
- Improved parent-child relationships
- Improved behavior at home and at school
- Improved ability to express feelings and process difficult emotions
- Improved ability to connect and socialize with their peers
- Improved ability to manage emotions resulting in a reduction of explosive outbursts and aggressive behavior.

RESULTS:

Our primary performance outcome goal measured permanency by tracking the number and percentage of families who remained intact with no disruptions after 9 months of continuous service involvement. Our results were very clear: all 13 post adoptive families, or 100% of those served, demonstrated commitment to their adopted children and there were no disruptions with their adopted children. For our KLG-caseload, of the 5 families served, 5, or 100%, maintained placement.

All families served received in-home family counseling and some of the children attended our after school program. They had the opportunity to build their social skills, learned how to resolve conflict, how to control their outburst and most important their self-esteem increased. Support for these findings was from reports made by parents, teachers, and counselors for each child. Additionally the scaled Index of Self-esteem, a tool used by the program, confirmed the verbal reports of parents, teachers and counselors. Scores showed that 82 % of the children served during this reporting period, had an increase in self-esteem.

Ten (10) children participated in our after school program for the reporting period. The goal was to help them improve social skills, self-esteem and to learn how to express their feelings and to resolve conflict without violence. Eight (8),

or 80%, of these children improved their social skills; for those that were initially quiet, they were able to verbalize more and became more assertive. Other child behaviors in the group included aggressive behavior and regular outbursts when asked to follow program rules. Two children, or 20%, demonstrated they were in need of a more intense program to help them with their outbursts and aggressive behavior towards other children.

Overall, families who participated in our program report that: 1) they feel their children have improved their behavior; 2) they feel that they have a better understanding of some of the challenges their children face, and 3) they feel more confident and clear on what they need to do to address emotional and behavioral challenges as related to helping their children process the range of feelings they are dealing with.

Challenges:
One major challenge with some of the adoptive parents is their understanding of realistic expectations of their adoptive children; they sometimes forget the losses their children have suffered, and at times have a hard time understanding poor behavior at home and /or the poor academic performance. One foster mother reported having a hard time understanding why her nine year old adopted child was having academic difficulties. One of her frustrations was that she was reviewing her homework and thus knew she was completing all her work at home. This mother's feelings changed after she realized that her daughter's lack of school performance was due to poor behavior in class. On a positive note, with additional support from the program's afterschool program, her grades have improved.

Another major challenge is when parents feel threatened by their teen's seeking out of information about the biological parent or expressing wanting to spend some quality time with that parent. One example was a child who was adopted from birth and learned by age eleven (11) that she was adopted. The mother resented her daughter's desire to want to meet her biological mother. She was having a hard time understanding why it was important to her adopted daughter to spend time with her birth mother. With nine months of counseling, the mother was able to better understand why this was important for her daughter and, although they both struggle with this today, her teen daughter is clear that her mother has always cared for her and wants the best for her. Their relationship is stronger as a result, though they continue to deal with the regular challenges associated with normal teen behavior.

3b. How did this improve outcomes for children and families?

FRC post adoption services are one part of a larger program offering ancillary

services of benefit to both parents and children. Some of the parent training and support, the healing arts activities, and the afterschool program groups provided additional support that complemented post adoption individual and family counseling. This expanded time with parents and children, and the opportunity to work through different modalities, allowed us to develop strong and trusting relationships with both parents and children, and provided additional insights and advantage in supporting change during the counseling process.

3c	**Identify specific factors that contributed to this improvement.** The program is connected with an array of other services designed to work with children involved with DCP&P and this is an advantage because we are able to provide outreach, respite, after school program, services for teens. The use of the formal measurement tools and scales to identify the degree of difficulty children and their parents had in key areas was useful. Clinicians had the opportunity to share their findings with family members and this helped parents to be committed to addressing key issues to improve their child's functioning and/or well-being. Successive administration of the indexes provided concrete evidence to parents and children that change was occurring and this provided motivation for additional change and/or for sustaining the positive changes made. Another factor that contributed to the accomplishment of goals was providing staff with training in areas solely related to adoption. Educating adopted parents in the area of attachment and asking them to participate in art expression activities was also helpful. Some of the families became involved in services with us originally in the pre-adoptive phase and the therapeutic alliance formed during that time led to a beneficial connection with the program during times of family need after the finalization of the adoption. Individualized goal setting and linkages to community resources were also important as parents felt supported in the things that were important to them. Parents appreciated learning new techniques to help them with their children disruptive behavior. Staff brought our "Active Parenting" materials to families as a tool to help them with parenting skills. They found this helpful because they were able to try other ways of disciplining their children and making a shift that concentrates on changing the behavior and not the child. Some parents appreciated creating a "life book" with their children and others liked being included in some of the "family fun" activities with their children.

3d. Identify significant barriers to goal accomplishment.

Some of the barriers that we face with our families are that sometimes parents feel they have done enough to provide for their children and they do not think they need to participate in our counseling sessions on a weekly basis. Often parents feel the counselors should be able to talk to the child and improve their behavior. The lack of commitment on the parents side makes it difficult for issues to get resolve in a timely manner. When they do not make themselves available to participate in services, the result is often that they get frustrated because their child's behaviors do not improve in the timeframe they consider reasonable. Another barrier is that parents want the scheduled weekly sessions/ visits to decrease to twice a month or

3f	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program.** Enter your <u>contracted</u> Level of Service (units) that is Title IV-B funded for the period of The contracted level of services for this reporting period was a total of 21 families: 13 post adoptive families and 8 KLG families
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** A total of eighteen (18) families received services: this included 13 post adoptive families and 5 KLG families.
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: 43** **# of unduplicated families: 18**
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Satisfaction surveys are sent to clients two times a year. 60 surveys were mailed out to families in both March of 2013 and September of 2013. Six surveys came back to us as undeliverable. Of the remaining 54 surveys, we received four (4) responses for a response rate of 7%. The aggregated score for the returned surveys was 4.32 out of a possible "5". Surveys responses are scored on a scale of 1 to 5 where 1 is "strongly disagree" and 5 is "strongly agree". A 5 indicates that, in the aggregate, families were very satisfied with program services. Clients did not add positive or negative comments. Overall clients' ratings of 4 and 5 can suggest that they were happy with our services. We are working on increasing response rates to obtain more feedback from service recipients in subsequent satisfaction survey efforts.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	

4a. We plan to continue providing services as we are now; we will continue providing respite hours and healing arts where children will be engaged in therapeutic activities and skill building designed to improve self-expression, management of difficult feelings and create healthy and practical outlets for stress relief. Life book work will continue. The use of Pre and Post-test measures to track improvements in peer relationships and self-esteem, both relevant issues among children who have been adopted, will continue.

This past year, families were invited to participate in our Six Flags trip held in July 2013. We invited 21 families and, of those, six (6) families participated. The goal of the activity was to provide family respite to have a healthy and practical outlet for positive family time and stress relief.

Additionally, the program held its second annual Halloween Party in October 2013. Our post adopt families were invited to attend and this time we extended our invitation to our former clients from previous years. Although two of our families planned to attend, they were not able to due to work commitments. We will continue to invite families to respite activities and large group events to expand social support opportunities as well as to promote positive family time and connections.

4b	**Identify changes you will make that stem from stakeholder feedback.** We are identifying needed community services and supports with our clients, based on their identified needs.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** A total of 21 families will be served: 13 (Post-Adoption) and 8 (KLG).
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: 40** **# of unduplicated families: 21**
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program uses a combination of methods currently, including pre and post-test measures for our support groups and after school programming; client progress is also assessed and measured by the tracking of goal attainment on each family's Plan of Care. The treatment team discusses the progress on identified client goals quarterly, or more regularly, as appropriate to the family's need and Care Plan. We are also using standardized measures to measure client and program progress. The tools include, but are not limited to: the Family Resource Scale, the Family Support Scale, the Parent-Child Relationship Inventory, the Inventory of Self-Esteem, the Peer Relations Scale Index.

5b. Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.
The agency has a formal continuous quality improvement committee comprised of the agency's Division Directors and the Executive Director. This PQI steering committee meets monthly and reviews program related data to monitor quality. This includes the review of client satisfaction survey data, focus group data, aggregated pre-and post-test measures of program performance, community stakeholder feedback including community partners, DCP&P workers and supervisors, and contract monitoring,

performance improvement initiative activities and outcomes, and risk management issues. Feedback and recommendations are made by the committee back to the program through each Division Director for follow through in each program. The PQI steering committee receives follow-up reports on program improvements and follow-through on a schedule determined by the committee.

For the first time we asked some parents for permission to video tape formal interviews. We conducted parent interviews to ask them how our services have impacted their families. We interviewed five parents to obtain feedback on program services, and then used that feedback in planning new services and in modifying existing programming. Additionally, we seek to learn what families and individuals have found most/least helpful to them personally as well as what families have learned about themselves and their family members as a result of service involvement. We plan to use this information as the foundation for a staff training video, in order to improve staff understanding of our client's perspectives about what families have found to be helpful and less so.

The program sends out satisfaction surveys to all families served, every 6 months, to get feedback. We provide a stamped addressed envelope which comes back to the administrative office, not the program, and is aggregated and then reviewed at the program level. Families can respond anonymously to the standard questions and have space to write in their comments. Feedback from consumers, whether received through focus groups, formal satisfaction surveys, or informal feedback, is discussed and reviewed at the program, division and agency level. Whenever appropriate and feasible, feedback is integrated back into the program operations, in order to improve and/or enhance the program.

5c	**How do you collaborate with community partners?** The program has many community partners –these include local service providers that also serve the needs of families. We work closely with the school systems, local mental health providers and psychiatrists when involved, community faith based programs, local family courts, recreational and mentoring programs and concrete service providers (e.g. the Red Cross when one family lost their home due to a fire, the United Way to access emergency financial assistance etc.). We actively communicate and collaborate with any and all partners, with the family's permission, to insure comprehensive care rather than duplication, and coordinated care that provides a good base of support for the family. We also provide advocacy as needed and planning for ongoing support after leaving the program if appropriate.

Section 1 – Identifying Information		
1a	**Provider**: Children's Aid and Family Services	**1b Program Name:** Post Adoption Counseling Services
1c	**Relevant PSSF Program**: ___FPS, ___FSS, ___TLFRS, _X_APSS	
1d	**Program Address**: (a)76 South Orange Avenue Suite 209, South Orange NJ 07079 (b) 148 Prospect Street, Ridgewood, NJ 07450	
1e	**Objective**: To stabilize or maintain stabilization of children who have been adopted; to reduce adoption disruptions/dissolution; to support children and families post-finalization; to provide counseling, support and psycho-education to this population.	
1f	**Outcome(s) Addressed**: __ Safety X Permanency __ Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Post Adoption Counseling Services of Children's Aid and Family Services provides individual and family counseling, psycho-education, and support. The service is available to children and their families who have finalized adoption regardless of age at adoption or whether adoption was through public or private sector. The length of service is flexible, and sessions are typically weekly and can be adjusted based on client needs. The service specializes in clinical issues related to adoption and foster care, including but not limited to: identity issues; loss and separation; attachment issues; trauma/abuse/neglect; and multiple placements. Psycho-education about adoption and adoption issues is highlighted and families are encouraged to utilize the New Jersey Adoption Resource Clearinghouse website (www.njarch.org), where families can access information and resources for all members of the adoption constellation. In addition to counseling, support is provided through other modalities. Pre-teen and teen adoption support groups provide children ages nine to seventeen the opportunity to meet other adopted children and engage in group discussions and adoption related activities. Groups are held on a monthly basis, with breaks between group cycles to allow for continuation and introduction of new group members. Financial support is also available through Respite Services. To support post-adoption counseling goals, families can seek reimbursement to offset costs for children's out of home activities. The respite funding supports children's participation in meaningful pursuits and time for parents' renewal from the challenges of parenting.	

2b. Population Served:

Children up to age 21, and their family, to support stabilization, preserve adoption, and process adoption related concerns to increase family bond. Services, when

appropriate and possible, encourage the transmission of information between birth and adoptive families and their children, especially in matters of information desired for resolution of loss and separation.

2c	**Geographical Area of Services**: Catchment areas are Bergen, Passaic and Essex Counties, plus the portion of Union County that borders Newark. Services are provided at our offices in South Orange and Ridgewood, and may be provided in home when needed and appropriate.
2d	**Referral Sources**: Referrals are made by the parent(s) in families that reside within the catchment areas described. All referrals are made to the Director located in the South Orange office. DCP&P, NJARCH, and other state/community organizations may refer families, but service initiation remains at parents' behest.
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** The adoption support groups continued to expand, with the addition of a teen group that ran concurrent with the pre-teen group. A total of 28 children participated in the two groups. There were no adoption dissolutions in families receiving services during the year of review. Of the cases that were discharged during the period of review, approximately 70% (22) achieved all or some goals. The other 30% (10) were seen for 3 or less sessions and did not develop treatment goals. Thirty thousand dollars in respite funds were paid out to support out of home activities and summer camp. All those who responded to the respite survey reflected that the funds made it possible for their child to participate in their activities, and that the activity supported positive parent-child interactions.
3b	**How did this improve outcomes for children and families?** Stability was increased or maintained for children and families, thus avoiding disruption/dissolution. Surveys conducted regarding therapy, respite services and the support group all indicated that the services supported improved family stability, child functioning, parent-child relationships, and positive discourse regarding adoption. All reported perceived benefit from the particular services that were received, and all who responded to the Six Month Post Discharge Survey reflected that their children remained stable and that they would return for PACS counseling as needed in the future.
3c	**Identify specific factors that contributed to this improvement.** All clinical staff members with the program at the start of the year in review received the Certificate in Adoption through the Rutgers Continuing Education program. One new clinician was hired in July 2013, and began the certificate program in September. Weekly team meetings, including monthly consultation with a clinical psychologist who has been with the program for over ten years, as well as individual supervision, support effective therapeutic intervention. The continuing availability of respite funds for distribution provides valued and at times crucial opportunities for positive activities that support and strengthen parent/child relationships. For children age 9-17, the support groups provide peer-based alternatives for discussion of adoption related concerns.

3d. Identify significant barriers to goal accomplishment.

Number of referrals for post adoption counseling in Essex County remained low, while referrals from Bergen and Passaic counties remained very high. Outreach to community groups, individuals, service providers and the county coordinating council, and staff at DCP&P offices is continual, and has historically not yielded an increase in referrals. Contact with other service providers in Essex revealed similar challenges in service utilization.

3e	**Definition of Level of Service as per contract**: A unit of service is equal to an hour of therapeutic service utilized by the child/family/group. For cases families seen in home or out of office, travel time is also counted toward service. The level of service is defined as 80% of the contracted total units of service provided per month.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** Northern Post: 831.6 hours annual (69.3 hours per month) Essex Post: 1248 hours annual (104 hours per month)
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** Northern Post: 1277.8 hours for the designated period Essex Post: 345.5 hours for the designated period
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: 54** **# of unduplicated families: 50**
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** The bi-annual stakeholders' satisfaction survey was sent in January and June 2013 to 35 families who participated in counseling services, three of whom participated in KLG counseling services. In addition, separate stakeholders' surveys were sent to 25 caseworkers from the Division of Child Protection and Permanency. All respondents agreed that the service was helpful, staff was professional, that they would recommend the service to others and that they would use the service again. The six month post discharge survey was distributed at the end of each month. Only five surveys were completed; all reflected that the child seen was still in their home. All respondents also agreed that: experiences in therapy were positive; they would access services in needed in the future; and they feel a comfort level with adoption related issues.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	

4a. Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program.

Effective July 1, 2014 the Division of Child Protection and Permanency made changes to the Post Adoption Counseling contract to achieve consistency across programs statewide. Clinical goals and objectives for the service will remain the same, with increased clarity in the language of the document. The defined level of service will change from hours of service to unduplicated individuals (children) served, and the age limit for eligible children will increase from 18 to 21. The latter is in part to ensure availability of counseling to children who finalize adoption at older ages, a phenomenon observed statewide with increasing frequency. In addition, counseling services for kinship families will be merged with the services provided for adoptive families; post adoption and post klg will be counted together toward level of service.

4b	**Identify changes you will make that stem from stakeholder feedback.** In response to feedback from respite surveys, changes were made in in processing and emailing of requests was encouraged in order to expedite reimbursement.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** Northern Post: 980 Essex Post: 575
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: _55_** **# of unduplicated families: ___50__**
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** We will continue to utilize treatment plans and discharge to measure clinical progress. The program also will use the Strengths and Difficulties Questionnaire, the Attachment Symptom Checklist and the Trauma Symptom checklist to support goal development and measurement of progress. An additional instrument will be used if the Trauma Symptom checklist indicates the possibility of a Post-Traumatic Stress Disorder. We will continue to measure programmatic progress through the surveys described below to assess client satisfaction and needs.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** Clients will be given the opportunity to evaluate the program in an initial survey (following completion of treatment plan), biannual satisfaction surveys and a survey at the end of treatment. Clinicians will follow up with families at three months and six months post discharge to gauge continued stabilization, ongoing need and satisfaction with services.
5c	**How do you collaborate with community partners?** The clinicians work with any and all community and school individuals or organizations involved with families/children as needed and desired by the families. The director and staff collectively collaborate with state and community based organizations to provide and promote needed services and awareness within the community.

2014 PSSF Update Report

Section 1 – Identifying Information

1a) Provider: Care Plus NJ

1b) Program Name: Adoption House

1c) Relevant PSSF Program:

_____Family Preservation Services X Adoption Promotion and Support Services

_____Family Support Services _____Time Limited Family Reunification Services

1d) Program Address: 1360 Morris Avenue, Union, NJ 07083

1e) Program Objective(s) (purpose of service): To expand and enhance the number and range of adoption and/or permanency services for children and families.

1f) Outcomes Addressed (check all that apply)**:**

X Safety X Permanency _____Well-Being

Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)

2a) Overview of Service(s):
Service Components of Adoption House include: **birth family/child visitation, sibling visitation,** and **preparatory groups.** All children attending Adoption House services also receive round-trip transportation.

Adoption House provides three weekly supervised visitation sessions for **birth parents and children** under the supervision of DCP&P. Children and families attending this service will participate in a sixty or ninety-minute supervised visitation session. The sessions are designed to provide families a structured therapeutic environment for parents to visit with their children. The goal of the program is to decrease the amount of time children spend in out of home placements and assist them in moving towards permanent placement either with their biological parents or in adoptive homes.

Children attending the **sibling visitation** program participate in a 60-minute supervised visitation session, offered two evenings per week. The goal is to maintain meaningful relationships between siblings living in separate placements. During the sessions, staff introduce therapeutic activities that facilitate sibling interaction. The focus is to address unresolved grief, depression, promote healthy self-esteem, support self-worth, and acknowledge any feelings of loss, grief, or rejection.

The 60-minute **preparatory groups** assist school-age children in addressing issues that they experience while residing in foster care and being removed from the care of their biological family.

The groups provide children with support and allow open discussion among children sharing a common life event. The groups address issues of loss and unresolved grief, self-esteem, as well as feelings of isolation, rejection, shame, guilt, depression, and anger. Preparatory groups are held three times a year for eight week sessions.

2b) Population Served:
Children ages birth to 17 years of age and families, who are affiliated with the Division of Child Protection and Permanency. Primary recipients are children and families from the surrounding counties such as; Union, Essex, Bergen, Passaic, Hudson, Somerset, and Monmouth. All children and families under the supervision of DCP&P Local/Area Offices will be eligible for services with the Adoption House Program.

2c) Geographic Area of Service:
Statewide, with the primary recipients being from the Metropolitan Region

2d) Referral Sources:
Division of Child Protection and Permanency Local/Area Offices

Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)

3a) Provide a summary of the program accomplishments and goals. Include data where available.

Program accomplishments and goals will be broken down by the three service components:

Birth Family/Child Visitation
This service decreased the amount of time children spent in out of home placements and assisted families in moving towards permanent placement, either with their biological parents or in adoptive homes. This outcome was measured by the documentation of the family's goals/progress in the weekly/biweekly observational summaries as well as outlined in the initial service planning meetings. As a result 56% of families served between 10/1/12 and 9/30/13, achieved permanency by being either reunified or finalizing adoption. The remaining families continue to receive ongoing services by Adoption House to facilitate permanency.

Sibling Visitation:
This service assisted children in improving the relationships they share with their siblings. This outcome was measured by the documentation of the siblings' goals/progress in the weekly/biweekly observational summaries. As a result, 100% of sibling sets exhibited significant improvement in their interactions with one another. Further, during this reporting year 36% of the served sibling sets graduated from the Adoption House program. This was due to the program's ability to collaborate with the Division to assist the sibling set's caretaker's facilitation of bonding time outside of the program. Children reported their satisfaction in being able to maintain visits with one another outside of the parameters of Adoption House which in turns provides the program the ability to service more families.

Adoption Preparatory Groups:

This service facilitated open discussion regarding children's feelings of foster and adoptive placement in a group setting. The specific goal of increased awareness of the adoption process as measured by pre and posttests resulted in 100% of participating children demonstrating increased awareness. Upon completion of the program children felt they knew what it meant to be adopted, had become increasingly aware of the feelings, and emotions associated with adoption, and were better able to discuss these feelings openly with someone they trusted.

3b) How did this improve outcomes for children and families?

Birth Family Visitation: Participants were able to improve communication and address sources of conflict. Parents were educated on appropriate parenting techniques and encouraged to engage in positive interaction with their child(ren). This expedited the permanency planning process with all parties effectively communicating and working together to achieve this goal.

Sibling Visitation: Siblings utilized therapeutically oriented activities designed and implemented by professional staff to increase positive interaction, improve supportive relationships and elicit effective communication amongst the siblings. This process provided the siblings with the opportunity to engage in open dialogue concerning events leading up to their removal from their biological families and their experiences in the foster care system. The children demonstrated a positive change in their emotional reaction to their transition to permanency planning and displayed a decrease in feelings of isolation, as well as improve their self-esteem.

Preparatory Groups: The groups provided children with support and allowed open discussion among children sharing their common experiences. The groups addressed issues of loss and unresolved grief, self-esteem, as well as feelings of isolation, rejection, shame, guilt, depression, and anger.

It should also be noted that the Adoption House Program was also able to meet/achieve the following outcomes under supervised visitation services:

- **100% of reports documenting the interactions and reactions of all involved parties of the visitation were submitted in a timely manner to the Division.**
- **100% of children who initiated sibling visitation services visit regularly with siblings in other placements in accordance with their case plans and if in the best interest of all involved siblings**

3c) Identify specific factors that contributed to the improvement.
The implementation of increased contact with DCP&P Local/Area offices as well as an increase in presentations to educate caseworkers and supervisors of the services offered by Adoption House has proven to be a specific factor that contributed to the families achieving permanency planning expeditiously. During the initial consultation with the DCP&P caseworker, the Program Director invites caseworker as well as supervisor, to the intake session with the family, in order to increase compliance and satisfaction with the Adoption House services. Additionally, the implementation of the case practice model has ensured better communication and synergy in service planning.

3d) Identify significant barriers to goal accomplishment.
Adoption House continues to struggle with the great distances required to travel to transport children to the program. A number of children who attend services at Adoption House reside a

significant distance from the location of the program and therefore may spend up to two hours in a vehicle. These are less than desirable circumstances for children. Unfortunately, given children are at times separated into foster homes across the state, we are aware there is not a simple remedy to this challenge. Since the Adoption House program is unable to transport parents to the visitation sessions, there are many instances in which parents do not participate in services due to the unavailability of transportation. Adoption House staff communicate with the parents, as well as the DCP&P caseworkers in order to advocate for public transportation fare and give detailed scheduling/availability of the public transportation outlets in the area.

3e) Define a Unit of Service as per contract:

A Unit of Service is defined as – **number of services days (5 per week)**, which includes birth parent/child visitation, sibling visitation, and preparatory groups (including round trip transportation of the child for all services).

3f) Enter your contracted Level of Service portion that were Title IV-B funded for the period 10/1/12 -9/30/13.

The contracted number of units of service, which includes birth parent/child visitation, sibling visitation, and preparatory groups: 250 service days

3g) Enter your actual Level of Service that were Title IV-B funded for the period 10/1/12 – 9/30/13.

The actual number of units of service, which includes birth parent/child visitation, sibling visitation, and preparatory groups: 213 service days or 85%

3h) How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once.

Adoption House served 121 unduplicated individuals/34 unduplicated families during this time period.

3i) Provide stakeholder feedback information, e.g. satisfaction surveys, referral source info. Include the number of surveys sent, responses received and the results.
Care Plus NJ participates annually in the National Mental Health Association Consumer Satisfaction Survey and all clients are invited to participate. Adoption House distributed surveys to participating families during the month of October. Results yielded that clients served by Care Plus were more satisfied in every category compared to the national database of other mental health centers. Professionalism of staff was the highest rated item following confidentiality. Overall, Outcome and Reputation at Care Plus NJ scored higher than the national database of other mental health centers. It is important to note that Care Plus ranked number one nationally overall in staff satisfaction for agencies that have five or more programs.

Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)

4a) Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program.

Services will remain the same. However, we have updated our service plan documentation form to ensure visitation time remained goal focused.

4b) Identify changes you will make that stem from stakeholder feedback.
Care Plus NJ received positive feedback from stakeholders. Unless a needed change is identified, we will continue to maintain our standards of excellence.

4c) How many IV-B units of service are you expecting to deliver for the period 10/1/13 – 9/30/14?

The estimated number of units served will be: 251

4d) Indicate how many unduplicated individuals and unduplicated families you expect to serve.

Birth Visit: # of unduplicated individuals: 55
Birth Visit: # of unduplicated families: 20

Sibling Visit: # of unduplicated individuals: 45
Sibling Visit: # of unduplicated families: 11

Prep group: # of unduplicated individuals: 10
Prep group: # of unduplicated families: N/A

Section 5 – Evaluating Progress FFY'14 (10/1/13 – 9/30/14)

5a) How will you measure progress?
A case file is created for every family and child referred to and accepted to any of the services provided by the Adoption House Program. Staff complete weekly summary reports concerning each child's and/or family's participation in services. An initial service plan is developed between Program Manager, the DCP&P caseworker and/or the biological parents. The Program Case Manager maintains weekly contact with the family's DCP&P caseworker via telephone. Case Managers are able to attend and encourage quarterly meetings with the family and the DCP&P case worker. A final meeting is held with the caseworker to develop a discharge plan. The service plans as well as the discharge plan will be maintained in child/family's case file. The DCP&P Caseworkers will receive a copy of the weekly/bi-weekly summaries by the 10th of the following month. All the Weekly/Biweekly summaries document the family's progress.

Preparatory Groups complete a questionnaire to measure progress. The questionnaire evaluates twenty areas that address feelings that surround the adoption process. The rating scale was designed to be child friendly. Responses include: Never, A little bit, Sometimes, A lot, and Always. The participants complete a questionnaire during the first group which serves as a pre-test. Participants also complete a questionnaire during their final group, which serves as a post-

test. This has been successful with measuring increased knowledge of the adoption process as well as feelings surrounding adoption.

All communication (verbal and written) to and from DCP&P offices, families, foster parents, adoptive parents, and other service providers are maintained in the case file. All the documentation provided by DCP&P, birth, foster, and adoptive parents will also be maintained in the case file. When a family's involvement in any of the services ends, a termination summary will be completed, maintained in the case record and a copy will be forwarded to the assigned DCP&P caseworker. Adoption House also tracks children and families participation/attendance in services using the DCP&P network database, NJ Spirit.

As per the request of DCPP, beginning July 1, 2014 the Adoption House Program will begin reporting new performance based outcomes for birth family/child visitation. They are as follows:
In TPR cases, parents will attend visit 65% of the time. Of those parents that do attend visits, they will demonstrate appropriate interaction with their children:
-25% of cases at 90 days post intake
-50% of cases at 6 months post intake
-50% or more of cases thereafter as measured at 90 day intervals
These outcomes will be measured using a parent/child interaction checklist.

5b) Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.
Care Plus NJ will continue to participate annually in the National Mental Health Association Consumer Satisfaction Survey. We will continue to encourage families to participate in this process as we value their feedback and depend on it to enhance the Adoption House program. In addition, staff will continue to take advantage of the depth of training and consultation offered by Care Plus NJ and the Care Plus Foundation. This ensures that staff are staying abreast of the most current methods and treatments for the families we serve. Several of the Adoption House staff have attended and completed the Adoption Certificate Program through Rutgers University School of Social Work.

5c) Describe how you collaborate with community partners.
The Program Director and Director of Children's Services have conducted presentations to Local/Area DCP&P offices in an effort to educate DCP&P staff on the services that the Adoption House program offers. In addition, the Program Director and Director of Children's Services have attended DCP&P Resource Fairs, PAC and Adoption Provider meetings, DCP&P Visitation outcome focus groups, and facilitated various meetings with DCP&P Resource Developmental Specialists, Supervisors and Caseworkers regarding families currently participating in services offered at Adoption House. Adoption House has collaborated and facilitated meetings with outside service providers such as; individual therapists, Child Advocate Caseworkers, and extended family members to ensure the goals for the family are attainable and achieved while they are engaged in the Adoption House Program. In addition, upper administration, such as the VP and the President/CEO participate in many community meetings (such as CIACC, NJAMHA, Rotary, etc.) to ensure that community partners are aware of the services provided by Adoption House and the agency at large.

2014 PSSF Update Report

Section 1 – Identifying Information		
1a	**Provider**: Children's Aid and Family Services	**1b Program Name:** Kinship Legal Guardianship Services (KLG)
1c	**Relevant PSSF Program**: ___FPS, ___FSS, ___TLFRS, _X__APSS	
1d	**Program Address**: (a) 76 South Orange Avenue Suite 209, South Orange NJ 07079 (b) 148 Prospect Street, Ridgewood, NJ 07450	
1e	**Objective**: To support and stabilize children and their families who have achieved Kinship Legal Guardianship through the Division of Child Protection and Permanency (DCP&P) through counseling, psycho-education and case management; to avoid disruption of the kinship care placement and assess needs of family to maintain stability; to conduct ongoing outreach to DCP&P offices regarding the service; to meet targeted level of service.	
1f	**Outcome(s) Addressed**: __ Safety _X_ Permanency __ Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: Six months (more is possible as appropriate) of in-home counseling is provided to stabilize children, previously under the care of DCP&P, and families who have finalized Kinship Legal Guardianship. Clinical modalities include, but are not limited to, family therapy, play therapy, lifebook work, and individual therapy. In addition, case management when appropriate involves thorough assessment of the family and child's overall needs, support, and direct advocacy to address educational needs. There are funds available to financially support out of home activities for children, giving respite time from active caregiving for families. Outreach activities increase awareness of the service in the community.	
2b	**Population Served**: Children age 18 and younger, and their families, who have achieved Kinship Legal Guardianship through DCP&P. Counseling may begin prior to finalization when KLG is anticipated to occur soon after referral. Caregivers must be amenable to receiving services.	
2c	**Geographical Area of Services**: The catchment area is Bergen, Passaic, and Essex Counties, excluding Newark	
2d	**Referral Sources**: Referrals are accepted from DCP&P caseworkers when KLG is imminent and the KLG caregivers after finalization. KinKonnect and other state/community based organizations can refer, but the caregiver must contact the coordinator to initiate.	
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)		

3a. Provide a summary of program accomplishments on goals.
Include data where available.
The coordinator continued outreach, through media and in person, to all DCP&P

offices in the catchment area, participated in various kinship conferences, and maintained contact with community resources and information sources (e.g., libraries). While feedback regarding need for kinship families was positive, referrals remained consistent with previous years.

3b	**How did this improve outcomes for children and families?** All placements were supported and no child disrupted from their home. All therapeutic goals were met for the families who ended services during this time period. Parenting was supported, the meaning of kinship care was processed, and for one child the coordinator supported the family in achieving a more suitable, stabilizing educational setting for the child.
3c	**Identify specific factors that contributed to this improvement.** The coordinator's expertise regarding issues in kinship care, ongoing training, and utilization of supervision and consultation all contributed to positive family outcomes. The coordinator possesses a wealth of experience and skill clinically, outside of kinship issues, and a keen ability to build relationships with both children and caregivers. Given the crisis state kinship caregivers/families often are experiencing, the person of the therapist and their ability to connect is key in family stabilization.
3d	**Identify significant barriers to goal accomplishment.** Given the amount of outreach and the feedback from DCP&P regarding need for KLG, response rates remain low. There remains a significant barrier in uncertainty regarding how best to disseminate information to the families in need. In addition, it is theorized that if the service were available to families prior to finalization and/or other kinship arrangements, this would increase the possible referrals.
3e	**Definition of Level of Service as per contract**: Level of Service is defined by number of new, unduplicated cases seen in a year.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** The contracted Level of Service is 13 new, unduplicated cases per year.
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** Five new, unduplicated children were seen this year. Two additional were referred, but did not follow through with services.
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: ___5__** **# of unduplicated families: ___4____**

3i. Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.
The bi-annual stakeholders' satisfaction survey was sent in June 2013 to 35 families who participated in counseling services, three of whom participated in KLG counseling services. All respondents agreed that the service was helpful, staff was

professional, that they would recommend the service to others and that they would use the service again.

Throughout the year, additional surveys were sent to participants in KLG and Pre/Post Adoption counseling during and after treatment. None of the surveys returned by families in the Kinship Legal Guardianship program. Surveys that were returned reflected customer satisfaction with services provided.

Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** As of July 1, 2014, Kinship counseling will be subsumed with the Pre/Post Adoption counseling program, as per the contract with the Division of Child Protection and Permanency. Kinship families served will be counted with adoptive families served. The contractual change will also allow for kinship stabilization services before finalization of the Kinship Legal Guardianship agreement.
4b	**Identify changes you will make that stem from stakeholder feedback.** The changes being made are not as a result of stakeholder feedback. There was no feedback that made recommendations toward change.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** Six unduplicated children
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: ___6__** **# of unduplicated families: ___6____**
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** Progress will continue to be measured by achievement of treatment plan goals developed during the course of treatment. The program also will use the Strengths and Difficulties Questionnaire, the Attachment Symptom Checklist and the Trauma Symptom checklist to support goal development and measurement of progress. We will continue to measure programmatic progress through the surveys described below to assess client satisfaction and needs. We will strive to maintain a positive record of prevention of disruptions.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** Clients are given the opportunity to evaluate the program in an initial survey (following intake), biannual stakeholders' surveys and a survey at the end of treatment. Clinicians will follow up with families at three and six months post discharge to gauge continued stabilization, ongoing need and satisfaction.

5c. How do you collaborate with community partners?

Close collaboration with DCP&P offices and staff is ongoing. The coordinator has developed a presence at local schools and libraries, and seeks out community organizations to provide support and resource information. For active cases, with family permission, the coordinator/clinician works collaboratively with any entity in the community also involved with the child/family.

2013 BSAF Update Report

Section 1 – Identifying Information		
1a	**Provider**: The Children's Home Society of NJ	**1b Program Name:** Behavioral Supports for Adoptive Families (BSAF)
1c	**Relevant PSSF Program**: ___FPS, _X__FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 635 South Clinton Avenue, Trenton, New Jersey 08611	
1e	**Objective**: The objective is to decrease or eliminate negative behaviors of pre-adoptive children, whose case goal is adoption or KLG, and who are under the supervision of DCP&P.	
1f	**Outcome(s) Addressed**: _X_ Safety __ Permanency _X_ Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The purpose of the Behavioral Supports for Adoptive Families (BSAF) program is to provide intensive, short-term, in-home, behavioral counseling, support and advocacy to DCP&P children and foster/pre-adoptive families or Kinship families, whose case goal is adoption or KLG, and who are under the supervision of DCP&P. The therapist utilizes a variety of techniques, including talk, book, play and art therapy, as well as behavior modification and Cognitive-Behavioral Therapy. The therapist also educates the parents about the traumatic and difficult issues foster children face and how the parents can better help the child(ren) cope through understanding, patience, nurturance and structure.	
2b	**Population Served**: DCP&P foster children in resource homes, pre-adoptive homes and relative care homes. Any child in foster care, at the age of five or older must participate in PAC counseling services, as per DCP&P.	
2c	**Geographical Area of Services**: The therapist travels to homes in Mercer, Monmouth, Ocean, Somerset and Hunterdon Counties in New Jersey.	

2d	**Referral Sources**: All referrals come through DCP&P. The DCP&P caseworker may be from another New Jersey county, but as long as the child is in our contracted area, the CHS therapist is assigned the case.
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** 21 families and 25 children were referred to BSAF in this contracted period. 18 cases were closed during this time period. Of the 18 families that participated in therapy, and whose cases were closed, 16 achieved their goals (89%). One child was referred for more appropriate services and one child was placed out of our contracted service area. 14 cases remain open at this current time.
3b	**How did this improve outcomes for children and families?** The children, who accomplished their goals, felt safe and stable at the conclusion of therapy, were happy in their homes and negative behaviors were decreased or eliminated. Caregivers were better able to provide the structure, nurturance and understanding needed to help the child(ren) feel a sense of belonging and improved well-being, better understand the adoption process, cope with the separation and loss from the birth family and feel more connected to the resource or kinship family. The children were also better able to cope with other changes in their lives, such as school, friends, and new family members. Negative behaviors were decreased or eliminated. This program, in Performance Standards, is under the heading of Behavioral Support Services. These services focus on maintaining the child in the home, improving behaviors and feelings of safety and stability, supporting the resource parent, and providing behavioral assistance to children and families in their current living arrangements. This requires that 80% of children will maintain placement at 3 months and 6 months, and 85% of children will show improvement through measurement by an objective tool. For the latter, we utilize the CSQ 8, which is a researched and evidence-based instrument. (See 3i.) In this reporting period, seventeen 94% of the children reached their goals of maintaining placement. The Level of Functioning, which is a scale to assess functioning of the child in the areas of Impulse Control, Peer Relationships, Family Relationships, Orientation to Authority, and Personal Functioning, is rated at the beginning of therapy and again at the end. 13 children increased their level of functioning by the end of therapy by an average of 1 point.
3c	**Identify specific factors that contributed to this improvement.** An average of 12 sessions of weekly or bi-weekly therapy sessions, behavior modification, Cognitive Behavioral Therapy, therapeutic books, games, art and other were utilized to help the children understand their relationship to the foster or kinship family, grieve the separation from or loss of their birth family, and understand the process of adoption and permanency within the new family or possible reunification, depending on the Division's goal. The children's' questions are answered honestly and at an age appropriate level for their understanding.

3d	**Identify significant barriers to goal accomplishment.** Visitations with birth family, or promises made by birth family during visits, that cannot occur, leave children feeling confused and insecure about the current placement and the child's position in the foster or kinship family. Concurrent planning is confusing for the child and the foster parents. The child very often feels loyalties to the birth parents during this time and may not listen to the resource or kinship parents. When there is hope for the child that he or she may return to the birth parents, and then the birth parents experience a relapse or become incarcerated, the child re-experiences trauma, loss and disappointment. Negative behaviors may increase and foster/pre-adoptive or kinship parents are, again, unsure of their status with the child. The courts may give the birth parents extra time to bring their lives back into focus so that they can have their child returned, and the long, emotionally painful process starts again. When courts have returned some of these children to their birth parents, it has not typically been with a process that is conducive to preparing the children and foster or kinship parents for that move. This creates instability for everyone, feelings of loss, disillusionment with the system of care, and confusion. Psychological, psychiatric and neurological evaluations can take a long time to be scheduled, which also extends the need for services, especially if the family is struggling with serious behavioral issues and possible medication needs. Parents who refuse to allow their child to take medication that could help them, make it difficult for the therapist to provide a successful outcome to therapy when medication would help the child function better. Sometimes caregivers are inconsistent in putting therapist recommendations in place to make needed behavioral changes. It often takes time for them to realize how important consistency is to the process of change for the better. Serious sexual and physical abuse issues in the birth home have made it difficult for children to trust. Exhibiting angry, aggressive, or sexualized behavior in the foster home is a challenge for the resource parents.
3e	**Definition of Level of Service as per contract**: Children and families are seen for one or more hours per week or bi-weekly, depending on the degree of need and complexity of the issues to be addressed. Families are seen, by contract, up to 10 sessions in a period of four months. The constant level of service is 12. The number of contracted sessions may be extended at the request of the DCP&P caseworker and supervisor.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** The contracted level of service is 24 families per year.
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** The actual level of service for this time period is 25 children.

3h. How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the

reporting period should be counted only once.

# of unduplicated individuals: __25___

# of unduplicated families: ___21____

3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Pre-adoptive and kinship parents are given a Client Satisfaction Questionnaire at the end of therapy, and asked to send it in to CHS of NJ to rate the helpfulness of the therapy. They are based on a scale of 1 to 4, with 1 being the most satisfied. Out of the 17 given to families, 9 were returned. All of these families were satisfied with the services. The CSQ8 is an instrument that CHS of NJ purchases. This Client Satisfaction Questionnaire is a researched and evidence-based instrument.
Section 4 – The Year Ahead FFY '13 (10/1/12 – 9/30/13)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** As of July 2014, all pre/post-adoption and pre/post KLG cases will be under one contract. Also, each child will be counted as a case. We will also be adding a pre/post Trauma Symptom Checklist to our Intake and Discharge process to show a decrease in trauma reactions that the child experiences.
4b	**Identify changes you will make that stem from stakeholder feedback.** Stakeholder feedback has been consistently positive in this program. We continually search for useful community resources for the families we serve, such as parent support groups or activities that will help the children with focus, self-esteem and confidence. The therapist utilizes yoga to help the child become centered and find some peace. This will continue, as the children find it very helpful. The children respond well to the therapist, who creates a safe, comfortable environment in which to discuss the difficult issues the child needs to face. Each social worker participates in the Rutgers School of Social Work Adoption Certificate Program, which includes 9 classes on adoption issues.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/12 – 9/30/13?** We still expect to continue to serve a constant level of service of 12 families, with at least 10 sessions in a four month period. Often, the four month period is extended. The average length of time spent with the children and families in this contract period was 11 months.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: __30___** **# of unduplicated families: ___24____**

Section 5 – Evaluating Progress FFY '12 (10/1/12 – 9/30/13)	
5a	**How will you measure progress?** The Trauma Symptom Checklist will be added to the Intake and again at Discharge to show, through a reliable and valid measurement, when there is a decreased level of trauma experienced by the child. A Global Level of Functioning is reported by the therapist at Intake and again at termination of therapy. Caregivers complete a Client Satisfaction Questionnaire. Monthly summaries, monthly case conferences, self-reports and observable changes in the child's behaviors will be documented. CHS also holds quarterly quality assurance case reviews
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** A Trauma Symptom Checklist will be added at Intake and Discharge. Caregivers will complete the checklist for younger children and adolescents may complete their own, which is a different set of statements. Each instrument is specifically for males and females and measures anxiety, anger, depression, and trauma. A Global Assessment of Functioning will be used to assess the behavioral changes of the client in the areas of their lives at home and school. Client Satisfaction Questionnaires are given to families to assess the family's satisfaction with services received. Regular supervision sessions are held with the social worker to discuss cases and family needs, monthly case conferences are held with DCP&P and CHS social workers and supervisors to discuss the needs and goals of each case, the progress and changes in case plans, and quality assurance reviews are held quarterly to ensure that the families are reaching their goals and getting their needs met through therapy, support and advocacy.
5c	**How do you collaborate with community partners?** Our BSAF therapist is knowledgeable about services in the area of Ocean, in particular, but searches for new and helpful community resources in each county, such as neurologists, psychologists, psychiatrists, community activities, child care, after school programs, etc. The therapist also receives suggestions from DCP&P caseworkers and supervisors and the Resource Development Specialist, who have other available resources to offer. CHS of NJ maintains a directory of services in our offices, based on the counties within which we work. We also have a variety of child and family-centered programs within our agency that could prove helpful to families, depending on their needs and where the family is located. Releases of Information are signed in order to maintain professional and ethical standards.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: The Children's Home Society of NJ	**1b Program Name:** Promoting Safe and Stable Families (PSSF)
1c	**Relevant PSSF Program**: ___FPS, _X__FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 635 South Clinton Avenue, Trenton, New Jersey 08611	
1e	**Objective**: The objective of the Promoting Safe and Stable Families (PSSF) Program is to strengthen and preserve adoptive families through the provision of therapeutic, educational, support and advocacy services. The therapist provides intensive, short-term, in-home therapy to the children and families. The therapist works through emotional and behavioral issues with the child and offers effective parenting techniques, as well as psycho-education for the parents in order to stabilize the placement, improve the child's overall well-being and maintain permanency.	
1f	**Outcome(s) Addressed**: __ Safety _X_ Permanency _X_ Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/11 – 9/30/12)		
2a	**Overview of Service**: A therapist is sent into the home to work with the child on emotional and behavioral issues that are causing a degree of disruption in the home. The therapist provides education to the parents regarding adoption issues that arise at various developmental stages, and helps them provide consistent, effective parenting for the child. The therapist also uses talk, play, art, and book therapeutic tools to help the child through the adjustment issues he or she is experiencing in the adoptive home or at school. The goal is to help stabilize the family cohesiveness, improve the child's overall well-being, and maintain permanency.	
2b	**Population Served**: DYFS families, who have finalized their adoptions, take priority over other finalized adoptive families. All of these families are experiencing some distress and need help to stabilize the adoption. The social worker helps the child feel safe, stable, have an improved sense of belonging and connectedness with the adoptive family, and have a stronger sense of well-being.	
2c	**Geographical Area of Services**: Mercer, Monmouth, Ocean, Somerset and Hunterdon Counties in New Jersey	
2d	**Referral Sources**: Families refer themselves to CHS, or DCP&P caseworkers may inform CHS that there is a family that has finalized an adoption, but would like to continue receiving therapeutic services after the adoption has been finalized. In that case, the CHS supervisor would contact the family to make arrangements to assign the case to a therapist.	

Section 3 – The Year in Review FFY '13 (10/1/11 – 9/30/12)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** Therapy helps the children feel heard and understood about their concerns and the confusion that they are experiencing at the different developmental stages in their lives. Education and therapy are provided to the parents as well, helping them to better understand the emotional and behavioral difficulties the child is experiencing, and to normalize the child's experience. For example, the therapist explores such questions as why the child cannot live with her/her birth parents. Behavior charts, play therapy, social skills, peer relationship issues, and ego strengthening are some of the ways in which the therapist provides stabilization and a sense of security and well-being. In many of the cases, it is the adoptive parents who have difficulty changing their behaviors and parenting skills to help meet the children's emotional needs. In those cases, the therapist works with the adoptive parents to help them understand the developmental process that an adoptive child experiences, as well as giving them a better understanding of the needs of the adopted child, which change as they mature and have different questions and feelings. 12 children were referred during this time period. Nine (9) cases were closed. Of the nine (9), eight all achieved their goals (100%) of maintaining placement and feeling secure in their adoptive homes. One child was referred out for more appropriate services; however, remained in the adoptive home. As of September 30, 2013, there were 3 cases open.

3b. How did this improve outcomes for children and families?

When parents better understand the reasons behind the child's behaviors or emotional issues, and receive the skills needed to help them cope with these confusing feelings, they become more relaxed. Normalizing the situation for the parents is helpful. When the child is able to give voice to his or her concerns and questions, the child can settle into the family again. When everyone in the family feels a sense of belonging and stability, it improves the total family functioning and well-being of the child, and an adoption disruption is prevented.

This program, in Performance Standards, is under the heading of Behavioral Supports Services. These services focus on maintaining the child in the home, supporting the adoptive parent, and providing behavioral assistance to children and families in their current living arrangements. This requires that 80% of children will maintain placement at 3 months and 6 months and that 85% of children will show improvement through measurement by an objective tool. For the latter, CHS utilizes the CSQ 8, which is a researched and evidence-based instrument. (See 3i).

In this reporting period, 100% of the children reached their goals of maintaining placement.

The Level of Functioning, which is a scale to assess functioning of the child in the areas of Impulse Control, Peer Relationships, Family Relationships, Orientation to Authority, and Personal Functioning, is rated at the beginning of therapy and again at the end. Eight (8) out of nine (9) children (in closed cases) increased their level of functioning by an average of 1.4 points. Adoptive parents are also given a Client Satisfaction Questionnaire at the end of therapy and asked to send it back to CHS of NJ to rate the helpfulness of the therapy. Out of 9 families, who received the Client Satisfaction Questionnaire, no families returned the form.

3c	**Identify specific factors that contributed to this improvement.** The therapist uses talk, play, art and book therapeutic techniques, therapeutic games, sand tray, education, coaching and other therapeutic techniques which lend themselves well to working with children and teens in distress. The therapist models empathy and patience for the parents. This, in turn, helps the child become successful as they work to improve their relationships with the child(ren). Funding for activities for these children and families has been successful in improving the children's' confidence levels, peer relationships and family connectedness.
3d	**Identify significant barriers to goal accomplishment.** Often, there is a waiting period for scheduling formal psychiatric and psychological evaluations, as well as the fact that some of the parents cannot afford the cost. An additional wait can occur for obtaining the written evaluation and acquiring the prescribed medication. As a result, this can prolong services and delay successful treatment. The prohibitive cost of formal evaluations adds to the burden of feelings of guilt and shame for the family, because they feel incapable of helping their child appropriately. Some parents do not want their children taking medication, yet continue to be frustrated by symptoms of ADHD that their child exhibits. Various stressors impact the family unit, such as marital difficulties or depression that a parent may be experiencing. It is during these times that families do not function well, and the child(ren) feels unwanted or unloved. It is imperative that the family seeks therapeutic interventions and be willing to participate so that the family unit can improve their relationships and help the child feel safe and secure.
3e	**Definition of Level of Service as per contract**: CHS of NJ is contracted to work with 6 PSSF families on a weekly or bi-weekly basis for one or more hours a session, depending on the severity of the difficulties the family is experiencing. CHS of NJ is contracted to work with the family for a period of six (6) months. The average for working with the families is actually 7 months..
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/09 – 9/30/10** The contracted Level of Service is 6 families.
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/09 – 9/30/10** The actual Level of Service for this time period was 12 families

3h. How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once.

# of unduplicated individuals: __12___
# of unduplicated families: ___11____

3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Adoptive parents are given a Client Satisfaction Questionnaire at the end of therapy, and asked to return it to CHS of NJ. This is used to rate the helpfulness of the therapy and the satisfaction of the client and family. Out of 8 questionnaires given to families, none were returned, The CSQ8 is an instrument that CHS of NJ purchases. This Client Satisfaction Questionnaire is a researched and evidence-based instrument.
Section 4 – The Year Ahead FFY '13 (10/1/12 – 9/30/13)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** This contract is changing in the coming fiscal year in the following ways: Each child will be counted as one client. All pre/post-adoption and pre/post-KLG cases will be under one contract.
4b	**Identify changes you will make that stem from stakeholder feedback.** Therapists will continue to investigate new techniques to work with families and attend trainings that will enhance their skill levels. The Adoption Certificate Program is taken by all staff providing pre and post-adoption and post-subsidy Kinship Legal Guardianship in-home counseling services. It is provided by The Rutgers School of Social Work. This program enhances their knowledge of the issues of adoption for the adoptive parents and adopted children at the varying developmental stages.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/12 – 9/30/13?** 12 families are expected to be seen in the next reporting period.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: _12_ ___** **# of unduplicated families: ___11____**
Section 5 – Evaluating Progress FFY '12 (10/1/12 – 9/30/13)	

5a. How will you measure progress?

Progress will be monitored through monthly reports, weekly and bi-weekly sessions, self-reports, caregiver feedback, Global Assessment of Functioning Scales, Trauma Symptom Checklist (pre and post), school reports, observable changes in family functioning and stability, as well as Client Satisfaction Questionnaires. There are also pre and post-tests regarding how the activity funds helped the parents and the child with self-esteem, confidence and lower frustration levels.

5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As of July 2014, CHS of NJ will utilize a pre/post-assessment called the Trauma Symptom Checklist. This will be completed at Intake, and again at Discharge. This will show the level of trauma the child experiences prior to therapy and again after therapy has concluded. Global Assessment of Functioning is reported by the therapist at pre-and post-therapy. The adoptive parents are given a Client Satisfaction Questionnaire to complete and return to the agency anonymously. Quality Assurance Feedback from reviews are also performed on a quarterly basis to determine whether the family received appropriate and effective treatment. The families are contacted at 3 and 6 months post-therapy to see if the child still remains in the home.
5c	**How do you collaborate with community partners?** CHS of NJ therapists cover 6 central counties in New Jersey – Mercer, Monmouth, Middlesex, Ocean, Somerset and Hunterdon. They have a list of community resources in those areas that they feel comfortable utilizing as referrals for the families on their caseload. Our therapists collaborate with several of our community partners to offer as much support to the families as possible. We often call on behalf of our clients to provide linkages to other community resources to ensure that they offer the services we have assessed the client to need. Our therapists have accompanied the family to IEP meetings at schools, participating as needed, and have partnered with other service providers, when appropriate, and in the best interest of our clients. The family is requested to sign Releases of Information so that the therapist may share information with the child's other service providers and schools so that there is no duplication of service and to ensure that everyone is working towards the same goal of helping the families be successful and improving the child's well-being.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Family & Children's Services	**1b Program Name:** Post Finalization Services
1c	**Relevant PSSF Program**: ___FPS, ___FSS, ___TLFRS, __X_APSS	
1d	**Program Address**: 40 North Avenue Elizabeth NJ 07208	
1e	**Objective**: To provide counseling and support services to adoptive families. To strengthen attachment among family members and preserve the permanency of the adoptive family unit.	
1f	**Outcome(s) Addressed**: __ Safety _X_ Permanency __ Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: Counseling and support services were provided to families on a weekly basis. The focus of counseling services was to facilitate adjustment to adoption finalization, strengthen parent/child attachment, and provide psycho-education to all family members about the psychological issues relevant to being and adoptive family. Support services included linkage to adoption resources, linkage to community resources, school advocacy and respite.	
2b	**Population Served**: Services were provided to families of diverse ethnic backgrounds, religions, socioeconomic levels and cultures. Our client population included same-sex parents, single and two-parent families, multi-racial families and clients with chronic disabilities and medical challenges.	
2c	**Geographical Area of Services**: Families reside in Union, Middlesex and Essex counties in NJ.	
2d	**Referral Sources**: Clients entered the program via referral from DCPP, self-referral, intra-agency referral or via linkage from other social service or community agencies.	
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)		

3a. Provide a summary of program accomplishments on goals.
Include data where available.
Program goals:
Goal 1:Stabilize the family to ensure permanency (child continues to reside with the family. Adoption dissolution does not occur):

Outcome projected:90% of the adoptees will remain with their adoptive families

Outcome: Permanency was maintained for 100% of the children. Two children were placed in a residential setting due to at-risk behavior. However, the family remained intact as a unit (dissolution did not occur).

Goal 2: Ensure the safety of the child in the home.

Outcome projected: There will be no allegations of safety concerns such that DCPP must be contacted.

Outcome: DCPP was contacted regarding two (2) families. One child was removed temporarily and the family received therapeutic visitation w/goal of reunification. The other investigation yielded a finding of ' unsubstantiated' and the child remained with the family. No further allegations were made.

Goal 3: Facilitate the child's adjustment to the adoptive home by providing weekly counseling to the child and the family.

Outcome projected: GAF score will improve for 85% of the children- - GAF score at onset of services as compared w/GAF at close of services.

Outcome: Of the eight families whose termination occurred during this contract period, two children showed decline in GAF and were referred for more intensive services. Thus GAF scores improved for 75% of the children.

Goal 4: Improve the parents' awareness of adoption issues.

Outcome projected: Parents' understanding of adoption issues (e.g. separation, loss etc.) will increase , as measured by an increase in their recognition of the impact of adoption issues on their child.

Outcome: Based on therapists' report, change in parental perception at close of services occurred for 100% of parents.

3b	**How did this improve outcomes for children and families?** These outcomes suggest that psycho-education is an important aspect of counseling, as it helps families understand the impact of the adoption experience on the child's ability to form attachments. Parental commitment to supporting the child emotionally, was strengthened by their understanding of adoption issues. This ensured stability of placement for the child. When parents actively engaged in the counseling process, their willingness to adapt their parenting style to the unique needs of the adopted child increased.

3c. Identify specific factors that contributed to this improvement.

Factors such as flexible service availability, respite resources, and continuity of care contributed to positive outcomes in this program. Children who received services from the pre-adoption stage through the adoption finalization were most often able

to continue working with the same therapist. This enabled all family members to establish rapport and a level of comfort working with the same therapist.
Our therapists offer flexible service delivery, offering appointments Monday through Saturday and evenings. This enables us to accommodate parents' work schedules and allows children the opportunity to engage in after-school activities yet still receive services.
Families who used respite services enrolled their children in enrichment activities, camps, and cultural events. These activities strengthened the child's self-image, and strengthened attachment among family members.

3d	**Identify significant barriers to goal accomplishment.** There were no significant barriers to goal accomplishment during this contact period.
3e	**Definition of Level of Service as per contract**: A unit of service is defined as (1) family seen once per week on average for six to nine months. Per contract, the LOS is 13 families per month; 26 families served per year. If continuation of counseling services is clinically indicated after 6 months, the family is counted as an additional unit of service.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13.** The contracted LOS is <u>26</u> families per year
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13.** The actual LOS was <u>27</u> families**.**
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: _60___** **# of unduplicated families: ____27__**

3i. Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.
At intake, all clients are informed of the Agency's grievance procedure should they wish to report dissatisfaction with or concern about any aspect of service provision. The program supervisor responds to all concerns directly with the parent and confers with the Associate Executive Director in accordance with agency policy. No grievances were filed. Referral sources provided direct positive feedback about services to the program supervisor and the Associate Executive Director. The program supervisor and therapists spoke directly with families in this program to ask for their view about factors such as: perceived comfort of the office environment, convenience of appointment scheduling, satisfaction with their

therapist, and feedback about respite services.
Our clients expressed positive feedback about their level of comfort when at the agency's offices. They expressed a high degree of satisfaction about their rapport with their therapist. All families with middle-school age children in this program were invited to attend a Family Fun Night. Seven families attended. During this time the program supervisor spoke with each family to learn their view of services. They reported a high degree of satisfaction with factors such as: positive change in child's behavior, and overall improvement in family relationships. Families who did not attend cited reasons such as conflict in schedule or other family matter as the reason they were unable to attend.
We have placed a Suggestion Box in the FACS waiting room so that clients can anonymously make comments or suggestions about services.
In addition, we have now implemented a three month and six month follow-up process to obtain information once they have terminated services. We are in the process of revising the survey questionnaire for use in this process.

Section 4 – The Year Ahead FFY '13 (10/1/13 – 9/30/14)
Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program FACS has again updated its website and newsletters so as to publicize the program and its' potential value to families. We have attended community expos to provide the community with information about our services. We do not anticipate making changes to the types of services we provide in this program. We make every attempt to provide services to all types of adoptive families.
Identify changes you will make that stem from stakeholder feedback. Feedback from DCPP workers indicated that families prefer to continue with the same therapist as they move from pre-adoption to post-adoption status. FACS continually aims to retain staff who have received training in adoption issues, so as to be able to provide continuity of care to families.
How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14? 26 families
Indicate how many unduplicated individuals and unduplicated families you expect to serve. **# of unduplicated individuals: 52 (estimating that at least one parent will be willing to work with the therapist and the adopted child).** **# of unduplicated families: 26**
Section 5 – Evaluating Progress FFY '12 (10/1/13 – 9/30/14)

5a. How will you measure progress?

Progress will be measured as:
Permanence of placement for the child in 90% of families
An increase in community awareness and utilization of the program as measured by an increase in the number of referrals from the community.

5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** FACS utilizes an internal Quality Assurance/Utilization Review system for review of client records. FACS therapists are licensed or certified as applicable by their respective professions. Therapists in this program receive 45 hours of training in the Adoption Certificate Program at Rutgers University in collaboration with DCPP**.** Consumer satisfaction will be monitored via telephone follow-up after termination of services and program review during service implementation. Clients will be offered the opportunity to provide suggestions about factors such as how their visits to the Agency can be improved, and what if any, changes they would find beneficial in our service delivery methods.
5c	**How do you collaborate with community partners?** We recognize that collaboration with our community partners enhances our ability to provide comprehensive, quality service to our clients. We work closely with DCPP and other agencies to identify the needs of families and provide an array of services (e.g., therapy services, support services, respite). We also provide linkage to other resources in the community. We schedule meetings with DCPP on a regular basis to coordinate client care. Interagency referrals are made for those clients who are referred to us but who are not in our service delivery area. We attend expos and community meetings to provide information about our services.

2014 PSSF Update Report

Note: Provide all information requested. Retain 12 pt Times Roman font and 1-inch margins.

Section 1 – Identifying Information

1a) Provider: Children's Aid and Family Services, Inc.

1b) Program Name: Kinship Legal Guardianship Resource Clearing House (KinKonnect)

1c) Relevant PSSF Program (check one):

_____Family Preservation Services ___x__Adoption Promotion and Support Services

_____Family Support Services _____Time Limited Family Reunification Services

1d) Program Address: 76 South Orange Avenue, Suite 209, South Orange, NJ 07079

1e) Program Objective(s) (purpose of service):

The objective of the Kinship Legal Guardianship Resource Clearing House (KinKonnect) is to provide information and resources for those touched by Kinship Care in New Jersey. The program objective is to assist in meeting the needs of kinship care families, whether through Department of Child Protection and Permanency (DCP&) or privately through the courts. The program provides information and resources for Kinship families by offering a web site, www.kinkonnect.org, phone and e-mail warm line, free lending library as well as training for Kinship Legal Guardian (KLG) families and support groups around the state.

1f) Outcomes Addressed (check all that apply)**:**

_____Safety ___x__Permanency _____Well-Being

Section 2 – Service Description Basics FFY '12 (10/1/12 – 9/30/13)

2a) Overview of Service(s) (describe):
The Kinship Legal Guardianship Resource Clearing House (KinKonnect) is an information center for Kinship families in NJ. KinKonnect provides resources, support and education through the web site, www.kinkonnect.org, phone and warm line e-mail support as well as training workshops. The program also includes a free lending library focusing on Kinship Care with over 275 books, articles and videos available for the public to borrow. In addition, there are 4,010

books, articles and videos available from the NJ Adoption Resource Clearing House (NJ ARCH) free lending library.

2b) Population Served (describe): All members of touched by Kinship Care and the professionals who work with them.

2c) Geographic Area of Service (what areas are covered**):** State of NJ

2d) Referral Sources (from whom you accept referrals):
We serve as resource to the Kinship Navigator program, Department to Children and Families, DCP&P Kinship Legal Guardianship (KLG) Subsidy unit, KLG support groups around the state, Foster and Adoptive Family Services (FAFS) for those involved with Kinship Care, Advocates for Children of NJ (ACNJ), Family Support Organizations (FSO's), community supports, mental health professionals, various KLG related-related conferences or events, additional resources when appropriate as well as anyone interested or have questions or request information and/or resources about Kinship Care.

Section 3 – The Year in Review FFY '12 (10/1/12 – 9/30/13)

3a) Provide a summary of the program accomplishments and goals. Use data to support your comments.

- The KinKonnect program officially launched its program and website www.kinkonnect.org in March, 2008. The website consists of over 589 web pages of information and resource material, which is an increase of 9% from last year's number of 524 web pages. This website has been a major success increasing from the Level of Service (LOS) hits to the website of 2,000 per month to an average of 4,581 per month during the 2012 and 2013 time period which is 229% over the anticipated Level of Service.

- KinKonnect created two training workshops that were offered to Kinship audiences such as Grandma KARES in Essex County, Grandparents Raising Grandchildren monthly support group sponsored by the Family Support Organizations of Bergen County and Morris and Sussex Counties, as well as the Grandparents Forum held in Newark, sponsored by Programs for Parents, Inc. During this time period 6 training workshops were presented to various organizations.

- There are numerous resource fact sheets available that may be requested and/or downloaded from the KinKonnect website. The free lending library has more than 225 books, articles and videos related to Kinship Care for the consumer or professional to review or borrow. In addition, the Kinship Care consumer has approximately 4,000 books, articles and videos available to them through the NJ Adoption Resource Clearing House (NJ ARCH) free lending library located at the same location.

- The Fall 2012 and Spring 2013 issues of the "NJ Kinship Connections" newsletters were created and distributed during this period. To date, we have over 400 contacts who have requested the KinKonnect newsletter in paper form and another 350 requesting it via e-mail. All newsletters can be found on the www.kinkonnect.org website. Consumer feedback to the "NJ Kinship Connections" newsletters has been positive.

  3b) How did this improve outcomes for children and families? (indicate benefit/impact and be certain to relate these to the identified Division of Child Protection and Permanency (DCP&P) Performance Based Outcomes.

- The high number of hits to our website implies that Kinship Care families and children are benefiting from this information and service.

- With the resource fact sheets and KLG related resources to various community supports (Kinship Navigator, Kinship related support groups, DCP&P KLG Subsidy, etc.), New Jersey Kinship families are receiving additional support and resources.

3c) Identify specific factors that contributed to the improvements/accomplishments.

During this time period, the KinKonnect web hits have continually been higher than anticipated, with an average of 4,581 hits per month compared to the 250 hits per month originally anticipated. Although the KinKonnect web hits are high, the warm line calls and e-mails are lower than anticipated. We attribute this trend to consumers using the website for information vs. contacting the warm line directly. Due to this ongoing trend, the Division increased the website hits Level of Service (LOS) from 3,000 to 24,000 per year, but lowered warm line phone calls LOS from 504 to 240 and warm line e-mail LOS from 120 to 60 per year. The program has made great strides in working with various Kinship related support groups in the state, specifically Grandma KARES located in Essex County and Grandparents Raising Grandchildren sponsored by the Bergen County Family Support Organization as well as the Family Service Organization in Morris and Sussex Counties and Programs for Parents that holds a yearly conference in Newark NJ for Grandparents Raising Grandchildren. Numerous outreach presentations have taken place to help spread the word of KinKonnect and KLG Counseling services in the state.

3d) Identify significant barriers to goal accomplishment and how you addressed them.

The warm line e-mails and calls continue to be lower than the anticipated LOS, however the hits to the website are much higher than anticipated as we believe that consumers tend to find resource information on the website than contact the warm line for information.

3e) Define a Unit of Service as per contract: (If more than one, include each)

A unit of service is defined as one website hit, one warm line call, one warm line e-mail, one service to a support group and one training workshop.

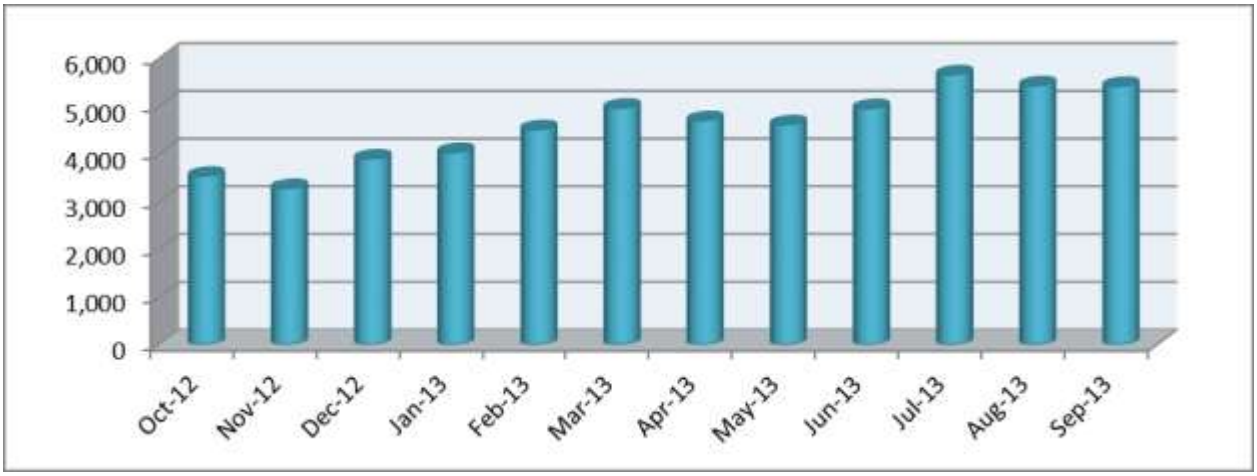
3f) Enter your <u>contracted</u> Level of Service portion (# of units expected) **that were Title IV-B funded for the period 10/1/12 -9/30/13.**

Per Year: 24,000 website hits, 240 Warm line Contacts, 60 e-mails, one (1) Service to Support Groups, two (2) Training Workshops per year.

3g) Enter your <u>actual</u> Level of Service (# of units delivered) **that were Title IV-B funded for the period 10/1/12 – 9/30/13.**

Website Hits for time period: <u>54,966</u>
Warm Line contacts for time period: <u>111 (phone calls)</u>
E-mails per time period: <u>18</u>
Services to support groups: <u>2</u>
Training Workshops for time period: <u>5</u>

The website hits are indicated in graphic form below.



Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
3,533	3,276	3,895	4,031	4,510	4,958	4,698	4,612	4,949	5,658	5,429	5,417

3h) How many unduplicated individuals and unduplicated families were served for this period? (Each individual and family who received services during the reporting period should be counted only once.)
___180___**# of unduplicated individuals**_____**# of unduplicated families**
<u>Unable to differentiate between individual and families due to medium of service provided.</u>

The above number is based on the following:
During this period, we received 129 unduplicated contacts to the warm lines: 111 via phone and 18 via e-mail that were indicated as unduplicated. In addition, 51 who attended the KinKonnect workshops indicated that they were unduplicated as they had not attended a KinKonnect workshop, received services and/or were new to the KLG community, totaling 180. We are unable to differentiate between individual and families, due to the medium of service provided.

3i) Provide stakeholder feedback information, e.g. satisfaction surveys, referral source information. (Include the number of surveys sent, responses received and the results.)
The KinKonnect warm line contact form includes a question whether the contact with the KinKonnect Warm Line had increased the consumer's knowledge of some aspect of Kinship Care/ Kinship Legal Guardianship. Out of the 129 phone/e-mail warm lines received during the time period of **10/1/12 – 9/30/13,** 94% stated that their knowledge was increased, 3% stated that it was Somewhat Increased, 0% responded that it was Not Increased, and 3% stated that they were Unsure.

There were six (5) training workshops presented during this time period and out of the 51 who attended the training session, the 51 who responded via the training evaluations 91% stated that they were either Very Satisfied or Satisfied with the training workshop.

Warm Line Telephone Survey to the Question:
Out of the 111 phone Warm Line contact forms, 64 were asked the following question:
"Did your contact with the KinKonnect Warm Line increase your knowledge of some aspect of Kinship Care/ Kinship Legal Guardianship?"

Yes	Somewhat	No	Unsure	Total
98%	0%	0%	2%	100% out of 100% of surveys

Training Evaluation Survey: Out of the 51 training surveys distributed, 51 responded and below are the results from that survey**:**

Very Satisfied	Satisfied	Neutral	Dissatisfied	Total
87%	10%	3%	0%	100% of out 100% of surveys

Out of the total 115 returned surveys from the above categories reviewed during the **10/1/12 to 9/30/13** time period, 97% were either **Very Satisfied or Satisfied** with the service, 3% were **Neutral or Unsure** and 0% were **Dissatisfied** with services; there were no Strongly Dissatisfied with services. The feedback that was noted as" dissatisfied" were reviewed by Program Assistant Director in collaboration with the Program Director to evaluate any correction needed on our part.

Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)

4a) Identify any changes you are making to the services described in Section 2 and why.
(This may include projected goals and objectives identified by vendors for their programs. Indicate if there are no planned changes to the program.)
We will continue to maintain, update and enhance the KinKonnect website. We have translated approximately 20 KinKonnect web pages into Spanish and about 10 web pages include the Microsoft "Language Translator" option. During this next period we will continue to add Spanish pages as well as add Language Translator to many pages on the KinKonnect website, allowing consumers to choose most any language to translate the information displayed.

4b) Identify changes you will make that stem from stakeholder feedback.
We will continue to ask the consumer via phone warm line contacts if our services increased their knowledge of some aspect of Kinship Care/ KLG. We receive little stakeholder feedback via e-mail or Lending Library surveys; however we will continue to enhance and increase the number of resources available for Kinship Families.

4c) How many Units of Service are you expecting to deliver with IV-B funding for the period 10/1/13 – 9/30/14?
In late 2012, our program requested and it was approved by the State Division of Child Protection and Permanency (DCP&P) to change the current Level of Service to the following: 24,000 website hits, 240 Warm line Contacts, 60 e-mails, 1 Services to Support Groups, 2 Training Workshops. These new Level of Service (LOS) reflects an increase to the web hits per year, from 3,000 to 24,000 per year. However due to the continued low number for the warm line calls and e-mails we were approved to lower the yearly LOS for warm line calls from 504 to 240 yearly. We were also approved to lower the warm line e-mails from 120 to 60 per year. This reduction was due to the continued increase of web hits but consistently low numbers for warm line calls and e-mails. We attribute these low numbers to consumers researching their questions on the website verses contacting the warm line representative.

4d) Indicate how many unduplicated individuals and unduplicated families you expect to serve.
___200____ **of unduplicated individuals** _____**# of unduplicated families**
Unable to differentiate between individual and families due to medium of service provided.
As more and more people call us back on our warm line, the number of unduplicated families will most likely decrease, since consumers are either taking our training workshops and/or calling our warm line more than once (as indicated on our warm line form asking if they have contacted KinKonnect before.

Section 5 – Evaluating Progress FFY'14 (10/1/13 – 9/30/14)

5a) How will you measure progress? (note methods)
By collecting data via 1and1.com web hosting report (via web host company) to track the number of web site hits, the number and quality of Customer Satisfaction Surveys from the phone and e-mail warm lines, Lending Library Satisfaction Surveys, Training Workshop Evaluations, consumer reports and comments of those who utilize our services.

5b) Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.
By sending out Needs Assessments to new consumers and Satisfaction Surveys to identified users of KinKonnect. Returned Satisfaction Surveys will be reviewed by the program Assistant Director and data is entered into the Statistical Database, SPSS maintained by the Program Evaluator. Satisfaction Surveys that are marked lower than satisfactory are followed up individually by the Program Assistant Director and Program Administrator. Once the cause of dissatisfaction is determined, the Assistant Director will meet with the staff to discuss the issue and develop improved methods of handling the particular issue.

5c) Describe how you collaborate with community partners.
We work collaboratively with the follow community partners:

- Kinship Navigator Program by referring consumers to their program. Kinship Navigator refers many consumers to our program as well.
- Division of Child Protection and Permanency (DCP&P) Kinship Subsidy Unit for subsidy and payment questions.
- Foster and Adoptive Family Services (FAFS) for families involved with KLG.
- Advocates for Children of NJ (ACNJ) by referring consumers for legal and trend information as well as distribute and promote their materials and services.
- Kinship care support groups around the state such as Grandma KARES in Essex County, Grandparents Raising Grandchildren sponsored by the Family Support Organization of Bergen County (FSOBC), yearly Grandparents Forum sponsored by Programs for Parents in Essex County as well as Grandparent/ KLG seminars and conferences, around the state.
- KLG Counseling Services throughout the state.
- Other KLG related services as listed on the KinKonnect Resource pages.
- KLG related events and programs as listed on the KinKonnect Events pages.

2014 PSSF Update Report

Note: Provide all information requested. Retain 12 pt Times Roman font and 1-inch margins.

Section 1 – Identifying Information

1a) Provider: Children's Aid and Family Services, Inc.

1b) Program Name: NJ Adoption Resource Clearing House (NJ ARCH)

1c) Relevant PSSF Program (check one):

_____Family Preservation Services ___x__Adoption Promotion and Support Services

_____Family Support Services _____Time Limited Family Reunification Services

1d) Program Address: 76 South Orange Avenue, Suite 209, South Orange, NJ 07079

1e) Program Objective(s) (purpose of service):
The objective of the New Jersey Adoption Resource Clearing House, www.njarch.org is to provide information and resources for those touched by adoption and foster care in New Jersey. The program's objective is to meet the needs of pre and post adoptive parents, adult adoptees,

those who wish to search for their birth relatives as well as information and resources to assist them in their adoption journey. We also provide services to adoption and foster care professionals and those in the community by offering information and resources to help meet the needs of their clients or consumers.

1f) Outcomes Addressed (check all that apply)**:**

_____Safety ___x_Permanency _____Well-Being

Section 2 – Service Description Basics FFY '12 (10/1/12 – 9/30/13)

2a) Overview of Service(s) (describe):
The New Jersey Adoption Resource Clearing House (NJ ARCH) provides adoption advocacy, support, education, information and resources through a web site, phone and e-mail warm line, on-line chat rooms, support group advocacy as well as buddy mentoring/ training workshop offerings for adoption support groups, conferences, etc. throughout the state. The program also includes an extensive lending library which includes 1,377 books, 2,453 articles, and 135 videos totaling over 3,965 books, articles and videos.

2b) Population Served (describe): All members of the adoption constellation: birth parents, adoptive parents, adopted persons, and the professionals who work with them.

2c) Geographic Area of Service (what areas are covered**):** State of NJ.

2d) Referral Sources (from whom you accept referrals): We serve as resource to the Division of Child Protection and Permanency (DCP&P) subsidy and search and reunion units, other state agencies such as Foster and Adoptive Family Services (FAFS), Advocates for Children of NJ (ACNJ), adoption agencies, adoption and foster care support groups, mental health professionals, other users, various adoption-related conferences, outreach and training events around the state, additional resources when appropriate as well as anyone interested in adoption or foster care.

Section 3 – The Year in Review FFY ' 12 (10/1/12 – 9/30/13)

3a) Provide a summary of the program accomplishments and goals. Use data to support your comments.

- The current NJ ARCH website, www.njarch.org consists of over 2,130 web pages of information and resource material. This website has been a major success; the current Level of Service (LOS) is 5,000 web hits per month; the average web hits per month was 14,539 for the 2012 and 2013 time period.

- The NJ ARCH training workshops previously developed were approved by Division of Child Protection and Permanency (DCP&P) Training Academy in 2007 and have been presented to foster and adoptive parent support groups all around the state. During this time period 18 training workshops were presented to various support groups and conferences around the state.

- During this time period three NJ ARCH "*Under the ARCH"* newsletter issues were created and each time distributed to over 1,400 consumers; 950 via e-mail distribution and 450 via US Mail distribution. All past newsletters can be found and downloaded from the NJ ARCH website.

3b) How did this improve outcomes for children and families? (indicate benefit/impact and be certain to relate these to the identified DCP&P Performance Based Outcomes).

- The increase in hits to our website implies that families and children are benefiting from this information/and resource service.

- The majority of the NJ ARCH training workshops were approved by the DCP&P Training Academy in 2007 for Resource Parent training. These workshops assist Resource Parents in obtaining training credits for Resource Family certification. Many of these workshops were and continue to be presented to the Foster and Adoptive Family Services (FAFS) support groups, adoption parent support groups as well as state wide conferences.

    - These workshops have been and will continue to be presented to adoptive and foster families to increase their knowledge of adoption issues and child development, to find mental health services for their children, and to learn about adoption events and support groups around the state. Prospective parents have used the service to obtain information on children needing families.

3c) Identify specific factors that contributed to the improvements/accomplishments.
During this period 18 NJ ARCH training workshops were provided to adoption support groups, conferences and Foster and Adoptive Family Services (FAFS) around the state. The free lending library continues to be popular with 39 book requests submitted via e-mail or phone warm line during that period of time. We continue to enhance the www.njarch.org website this year with a cleaner, more modern look and increased the number of web pages by 8% increasing from approximately 1,950 web pages to approximately 2,125 web pages of information on the website. We translated the NJ ARCH handbooks into Spanish into the website on our Handbook page. These handbooks include: *How to Adopt in NJ: A Roadmap to Family Building, Now that you are a Family: A Guide to Adoption Issues and Services as well as A Guide to Search and Reunion,* which totaled over 65 pages of information into Spanish. We have also translated 12 NJ ARCH website pages into Spanish and currently offer several (7) handbooks in Spanish. We have added a "Language Translator" to some website pages.

3d) Identify significant barriers to goal accomplishment and how you addressed them.
It continues to be difficult to recruit buddy mentors; therefore we continue to offer numerous training workshops to support groups and adoption agencies. While we offer the chat rooms regularly, attendance continues to be very low. The warm line e-mails and phone calls continue to be lower than the LOS, but we attribute it to the high web hits per month, as we believe consumers are obtaining resource information directly from the website, therefore not necessitating calls or e-mails to the NJ ARCH warm line.

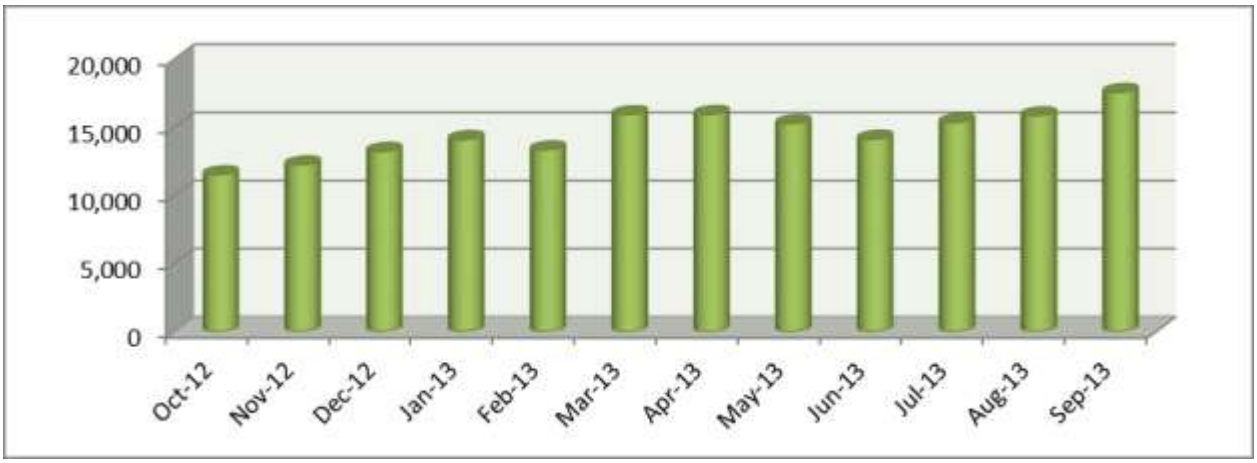
3e) Define a Unit of Service as per contract: (If more than one, include each)

A unit of service is defined as one website hit, one warm line phone call, one warm line e-mail, one moderated chat room, assisting one adoptive family support group, and one buddy families/ training workshop offered.

3f) Enter your <u>contracted</u> Level of Service portion (# of units expected) **that were Title IV-B funded for the period 10/1/12 -9/30/13.**
96,000 website hits per year, 600 Warm line Contacts per year, 240 e-mails per year, 120 Chat Rooms per year and average of two training workshops per month (22).

3g) Enter your <u>actual</u> Level of Service (# of units delivered) **that were Title IV-B funded for the period 10/1/12 – 9/30/13.**
Website Hits for time period: <u>174,469</u>
Warm Line contacts for time period: <u>329 (phone calls)</u>
E-mails per time period: <u>105</u>
Chat Room hours for time period: <u>136</u>
Buddy Training/ Training Workshops for time period: <u>18</u>

The website hits are indicated in graph form below:



Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
11,518	12,244	13,233	14,105	13,343	15,929	15,941	15,265	14,130	15,352	15,850	17,559

3h) How many unduplicated individuals and unduplicated families were served for this period? (Each individual and family who received services during the reporting period should be counted only once.)

__817 (warm line contacts plus training participants) # **of unduplicated individuals ____ # of unduplicated families**
Unable to differentiate between individual and families due to medium of service provided.

Above number is based on the following:
During this time period the program received at total of 434 unduplicated contacts to the warm line (329 via phone and 105 via e-mail) that were indicated as unduplicated.

In addition, the 311 who attended NJ ARCH workshops (identified by returned evaluations) indicated that they were unduplicated as many have not attended an NJ ARCH workshop or received services and/or were new to the adoption / foster care community, totaling 745. In addition, there were 39 book requests completed which included a Satisfaction Survey to the services provided. These 39 are part of the 434 number as they were a "warm line" contact. We are unable to differentiate between individual and families, due to the medium of service provided.

3i) Provide stakeholder feedback information, e.g. satisfaction surveys, referral source information. (Include the number of surveys sent, responses received and the results.)

Satisfaction surveys were distributed to consumers who contact the Warm Line either by phone or e-mail. Satisfaction Surveys were also sent via the free Lending Library service and distributed after each NJ ARCH training workshop. Below are the results from those Satisfaction Surveys:

The NJ ARCH warm line contact form included a question whether the contact with the NJ ARCH Warm Line had increased the participant's knowledge of some aspect of adoption. Out of the 434 phone/e-mail warm lines received during the time period of **10/1/12 – 9/30/13,** 93% stated that their knowledge was Increased, 4% stated that it was Somewhat Increased, 0% stated No, and 3% stated that they were Unsure.

Out of the 434 phone/e-mail Warm Line contact forms, 284 returned, were asked the following question:

"Did your contact with the NJ ARCH Warm line increase your knowledge of some aspect of Adoption?

Warm Line Telephone Survey to the Question:

Yes	Somewhat	No	Unsure	Total
93%	4%	0%	3%	97% out of 100% of surveys answered "yes".

Out of the 39 Lending Library Surveys sent out 14 were returned and below are the results from that survey.

Lending Library Evaluation Survey:

Very Satisfied	Satisfied	Neutral	Dissatisfied	Total
38%	45%	17%	0%	85% of out 100% of surveys were either Very Satisfied or Satisfied

Out of the 311 Training evaluations returned, below are the results from those evaluations.

Training Evaluation Survey:

Very Satisfied	Satisfied	Neutral	Dissatisfied	Total
76%	19%	5%	0%	95% of out 100% were either Very Satisfied or Satisfied

Surveys returned were consistently positive:

Out of the total 609 returned surveys from the above categories reviewed during the **10/1/12 to 9/30/13** time period, 92% were either **Very Satisfied or Satisfied** with the service, 8% were **Neutral or Unsure** and 0% were **Dissatisfied** with services; there were no Strongly Dissatisfied with services. The feedback that was noted as" dissatisfied" were reviewed by Program Assistant Director in collaboration with the Program Director to evaluate any correction needed on our part.

Section 4 – The Year Ahead FFY '13 (10/1/13 – 9/30/14)

4a) Identify any changes you are making to the services described in Section 2 and why.
(This may include projected goals and objectives identified by vendors for their programs. Indicate if there are no planned changes to the program.)

We will continue to manage, update the current NJ ARCH website. Since there have been numerous enhancements and capabilities of websites since the initial launch of NJ ARCH in 2003 and the current website software is no longer being supported by Microsoft Office, the agency is planning to upgrade the NJ ARCH website to a newer technology platform. These new capabilities would allow for updating improvements as well as possible website search tools, on-line library resources, e-learning capabilities and compatibility with hand-held devices. Our goal is to develop, implement and launch this new and improved NJ ARCH website by the end of 2014/ early 2015.

4b) Identify changes you will make that stem from stakeholder feedback.
Stakeholder feedback has been very positive, however due consumer feedback we are targeting that the new redesigned NJ ARCH website has a searchable database for the free lending library so consumers may search books and articles by topic, category, etc.

4c) How many Units of Service are you expecting to deliver with IV-B funding for the period 10/1/12 – 9/30/13
In late 2012, our program requested and was approved by the Division of Child Protection and Permanency (DCP&P) to change the current yearly Level of Service (LOS) to the following: 96,000 web hits, 600 phone contacts, 240 e-mail contacts, 120 Chat Rooms and 22 workshops per year.

These new LOS reflects an increase to the web hits per year, from 60,000 to 96,000, however decreasing the warm line calls from 1200 to 600 per year and decreasing warm line e-mails from 600 to 240 per year. This reduction was due to the continued increase of web hits but consistently lower numbers for warm line calls and e-mails. We attribute these lower numbers to consumers researching their questions on the website verses contacting the warm line representative.

4d) Indicate how many unduplicated individuals and unduplicated families you expect to serve.
_800 _**# of unduplicated individuals** _____**# of unduplicated families**
We are unable to differentiate between individual and families due to the medium of service provided. As more and more people call us back on our warm line, the number of unduplicated families will most likely decrease, since consumers are either taking our training workshops and/or calling our warm line more than once (as indicated on our warm line form asking if they have contacted NJ ARCH before).

Section 5 – Evaluating Progress FFY'13 (10/1/12 – 9/30/13)

5a) How will you measure progress? (note methods)
By collecting data via 1and1.com web hosting report (via web host company) to track the number of web site hits, the number and quality of Customer Satisfaction Surveys from the phone and e-mail warm lines, Lending Library Satisfaction Surveys, Training Workshop Evaluations, consumer reports and comments of those who utilize our services.

5b) Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.

We continue to send Needs Assessments to new consumers and Satisfaction Surveys to identified users of NJ ARCH services. Returned Satisfaction Surveys are reviewed by the program Assistant Director and data is entered into the Statistical Database, SPSS, maintained by the Program Evaluator. Satisfaction surveys that are marked lower than satisfactory are followed up individually by the Assistant Director and Program Administrator. Once the cause of dissatisfaction is determined, the Assistant Director will meet with the NJ ARCH staff to discuss the issue and to develop improved methods of handling the particular issue.

5c) Describe how you collaborate with community partners.
We work collaboratively with the following community partners:

- Division of Child Protection and Permanency (DCP&P) Local Offices including DCP&P Adoption Subsidy and Search and Reunion units.
- Foster and Adoptive Family Services (FAFS) by offering free NJ ARCH training workshops for Resource Parent training credits around the state.
- Advocates for Children of NJ (ACNJ) by referring consumers for legal and trend information as well as distribute and promote their materials and services.
- Adoption Agency Council of NJ (AACNJ), where the Assistant Director is an active member during the monthly state-wide meetings. Share with Council trends and issues on adoption; Council shares information with NJ ARCH for consumer distribution and information.
- Adoption support groups around the state such as Concerned Persons for Adoption (CPFA), Adoptive Parents Committee (APC), Monmouth, Ocean County Parents Support Group, and alike by offering guest speakers, training workshops as well as advertise their events and meetings on the NJ ARCH website.
- Members of the Adoption Advisory Committee and Post-Adoption Counseling Service providers.
- Adoption conference coordinators by listing events and/or hosting resource tables to promote services provided in New Jersey.
- Adoption or foster care related events and programs as listed on the NJ ARCH Events pages.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Robins' Nest, Inc.	**1b Program Name:** Building Stronger Adoptive Families
1c	**Relevant PSSF Program**: ___FPS, ___FSS, ___TLFRS, X APSS	
1d	**Program Address**: 42 South Delsea Drive, Glassboro, NJ 08028	
1e	**Objective**: To help the child and family negotiate the transition created by the adoption and to build positive family interaction in order to strengthen and stabilize the pre or post adoptive placement.	
1f	**Outcome(s) Addressed**: __ Safety _X_ Permanency _X_ Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Building Stronger Adoptive Families program provides in home individual and family therapy focusing on the presenting and underlying symptoms. While the child's acting out behaviors and poor school functioning are addressed in order to stabilize and enhance the placement, the focus of the intervention is on adoption, loss issues and attachment. Traumatic issues such as loss, rejection, abandonment, trust, loyalty and birth family issues are explored. Supportive and therapeutic groups are available for pre and post adopted teens and their families. Therapy, education, family bonding and attachment building, client advocacy, wrap around services, linkage to services and supports and six months of aftercare (follow up phone calls and booster sessions as appropriate) are implemented to increase permanency**.** In addition, if termination of parental rights or an identified surrender occurs, therapists prepare for, process and conduct good bye/closure visit between birth parent and client to assist the child in the grieving process.	
2b	**Population Served**: All pre and post adoptive families (children twenty one years and younger)	
2c	**Geographical Area of Services**: Burlington, Camden, Gloucester, Cumberland, Salem, Cape May and Atlantic Counties.	
2d	**Referral Sources**: Referrals come from DCF caseworkers and adoption and permanency workers if the child is DCF involved. Non-DCF involved families self-refer.	
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)		

3a. Provide a summary of program accomplishments on goals.

3a	**Include data where available.** 1. 21/21 (100%) families' cases closed having made progress. 2. 36 of 36 (100%) case goals were achieved or partially achieved. 3. 18 of 23 (78%) families improved their functioning and familial relationships by the end of in-home intervention as measured by the Child Well Being Scale. 4. 35 of 39 (90%) children remained stable in their pre/post adoptive home three months post treatment. 5. 25 of 30 (83%) children remained stable in their pre/post adoptive home six months post treatment. 6. During this time period, 9 children with whom we worked had their adoptions finalized 7. During this time period, staff provided closure visits for 1 child and their birth parents.

3b	**How did this improve outcomes for children and families?** Robins' Nest therapists provide family focused therapy, support, adoption education, advocacy and attachment focused parenting strategies to pre and post adoptive families so they can effectively cope through life's obstacles. By helping adoptive parents and children increase their awareness and understanding of adoption related issues, as well as develop their coping skills in dealing with these issues, adoptive parents' commitment and dedication to the children have improved. As a result of increased attachment, security and trust, more children remain stable in their homes. Through therapeutic and supportive services, adoptive parents increased their understanding and knowledge of loss, separation and adoption issues and increased their confidence in managing the children's behavior. Adoptive parents gained a better understanding of the importance of open, honest and repetitive communication about birth family and adoption. Adoptive parents were more effective in preparing for and implementing skills to manage the children's behaviors especially during anniversary triggers and were able to utilize learned techniques to support the child during emotionally challenging times. Children in turn, increased their ability to process and express their feelings of loss and grief. These changes within the adoptive parents and the children have led to an increased sense of security and belonging within the family and a reduction in the children's acting out behaviors.

3c. Identify specific factors that contributed to this improvement.

Many factors contribute to our positive outcome results. As adoption work is an area of clinical specialization, Robins' Nest therapists are trained through Rutgers' Adoption Certificate Program and competent in providing adoption related individual and family therapy. Therapists attend ongoing attachment, kinship and closure visit trainings which further enhance their knowledge and skill base with the population served. Staff attend additional trainings throughout the year through agency-wide trainings, other outside trainings, teleseminars and webinars which focus on clinical techniques, cultural competence and ethics. Therapists also engage

in peer consultation and clinical staff meetings to provide further opportunities to enhance therapeutic knowledge and tools through clinical case review.

Our therapists provide family focused therapy and promote family bonding and education through our *Foster and Adoptive Parent Awareness Curriculum* and *Kinship Curriculum,* which was approved by Robert Ring (Director of DCF's Child Welfare Training Department) for 4-6 credits for foster parents. Our therapists are also trained to clinically conduct good bye/closure visits to promote best practice. Therapists work closely and collaboratively with DCF caseworker/adoption worker to facilitate successful closure visits. Closure visits are arranged by the DCF caseworker; Robins' Nest's therapists and supervisor focus on preparing, clinically facilitating and processing the closure visit between birth parent(s) and child. Therapists assist the birthparent in taking responsibility for their child's removal, answer the child's questions regarding their birth story and history, take pictures, preserve happy family memories and provide permission to their child to become a member of their forever family. This enables therapists to help the child to transition to the next level of understanding and acceptance. Since program director or program supervisor facilitates the closure visit alongside the therapist, following the visit, therapists are provided with an opportunity to process their feelings about the visit and receive support and feedback to reduce or prevent vicarious trauma or stress, leading to greater professional development.

Recognizing adoption is a lifelong process, therapists address ongoing adoption issues and triggers and are available to clients via cell phone twenty four hours a day/seven days a week. Support groups and wraparound/respite support services are additional components that lead to positive outcome results.

Our monthly "Just 4 U" support groups for DCF involved teens and their adoptive parents and siblings are an important component of our program. Groups are composed of adoption topics and family bonding events with other adoptive families. Group topics include: setting realistic expectations, choosing battles, birth family identity, communication, teens and technology, positive peer relationships, trigger awareness, life book/scrap booking, and how to talk about difficult pasts. Family fun groups include outings to amusement parks and bowling as well as game nights and adoption celebration parties. Group facilitators utilize a strengths-based group approach, and encourage participants to determine what they are most comfortable sharing, which has contributed to consistent commitment and participation of group members. Our monthly teen adoption support groups have been tremendously worthwhile for all participants. Teens are openly talking with each other about adoption issues and adoptive parents are connecting with and supporting each other.

Wraparound/Respite support is provided to link families to extracurricular activities and events to strengthen family bond and attachment and enhance the child's self-esteem. During this reporting period, children benefited from participation in dance classes, tutoring, karate, aquarium family passes and summer camp. These wraparound services help to develop and maintain a sense for stability, support and well-being for families who otherwise could not afford the opportunity.

3d	**Identify significant barriers to goal accomplishment.** It continues to be challenging for therapists to process a child's loss issues and sense of belonging when their permanency is undecided or prolonged. While more cases are being moved off of the appeal process, a lack of permanency in a child's life may lead to an increase or persistence of emotional and behavioral difficulties. Factors that contribute to this sense of instability and insecurity for children in pre-adopt or select-home placements may include: concurrent planning, birth parent appeal, delay or postponement in court hearings, and pre-adoptive parents' frustration with the legal process. In an effort to address these systemic challenges, we work closely with caseworkers and adoption liaisons regarding communication of case goals and permanency and educate other professionals on how a lack of permanency impacts children's emotional wellbeing. Our adoption therapists attend meetings to advocate on behalf of the child's needs, prepare adoptive parents to effectively manage children's behaviors and increase empathy, and provide support during traumatic times (i.e., after a visit with birthparent or sibling, when TPR has occurred, after a closure visit). The Attachment Symptom Checklist, while very effective at identifying problematic and difficult behaviors for families is not always a reliable indicator of family stability as it does not factor in the parent's ability to manage and address identified behaviors. As such, outcome results are more indicative of increased attachment difficulties rather than a family's overall ability to succeed and remain stable. Providing six months of follow up calls helps to maintain stability within the family and support families through the lengthy legal process until adoptions are finalized. Therapists provide booster sessions and attend adoption finalizations as additional support to families. Many cases are extended and/or are re-referred soon after termination. In addition to systemic issues, the need for services consistently exceeds our contracted level of service requirements. If appropriate, waiting families are referred to participate in the teen adoption support group and/or other Robins' Nest programs such as outpatient counseling, Resource Family Support or Children's Mobile Response and Stabilization to maintain stability while families wait for the specialized adoption counseling our program provides. Families are also linked to the New Jersey Adoption Resource Clearing House (NJ ARCH) and Foster and Adoptive Family Services (FAFS) for additional support. Finally, for 2013, Robins' Nest entered a **Trauma Treatment Learning Collaborative** with the statewide PAC program to enable PAC clinicians in working more effectively with youth who exhibit persistent traumatic symptoms related to their early histories of abuse, neglect and/or emotional abandonment. Unfortunately, funding was not secured for this initiative and PACS clinicians were unable to move forward with implementing the specific treatment modality that was to be utilized as a result of this Learning Collaborative.

3e	**Definition of Level of Service as per contract**: The level of service is based on hours of service for 40 unduplicated families. An hour of service includes face-to–face session time, travel time, telephone time with clients, collateral contacts/ linkages and case related paperwork.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** Based on the DCF Contract Report, 37% is Title IV-B funded. 37% = 989.38 hours and 15 unduplicated families.
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 932.37 hours (94%) and 14 families
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals:** 19 **# of unduplicated families:** 14
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** 100% (7 of 7) of clients surveyed (through random phone surveys and self-administered mail survey) reported being **very satisfied** with services and staff. (include all surveys) No referral source surveys were returned during this reporting period.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	

4a. Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program

We will continue to explore creative treatment approaches and strategies and enhance our professional knowledge so that we can continue providing quality adoption services to children and families. Collaboratively, Robins' Nest therapists and supervisors have continued reviewing various training materials to strengthen the knowledge base and increase our ability to effectively serve families.

As the need for this specialized service is great and our contract cannot promptly address the needs of adoptive families in our community, we continue to explore ways to expand our services so that we may have an even greater impact on

children's well-being and permanency. Local DCF offices have expressed the need for contract expansion to meet the growing needs of adoptive families. We continue to work with Adoption Office Liaisons, local office staff and our contract administrator to explore ways in which we can accommodate this consistent and growing need.

We have also recently secured funding to develop a comprehensive curriculum on the impact of trauma on children. The goals of this curriculum are to:

- on the impact of trauma generate greater awareness and understanding of the impact of trauma on such children;
- increase positive interactions between caregivers/connections with such children;
- improve resource-parent attitudes;
- increase empathy toward and frustration tolerance relative to such children.

4b	**Identify changes you will make that stem from stakeholder feedback.** In recognizing feedback as another means for evaluating program effectiveness and improving the quality of our services, we continue to elicit feedback and implement suggestions made by our referral source, our clients and other PAC providers.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** 37% is Title IV-B funded, therefore 989.38 hours of service.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals:** 22 **# of unduplicated families:** 15
Section 5 – Evaluating Progress FFY '13 (10/1/13 – 9/30/14)	

5a. How will you measure progress?

The program uses pre and post measurement tools such as the Attachment Symptom Checklist and the Child Well Being Scale. In addition to these pre and post scales, therapists assess case disposition and progress made towards goals. Follow up phone calls with the families at three and six months post treatment allows us to assess stabilization of the family unit. In addition, mail, phone and referral source surveys provide additional subjective feedback on the provision of our services.

In addition, as part of the new trauma initiative, to effectively measure each parent's understanding and behavioral change, we will create a pre-/post-assessment tool to measure the parent's understanding of trauma, as well as his or her attitudes regarding the impact of trauma, empathy toward children and youth impacted by trauma; and ability to interact positively with the children and youth with whom they are engaged. This tool will be utilized prior to review of

the curriculum, immediately following the review of the curriculum, and again at the close of services to measure retention of the information provided. As most other tools measure child behaviors, this tool will afford us the opportunity to assess the parent's impact on the child's success in the home.

5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** The agency randomly conducts client satisfaction phone interviews during the intervention. Obtaining feedback on services and staff gives the agency an opportunity to improve customer satisfaction and services while the case is still active. All clients also receive, at closing, a self-administered mail survey giving clients another opportunity to provide feedback. This includes questions specific to participation in the teen adoption support group to obtain feedback about its effectiveness. A referral source survey is emailed to the referent, giving them the opportunity to assess service quality and to offer input for program improvement. The agency is accredited by the Council on Accreditation for Children and Families through 2016. Adhering to best practice COA standards and incorporating feedback from our PAC liaison and annual DCF monitoring reviews, helps us to maintain our quality provision of service.
5c	**How do you collaborate with community partners?** Partnering with our community providers is an essential component to providing quality services. Program director and program supervisor participate in the Post Adoption Counseling Providers meetings, Adoption Services Advisory Committee and trainings, presents the program and promote the support group component to DCF resource fairs, DCF staff meetings, DCF new employee trainings, foster parent meetings and PRIDE trainings as well as participates in Family Court Adoption Resource events and other community resource events. In addition, program director and supervisor participate in regular meetings with Local Office staff to discuss specific cases, address services needed and identify ways in which various supports can help the child succeed. When given the opportunity, program director conducts adoption loss trainings as well as promotes the need for adoption counseling to DCF adoption workers and supervisors, Mobile Response, Traumatic Loss Coalitions, medical intern students and school personnel. Program director has consistent and frequent communication with adoption liaisons, Susan Kidder and Beth Ann Tarver, to ensure a close collaboration with the Division, exploring obstacles, case updates and the delivery of services. Program director, supervisor and therapists maintain ongoing phone and face to face contact with caseworkers, supervisors and RDS' to discuss concerns and progress**.**

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Twin Oaks Community Services	**1b Date:** February 28, 2014
1c	**Relevant PSSF Program**: ___FPS, ___FSS, ___TLFRS, _X__APSS Post-adoption support	
1d	**Program Address**: Jean Frederickson Adoption Support Program ACT II Sharp's Run Plaza 175-12 Route 70 West Medford, New Jersey 08055	
1e	**Objective**: Use of a strength-based and solution-focused multi-systemic model of services to improve permanency outcomes.	
1f	**Outcome(s) Addressed**: ____Safety _X___Permanency ____Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: ACT II (Adoption Commitment Team) is a home-based program, which was designed to last up to four months. If a crisis situation continues, however, and there still is a risk of disruption, services could extend to a longer period of time. Each family is seen a minimum of one time per week; critical situations may require more frequent or more lengthy sessions. Adoption-specific services focus on the grief and loss the adoptee experiences. Each of the therapists working in ACT II completes the Adoption Certificate program offered through Rutgers University in New Brunswick. The goals of the ACT II program are to stabilize the family and prevent the dissolution of an adoption; to maintain stability post-discharge; and for consumers to be deemed "goals achieved" at discharge.	
2b	**Population Served**: The target population of ACT II is families who have finalized an adoption and live in one of six counties in Southern New Jersey (see 2c). There must be a demonstrated need for therapeutic services and the adoptee that is the focus of treatment must be under the age of 21.	
2c	**Geographical Area of Services**: Atlantic, Burlington, Camden, Cumberland, Gloucester and Salem counties in New Jersey.	
2d	**Referral Sources**: Referrals can be sent by the DCP&P Caseworker in the local office in which the child's adoption was finalized. The local DCP&P RDS can be the link for a family to locate these services. The majority of referrals are from families who self-refer directly to the Program Supervisor. The families get information about the program from a variety of sources, including therapists who specialize in adoption, through NJ Arch or from other families who previously received our services. Some families have self-referred more than once, if a crisis evolves or re-occurs.	

Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)
Provide a summary of program accomplishments on goals. Use data to support your comments. • Performance Outcome: 75% of families at the time of discharge have their adopted child living with them and have no imminent plans for dissolution. 100%. For this reporting period, 10 consumers (8 families) were discharged. 10 consumers remained with their adoptive family and there were no plans for dissolution. • Performance Outcome: At six-month post-discharge, 75% of the families will have their adopted child living in their home and have no imminent plans for dissolution or residential care. 100%. For this reporting period, 6 families provided 6-month follow-up data. 6 of those families were stable. • Performance Outcome: 75% of consumers who complete our services and are discharged are deemed "goals achieved." 90%. From 10/1/11 through 9/30/12, 10 consumers were discharged from our program. 9 were deemed "goals achieved.
How did this help children and families experience better outcomes? Data measured on all Performance Outcomes indicate that program services were successful in stabilizing many families. The majority of referrals come from families who self-refer in a time of crisis with the adopted child in the family. These families sometimes indicate that they are considering residential care and possibly dissolution. Sometimes, their situation has the potential for a high degree of negative impact on the family (i.e. divorce or separation of parents). Thus, the entire family unit could be in danger of de-stabilization. Often when a family self-refers, they view our services as their last-resort. As the above data indicates, there were significant degrees of impact resulting from our services, with 100% of families intact and not considering out-of-home placement at discharge. 100% of families remained intact at 6-months post-discharge.
Identify specific factors that contributed to the improvements/accomplishments. The emphasis is to ensure that services for the consumer are not presented in an isolative fashion. Therapists recognize that therapy must be inclusive and family-centered to be successful. They also focus on providing services in a collaborative fashion with representatives of other agencies, school personnel, mental health practitioners, etc. who are also involved in the lives of the consumer(s) and family. Since we are home-based, we are able to reach more families, regardless of transportation issues of the family. Therapists are available by cell phone 24 hours per day, 7 days per week and parties can speak to the Program Supervisor, if needed, at any time. Since our therapists are professionally trained specifically in adoption issues, their interventions are very directed and focused on the most essential issues that could pose a risk to permanency. Because of their collaborative experience, therapists are able to share available resources within the community, to extend success beyond the services we offer. Our staff members also plan events that bring multiple families and children together, to demonstrate the value of and encourage families to do fun activities with their children. During this period, we hosted two Family Bowling Parties and a Skating Party. All who participated, in addition to having fun, expressed that they found it very helpful and supportive to get to know other families experiencing common challenges.

3d	**Identify significant barriers to goal accomplishment and how you addressed them.** Some families do not contact the DCP&P office that finalized the adoption or self-refer until a crisis has escalated to the point when the family is preparing for disruption of placement. When the situation has progressed to this level, the family requires immediate and very intensive services. It can be difficult to convince a family not to move in a negative direction when they might have already envisioned how their family might regain stability by disrupting the adoption or referring their child to out-of-home services. Because of their extensive experience, educational preparation and level of supervision, therapists can quickly gain credibility with the family. They are able to share experience-based hope that the situation can stabilize with very specific and successful interventions and perspectives. If needed, therapists increase the frequency and/or intensity of services to as quickly as possible elicit even small successes that give families hope that issues can be resolved or improved. Also, therapists are cognizant of the fact that not all issues can be resolved with adoption-specific therapy only. In these cases, therapists help families seek services through PerformCare.
3e	**Define the Unit of Service, or Units if more than one.** One Unit Equals One Hour Face-To-Face Individual and Family Services, one-half of Travel Time and All Activities That Involve Consultation and Collaboration With DCP&P Personnel, Representatives Of Other Agencies, School Personnel, Mental Health Practitioners, Etc.
3f	**Enter your <u>contracted</u> Level of Service (number of units expected) funded under Title IV-B PSSF for the period of 10/1/12 – 9/30/13**. Contracted LOS is 1,450 units of service.
3g	**Enter your <u>actual</u> Level of Service (number of units delivered) with that Title IV-B funding for the period of 10/1/12 – 9/30/13.** In this period, ACT II provided 1382.75 units of service (95% of contracted LOS).
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. # of unduplicated individuals: _22___ # of unduplicated families: _10_____
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received, and the results.** To ensure accurate outcome data, we give all families satisfaction surveys at various points throughout treatment. These surveys measure satisfaction with program services and with the assigned therapist. The Program Supervisor supports satisfaction through periodically accompanying therapists to conduct topic-specific family meetings and meetings including other providers. He or she also speaks via telephone with the families served, to elicit feedback on services and suggestions for program improvement. The Program Supervisor calls the families six months post-discharge to assess if services were satisfactory, in terms of whether stability was maintained. During the period 10/1/12 through 9/30/13, 3 families and 5 children returned Satisfaction Surveys and all 8 reported overall satisfaction with the program. Six (6) families provided feedback at 6-months post-discharge. Six (6) of those families reported that their child was still living in the home and they had no plans for dissolution or placement in an out-of-home setting.

Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section 2 and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program.** There are no planned changes to the program, since results of outcomes do not suggest a need for revisions.
4b	**Identify changes you will make that stem from stakeholder feedback.** No changes.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/12 – 9/30/13:** 1,450
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve for the period of 10/1/13 – 9/30/14.** # of unduplicated individuals: _25___ # of unduplicated families: __22_____
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** Since we believe that the methodology we currently employ to measure outcomes historically has provided valid data, we will continue this model of evaluation.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** We measure three markers of outcomes: • Families at the time of discharge that have their adopted child living with them and have no imminent plans for residential or other out-of-home placement (goal 75%). • Families at six months post-discharge that have their adopted child living in their home and have no plans for dissolution or out-of-home placement (goal 75%); • Consumers who complete our services and are discharged are deemed "goals achieved" (goal 75%).
5c	**How do you collaborate with community partners?** It is the responsibility of the Program Supervisor, or an assigned alternate, to attend regularly scheduled statewide PACS meetings. The Program Supervisor visits local DCP&P offices and sends written materials to educate personnel on the services offered. If a DCP&P Caseworker again becomes involved with the family, therapists and the Program Supervisor participate in any telephone or face-to-face meetings. Throughout the course of treatment, our therapists attend any other community meetings regarding their clients (i.e. Child Study Team/IEP meetings). They also provide written summaries of services to appropriate parties as required (i.e. PerformCare, Youth Case Management, treating psychiatrist).

Section 1 – Identifying Information		
1a	**Provider**: Volunteers of America - Northern NJ Sector	**1b Program Name:** Parenting Skills Partnership Program – Adoption Support
1c	**Relevant PSSF Program**: ___FPS, ___FSS, ___TLFRS, _**X**__**APSS**	
1d	**Program Address**: 205 West Milton Ave., Rahway, NJ 07065	
1e	**Objective**: The objective of the Parenting Skills Partnership Program is to stabilize and preserve the family unit. The program provides tools for caring parents of adoptive children to effectively work with children to stabilize the family, increase adaptive behaviors, and decrease inappropriate behaviors in order to achieve a successful adoption.	
1f	**Outcome(s) Addressed**: __ Safety _**X**_ **Permanency** __ Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: A comprehensive module of in-home parenting education and support is provided to the adoptive parents. The overall purpose of the training is to give parents the skills necessary to reduce negative behaviors and to teach the youth appropriate positive behaviors. Parents learn to motivate the adoptive child to practice positive adaptive behaviors. The staff provides intake and assessment to determine family needs. Staff uses a strength-based approach while working with families to teach alternative parenting approaches, problem solving techniques and behavior management techniques. Staff also works with the parents to learn self-advocacy skills in order to promote family empowerment.	
2b	**Population Served**: Pre and post adoptive families	
2c	**Geographical Area of Services**: Northern New Jersey including Bergen, Hudson, Morris, Passaic, Sussex, and Warren counties.	
2d	**Referral Sources**: Department of Children and Families, Division of Child Protection and Permanency (DCP&P) District Office's, Foster and Adoptive Family Services of New Jersey, and self-referral.	
Section 3 – The Year in Review FFY '14 (10/1/13 – 9/30/13)		
3a	**Provide a summary of program accomplishments on goals.** **Include data where available. .** Overall the goals and objectives of the program were for parents to learn effective parenting techniques, implement effective parenting strategies, and sustain effective parenting skills in order to stabilize placement, promote permanency, and assist in adoption finalization when appropriate. Pre and post family assessments are completed with the families. Data demonstrates that families report reduction in child negative behaviors and increased feelings of parenting competency. A new bilingual Parent Educator was hired during this past year to assist with the increased number of clients who speak Spanish only.	

3b	**How did this improve outcomes for children and families?** The parents completing the program report improved relationships with their children, they are better able to problem-solve and can better control their emotional reactions with their children. Further, families report they are able to use consequences to improve their children's behaviors.
3c	**Identify specific factors that contributed to this improvement.** The Parenting Skills Partnership Program closely coordinates with individual families and their DCP&P representatives. The program utilizes an evidence supported model to improve parenting practices. The marketing plan created in 2008 continues to the present. Presentations were offered to all referring agencies and completed at all referring DCP&P offices annually when possible. Staff conducted outreach such as attending a walk for Foster and Adoptive Family Services. The utilization of bilingual staff also provided the program an opportunity to provide services to an additional population as identified by DCP&P.
3d	**Identify significant barriers to goal accomplishment.** Due to the in home design and the flexibility of accommodating the families' schedule, the families referred to the program and participate in services do not experience barriers to goal accomplishment. Since the program became an approved trainer for the Foster and Adoptive Family Services continuing education requirement, there has been some more visibility with the program.
3e	**Definition of Level of Service as per contract**: A unit of service is one referral.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/09 – 9/30/10** The contracted level of service is 24 referrals.
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/09 – 9/30/10** There were 19 referred families.
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: _68____** **# of unduplicated families: __16_____**
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Feedback from stakeholders includes an annual client satisfaction survey and quarterly meetings with the referral source. Feedback from our referral source in quarterly meetings is overall positive. The client satisfaction survey indicates that the parents are overall satisfied with all aspects of the program. The overall average score for the program was 6.56 on a seven point Likert scale.

Section 4 – The Year Ahead FFY '15 (10/1/14 – 9/30/15)

4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program.** Will speak with contracting to see if there is a need for services in other counties. Review catchment area to possibly include other counties. Current marketing and outreach strategies will be reviewed for increasing referrals for the upcoming year.
4b	**Identify changes you will make that stem from stakeholder feedback.** Stakeholders consistently report they are pleased with the service provided. We plan to continue to offer parenting support in English and Spanish.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/11 – 9/30/12?** In the report year 10/1/13-9/30/14, we plan to deliver 36 units of service.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: _68____** **# of unduplicated families: __36_____**

Section 5 – Evaluating Progress FFY '13 (10/1/12 – 9/30/13)	
5a	**How will you measure progress?** In FY '13 Volunteers of America will continue to measure progress through program evaluations, outcome measures, consumer satisfaction, family assessments, the continued permanency of adoptive families served, and feedback from funder and referral sources.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** Our division has a quality department that reviews program outcomes, safety issues, incident reporting, and performance improvement initiatives. Program outcomes are tracked on a monthly basis and reported to the division director and the executive office. Each year a consumer satisfaction survey is distributed to all participating families. The scores and comments are reviewed by the quality department, program director, and division director. Any suggestions for improvements to the program are reviewed and implemented when appropriate. Community organizations, families, and DCP&P works will continue to provide feedback through our satisfaction surveys, treatment team meetings, and quarterly meetings.
5c	**How do you collaborate with community partners?** The program works closely with the individual DCP&P caseworkers and with the DCP&P Resource Development Specialists. We make recommendations to the caseworkers for specialized assessments and additional identified services that may be necessary for family stabilization. We advocate on our clients' behalf in order to expedite those services. DCP&P relies on VOA to assess and evaluate the family situation and the ability of the parents to continue working towards success with these children. They expect us to inform them of new situations in the family.

Staff will continue to connect families to community resources for physical and mental health services, school child study teams for educational support, and social welfare providers as needed. The bilingual parent educator collaborates with adoption agencies in the counties we serve. One parent educator is trained as a Parents Anonymous trainer and will assist any family who would like to start a group.

2014 PSSF Update Report

Section 1 – Identifying Information		
1a	**Provider**: Robins' Nest, Inc.	**1b Program Name:** Healthy Families/TIP
1c	**Relevant PSSF Program**: ___FPS, **_X__**FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 42 South Delsea Drive Glassboro, NJ 08028	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: **_X_**. Safety **_X_** Permanency **_X_** Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	
2b	**Population Served**: All parents in Salem County who are pregnant or have an infant 3 months old or younger, or have an infant 12 months or younger if receiving TANF or GA.	
2c	**Geographical Area of Services**: Salem County	
2d	**Referral Sources**: Local Hospitals, Prenatal Clinics, Federally Qualified Health Centers, OB/GYN Physicians, WIC, Local Schools, School Based Youth Services, Family Success Centers, and County Social Services.	

3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** 1. 100% of children were enrolled in health insurance 2. 89% of participating infants/children were up-to-date on immunizations. 3. 97% of participants increased their interpregnancy interval (birth to conception) to 18 months 4. 100% of participating infants/children had a medical home 5. 95% of participating infants/children received developmental screening and appropriate referrals.
3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** While the program experienced strong outcomes and was able to accomplish its goals, some of the barriers for families in Salem County include limited financial resources and lack of transportation to access services. These barriers were addressed mainly through referrals to and education about appropriate services to address needs. The site also experienced a staff vacancy near the end of the report period. The site was able to retain many of these clients through contact from the supervisor and visits covered by other staff and minimize the impact on disruption of program services.

3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** 120
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 89
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: _140_** **# of unduplicated families: _70__**
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Fifty-four satisfaction surveys were distributed and twenty-four were returned for the year. Twenty-two responded "Yes" when asked if the program was meeting their expectations. When asked "What do you like best about the program's services?" many of the clients expressed that the program helped them to understand their child's development and what to expect. They liked the information about how to encourage child's development. Clients also stated that the program helped them set and achieve goals and that their worker encouraged them to look at things differently. When asked what could be done differently to improve services, several clients expressed a need for concrete services.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** There are no planned changes to the program.
4b	**Identify changes you will make that stem from stakeholder feedback.** There are no planned changes to the program.

4c. How many IV-B units of service are you expecting to deliver for the period of

10/1/13 – 9/30/14? 120

Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.

5c	**How do you collaborate with community partners?** The program maintains a collaborative relationship with many other agencies which can provide assistance to our families such as the Salem County Board of Social Services, Tri-County WIC Center, PRAC, One-Stop Career Center, Family Success Centers, the local hospital and pre-natal clinic, etc. These agencies not only facilitate our ability to obtain needed services for our families but are a rich source of referrals. Salem County Board of Social Services identifies families to refer to Healthy Families for a comprehensive assessment. The Program Director was participating in monthly collaboration meetings with Salem County Board of Social Services to review the status of TANF families participating in the program and coordinate services. Unfortunately, these meetings are no longer held, and the number of referrals from the BOSS has sharply declined since they no longer have staff working the TIP program. In delivering services, staff also works closely with the local clinic and OB/GYN, which welcome Healthy Families at their sites to outreach to mothers. WIC clinic staff has also welcomed Healthy Families presence on site. In addition, school nurses, DYFS caseworkers, and social workers identify potential candidates and make referrals. Finally, staff collaborates with a broad array of services (such as medical providers, employment services, vocational training, day care, etc.), linking new families to the resources they need to provide their baby a loving, financially viable home. Representatives from local schools, children's protective services, child care centers, other parenting programs, health department, and resource development are represented on our advisory board as community partners.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Robin's Nest	**1b Program Name:** Healthy Families-TIP Cumberland County
1c	**Relevant PSSF Program**: ___FPS, **_X__**FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 42 South Delsea Drive Glassboro NJ 08028	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: **_X_**. Safety **_X_** Permanency **_X_** Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	
2b	**Population Served**: The target population for Healthy Families - TIP program is any parent residing in Cumberland County who is pre-natal to three months post-natal. In addition, any parent who is GA/TANF (General Assistance/ Temporary Aid to Needy Families) eligible may enroll up to infant turning one year of age as part of the TIP program (TANF Initiative for Parents).	

2c	**Geographical Area of Services**: Cumberland County
2d	**Referral Sources**: Inspira Health Network, Complete Care Prenatal Centers, OB/GYN Physicians, WIC, Local Schools, School Based Youth Services, Family Success Centers, and County Social Services.
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** 6. 100% of children were enrolled in health insurance 7. 89% of participating infants/children were up-to-date on immunizations. 8. 95% of participants increased their interpregnancy interval (birth to conception) to 18 months 9. 100% of participating infants/children had a medical home 10. 95% of participating infants/children received developmental screening and appropriate referrals.
3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** The outcome Parenting Women/ Receive an Annual Primary Care Visit: Out of fifty-four participant women, only thirty-three kept their OBGYN annual visit. The program created a reward incentive to participant women that kept their annual medical visit.

3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** 150 Case weight
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 140 Case Weight
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals:** <u>110</u> **# of unduplicated families:** <u>220</u>
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Twenty-five satisfaction surveys were distributed and Nineteen were returned. The results from the most recent survey revealed the following findings: 16 of families strongly agreed that their Family Support Worker is respectful and understands the families' expectations for their children's development. 16 families strongly agreed that their Family Support Worker talks with them about their child, health and development every visit. When asked if the program had meeting their expectations: 19 families responded yes and 17 of them respond that the program has helped them. Some of the comments of how the program has helped included: "I understand how important my actions can affect my child", "This program helps me in the way I can be a better mother. Thanks to the program I'm not scare to take care of my son and they help me to be a better person as well", " During my pregnancy I am been learning to know the stages of the labor, my worker provides me with emotional support and activities that stimulate my baby in the womb".
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** There are no planned changes to the program

4b	**Identify changes you will make that stem from stakeholder feedback.** We will maintain our efforts in improving quality services to enhance parents' knowledge, self-efficient and family functioning**.**
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** 150 Case weight
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals:** 110 **# of unduplicated families:** 220

Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)

5a. How will you measure progress? The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.

5b. Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods. As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.

5c. How do you collaborate with community partners?
Healthy Families collaborates with the county's local hospital and Complete Care Prenatal Health Centers. Hospital and Prenatal Health Center's staff identifies families to refer to Healthy Families-TIP for a comprehensive assessment. In addition, school nurses and social workers identify potential candidates. Also Healthy Families-TIP partnered with the County Board of Social Services to serve GA/TANF eligible parents as well as participated in the monthly Cumberland County Work First New Jersey Local Partnership meetings. Finally the Healthy Families-TIP Advisory Board has representation of members of the Cumberland County Health Department, Perinatal Cooperative and Nurse Family Partnership Program, that collaborate in planning, implementing, and assessing program services**.**

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Central Jersey Family Health Consortium	**1b Program Name:** Middlesex/Somerset County Healthy Families-TIP
1c	**Relevant PSSF Program**: ___FPS, **_X__**FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 2 King Arthur Court Suite B North Brunswick, N.J. 08902	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: **_X_**. Safety **_X_** Permanency **_X_** Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	
2b	**Population Served**: Any pregnant women or new mothers with an infant less than 3 months of age that meets the Healthy Families criteria and any women receiving TANF, GA, or EA.	
2c	**Geographical Area of Services**: Middlesex and Somerset Counties	
2d	**Referral Sources**: Local Hospitals, Prenatal Clinics, Federally Qualified Health Centers, OB/GYN Physicians, WIC Local Schools, School Based Youth Services, County Social Services, DCPP and other community organizations. All referrals are processed through the Central Intake. They screen and process referral in order to be assigned to the appropriate program.	

Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals. Include data where available.** 11. 98% of children were enrolled in health insurance 12. 64% of participating infants/children were up-to-date on immunizations. 13. 100% of participants increased their interpregnancy interval (birth to conception) to 18 months 14. 59% of participating infants/children had a medical home 15. 83% of participating infants/children received developmental screening and appropriate referrals.
3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** One of the most significant challenges that affected the program during that period was staff retention. Staff moved on to other opportunities offered. Upon staff leaving many families refused to accept another Family Support Worker and the program was unable to enroll new families.
3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.

3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13 The contracted Level of Service for this period was 165.**
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13 The actual Level of (units) of Service during this period was 107.**
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: _72____** **# of unduplicated families: ____72___**
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Client Satisfaction Surveys were administered on June 28, 2013. (See Attached results)
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** No changes have occurred.
4b	**Identify changes you will make that stem from stakeholder feedback.** None were suggested from the Client Satisfaction Surveys.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** The Level of Service to be delivered during this period is 195.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: _101____** **# of unduplicated families: ___101____**
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	

5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.
5c	**How do you collaborate with community partners?** The Middlesex/Somerset Healthy Families site participates in a county network advisory committee in Middlesex and Somerset counties. There are also quarterly meetings with the Middlesex and Somerset County Board of Social Services.

2014 PSSF Update Report

Section 1 – Identifying Information		
1a	**Provider**: Burlington County Community Action Program	**1b Program Name:** Healthy Families-TIP Burlington County
1c	**Relevant PSSF Program**: ___FPS, **_X__**FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 718 Route 130 South – Burlington, NJ 08016	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: **_X_**_ Safety **_X_** Permanency **_X_** Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		

2a. Overview of Service: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and

neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.

<table>
<tr><td>2b</td><td>Population Served:
Race/Ethnicity:
White, non-Hispanic: 22
Black, non-Hispanic: 71
Hispanic/Latina/Latino: 5
Multiracial: 15

Marital Status:
Single, never married: 84
Living together, not married: 17
Married, first time: 9
Other/Missing/Unknown: 3

Caregiver Age:
Under 16 years old: 0
16-19 years old: 17
20-29 years old: 75
Over 30 years old: 21

Education:
Less than 12: 41
HS/GED: 43
Vocational/Some College: 21
Associates: 3
Bachelor's Degree or Higher: 1</td></tr>
<tr><td>2c</td><td>Geographical Area of Services: Burlington County, NJ</td></tr>
<tr><td>2d</td><td>Referral Sources:
SJFMC, DCP&P, WFNJ, Virtua Center for Women, Belmont Homes, People First, EA Dept., Drenk, MVP Program, Project Teach, Virtua Community Nursing Services, SNJPC, Virtua Memorial Hospital, Youth Opportunity Program, Impact Ministries, Family Success Center, staff referral, and self-referrals.</td></tr>
<tr><td colspan="2">Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)</td></tr>
<tr><td>3a</td><td>Provide a summary of program accomplishments on goals.
Include data where available.
1. 98% of children were enrolled in health insurance
2. 82% of participating infants/children were up-to-date on immunizations.
3. 72% of participants increased their interpregnancy interval (birth to conception) to 18 months
4. 98% of participating infants/children had a medical home
5. 88% of participating infants/children received developmental screening and appropriate referrals.</td></tr>
</table>

3b. How did this improve outcomes for children and families? Program accomplishments increased:

- the number of children and parents linked to a primary health care provider
- number of children receiving up to date immunizations
- number of families use of community resources
- appropriate identification and referral of infants and children for developmental delays

3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** Barriers included a reduction in the amount of referrals received due to an increase in the number of home visiting programs in the county. The agency recently obtained a grant to run a new central intake program and through the promotion and success of this program, referrals should become more streamlined and increase.
3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** 125
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 79%
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: 117** **# of unduplicated families: 234**

3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** 61 surveys were distributed and 47 were received back. Overall response was positive with the majority of responses indicting that they either agreed or strongly agreed to the questions.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** There are no planned changes.
4b	**Identify changes you will make that stem from stakeholder feedback.** There are no planned changes.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** 125
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: 125** **# of unduplicated families: 250**
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.

5c	**How do you collaborate with community partners?** Quarterly Advisory Board Meetings are held in collaboration with the local Improving Pregnancy Outcomes Initiative. Staff members also participate in a variety of county and planning meetings such as Healthy Mothers/Healthy Babies, HSAC, CHAGG, and DCPP case conferencing. Community partners include representatives from transitional housing, domestic violence, mental health, substance abuse, child protective services, and SBYSP.

2014 PSSF Update Report

Section 1 – Identifying Information		
1a	**Provider**: Preferred Children's Services	**1b Program Name:** Healthy Families/ TIP Ocean County
1c	**Relevant PSSF Program**: ___FPS, _**X**__FSS, ___TLFRS, ___APSS	
1d	**Program (Mailing Address):** Preferred Children's Services Healthy Families/ TIP Ocean County P.O. Box 2036, Lakewood, New Jersey 08701 **(Office Location):** 1191 Lakewood Avenue, Toms River, NJ. 08753	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: _**X**_. Safety _**X**_ Permanency _**X**_ Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	

2b. Population Served: The Service Population consists of two tiers. The Healthy

Families program component serves all first time expectant mothers; and teenage mothers under the age of twenty-one years old who may have one or more births. The second tier of the Healthy Families/TIP Ocean County Program serves mothers and families who are receiving TANF (Temporary Assistance for Needy Families). The TIP component may enroll families up until the baby is twelve-(12) months old, and the birth order is irrelevant. Specifically, these mothers/families receive EA (Emergency Assistance) and SR (Special Response). In total, the Healthy Families/TIP Ocean County Program served ninety-five (95) families. During FFY 2013, the description of the Population Served is as follows:

Cultural Sensitivity Review:

87% of the service population was predominantly of Hispanic descent. The primary language spoken was Spanish. The next prevalent ethnicities were White / non-Hispanic at 9% and Black/African American was at 4%.

The demographics of Enrollees: 36% are under the age of 19 years old; 53% are between 20 through 29 years old; and finally 11% are 30 years old and over. 95% of the enrollees were single/never married, or living together and not married.

The educational range was: 72% had between a sixth grade education and less than 12th grade. 11% had a GED or High School degree. The remaining 17% had vocational school, some college and 3 had college degrees.

2c	**Geographical Area of Services**: The targeted service area for the Healthy Families component (all first time mothers and teenage mothers) is Lakewood Township, Brick Township, and Point Pleasant Borough. The targeted service area for TIP or "TANF Initiative for Parents" component is northern and central Ocean County, New Jersey.
2d	**Referral Sources**: Local Hospitals, Prenatal Clinics, Federally Qualified Health Centers, Local Schools, School Based Youth Services, County Social Services, Board of Social Services, and the Division of Children Protection and Permanency.
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals. Include data where available.** 16. 96% of children were enrolled in health insurance. 17. 92% of participating infants/children were up-to-date on immunizations. 18. 95% of participants increased their interpregnancy interval (birth to conception) to 18 months. 19. 96% of participating infants/children had a medical home. 20. 100% of participating infants/children received developmental screening and appropriate referrals.
3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays

3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** There are three-(3) identifiable barriers which impeded the goal accomplishment. The first identifiable barrier entails receiving up-to-date immunizations. The majority of the population served is undocumented who have transient living conditions. The population served may relocate several times per year. In addition, understanding how to access health care coverage proves to be extremely difficult. Application for insurance renewal is even more frustrating. The Family Support Workers (FSW's) are proactive. The FSW's guide and assist through the entire process to secure the initial medical coverage, and also to obtain medical insurance renewals. If not for the efforts of the FSW's, the children would not receive the necessary immunizations and health care. During the FFY 2013, the approval for medical insurance took three to four months due to systematic processing delays. Secondly, the fathers/partners are unable to find viable employment. They are day laborers or seasonal, temporary workers. This compels the mothers to become the primary bread winners and to seek full-time employment. These families become less accessible and have difficulty maintaining consistent home visitation. This adversely affects face-to-face percentages of achieved home visitation rates; and all the program goal attainments. There are efforts to re-engage the families; involve the fathers and other family members; incentive efforts; and to continue with positive outreach attempts. Thirdly, the transportation in Ocean County New Jersey is minimal. There is only one bus route which runs along the Route 9 corridor. Whenever warranted, the FSW's transport the families to secure medical insurance, health care, SNAP, WIC in order to improve the quality of life. Although vital to the well-being of the families, this extended length of direct face-to-face time is not calculated as additional completed home visits.

3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.

3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13.** During the first eleven months of Federal Fiscal Year 2013 (from October 1st, 2012 through August 31st, 2013), the case weight was <u>107</u>. The final month (from September 1st through September 30th, 2013), the case weight increased to <u>137</u>. The Healthy Families/TIP Ocean County Program was awarded an additional $54,692 annual funding through a two-(2) year Social Service Block Grant to address the overwhelming needs/hardships of the local families caused by "Super Storm Sandy."
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13.** The actual Level of Service was case weight <u>88.</u>
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: <u>190</u>** **# of unduplicated families: <u>95</u>**

3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** During the annual December "Holiday Fiesta," the Client Satisfaction Surveys are distributed. Twenty-seven (27) Client Satisfaction Surveys were distributed and twenty-seven (27) Client Satisfaction Surveys were completed and returned. The Quality Improvement Department of Preferred Children's Services analyzed the results. In summary, the results testified that the overwhelming majority of replies yielded the highest response of "Strongly Agree." During FFY2013, the Healthy Families Advisory Board met on November 15th, 2012 and May 16th, 2013. The Advisory Board Members represent key referral sources and community service provides. The Advisory Board Members remain proactive and intensely focused on the goals of Healthy Families America. Throughout FFY 2013, the community and stakeholders received regular feedback, updates, notifications, and promotional announcements. ➢ The Manager reports to the monthly Ocean County One-Stop Collaborative Meetings at the Board of Social Services. Feedback is received and assimilated. ➢ The Manager presents at the quarterly TIP (TANF Initiative for Parents) Operational Meetings. ➢ Finally, the Healthy Families/TIP Ocean County Program participates at the various community/agencies open house events, and provides Trainings upon request. <u>Finally, during March 25th and March 26th, 2013, the Healthy Families/TIP Ocean County Program was reviewed by Healthy Families America. As a result the Program was expedited and received a four year Accreditation</u>.

Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program.** The established parameters of the Program will remain unchanged. The Healthy Families/TIP Ocean County Program will continue to accept first time expectant mothers; and teenage mothers who are under twenty-one years old who may have one or more births. The target service area will remain Lakewood, Brick Township, and Point Pleasant, New Jersey. In addition, all northern and central Ocean County mothers who are receiving TANF may be enrolled up until the baby is twelve-(12) months old, and birth order is irrelevant. As a direct result of the feedback from the Client Satisfaction Surveys, the Healthy Families Program will continue to provide Parent/Child educational, recreational, and socialization groups. This is scheduled approximately three to four times during the year.
4b	**Identify changes you will make that stem from stakeholder feedback.** There is a state-wide initiative to expand the Central Intake process to Ocean County. The referrals will be received, screened and funneled through one processing entity. Currently, the Central Intake is being finalized. All referrals will be received by this state-wide database referral source.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** The anticipated Level of Service will be 137 Case Weight.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: 210** **# of unduplicated families: 105**

Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the Advisory Board. There are well-defined impact measures and outcome measures. Quarterly Reports are forwarded to the primary stakeholders and Prevent Child Abuse-New Jersey. Along with these detailed reporting forms, there is a corresponding Quality Improvement Grid to identify causal factors, interventions, and proposed remediation.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.
5c	**How do you collaborate with community partners?** Annually, the Healthy Families/TIP Ocean County Program reviews the existing "Memorandums of Understanding" (MOU's) with all the referral sources and collaborating entities. The Program will continue to participate in local community and state-wide functions; as well as providing In-Service Trainings. Alliances are well-established with the numerous referral sources which generate the prospective intakes: The Family Planning Center of Ocean County, Ocean Health Initiatives (FQCHC), Lakewood School Based Youth Program, Ocean Medical Center (hospital), the three-(3) Brick Township School Based Youth Programs, Preferred Behavioral Health of N.J., Early Head Start/Head Start, Monmouth Medical Center, Jersey Shore Medical Center, Children's Home Society, Early Intervention of the Ocean County Health Department, WIC, the Ocean County Board of Social Services, and Central Jersey Family Health Consortium. All of the above-mentioned have participated on the Healthy Families/TIP Ocean County Advisory Board. The Healthy Families/TIP Ocean County is a member of the Early Head Start/Head Start Advisory Board; and also a member of the Family Planning Center of Ocean County Advisory Board. The Program Manager continues to attend all relevant Home Visitation Task Force Committee Meetings, quarterly TIP Operational Meetings, and the regularly scheduled Ocean County One-Stop Collaborative Meetings. This includes the planning meetings and all relevant focus groups.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Partnership for Maternal and Child Health of NNJ	**1b Program Name:** Passaic County HF-TIP
1c	**Relevant PSSF Program**: ___FPS, **_X__**FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 1 Otillio Terrace , Paterson , New Jersey 07502	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: **_X_**. Safety **_X_** Permanency **_X_** Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	
2b	**Population Served**: Any new mother and mothers under 25 years of age with multiple children and any new mother receiving TANF residing in Passaic County.	
2c	**Geographical Area of Services**: Passaic County	
2d	**Referral Sources**: Local Hospitals, Prenatal Clinics, Federally Qualified Health Centers, OB/GYN Physicians, WIC, Local Schools, School Based Youth Services, County Social Services.	
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)		

3a. Provide a summary of program accomplishments on goals.
Include data where available.

1. 98 % of children were enrolled in health insurance

2. 78% of participating infants/children were up-to-date on immunizations.

3. 100% of participants increased their interpregnancy interval (birth to conception) to 18 months
4. 84% of participating infants/children had a medical home
5. 84% of participating infants/children received developmental screening and appropriate referrals.

3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** • Families who do not provide the family support worker with proper documentation regarding the child's immunizations are not included with up-to –date immunizations. The program will have families sign the consent to exchange information, therefore allowing the program to reach out to the pediatrician.
3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** **CLOS -255**

3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 189.15 (74%)
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. 156 families were served during this time period **# of unduplicated individuals: _156____** **# of unduplicated families: ___156____**
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** For the period of 10/1/12-9/30/13, 109 surveys were sent to the families. Out of the 109 surveys that were sent, 47 surveys were received by the program. According to the surveys, what families like the best was the support they received from their Family Support Worker, the child development and resource information and the emotional support provided. Some of families' suggestions for improvement were to have longer visits and to promote the program more in the community. All 47 families felt that the program met their expectations. The program is brainstorming way to increase the number of surveys returned by the participating families.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** • **There are no planned changes to the program at this time.**

4b. Identify changes you will make that stem from stakeholder feedback.

<u>Staff input:</u>

During staff meetings supervisor encourage staff to voice their concerns about the program. There is space left on the staff meeting agenda for staff to write in agenda items. Staff is also given an opportunity to facility staff meetings in order to have the meeting represent everyone's point of view. Staff is very involved in the planning and implementation of program events.

<u>Families Input:</u> Based upon the most recent participant satisfaction survey 95% participants who responded to the survey strongly agree that they are given information that is easy to understand, 64 % strongly agreed that the program uses materials that remind them of their own families and 95% strongly feel that the FSW is respectful and understands their culture.

Overall it appears that participants feel that the program staff respect their individual beliefs and cultures and feel that they are treated with respect. However, in the future staff will be provided with more material that is reflective of the families that we serve.

Recently clients have been invited to the advisory board meeting more clients will be invited to future board meeting.

Advisory Board:

The home visiting advisory board meets quarterly. The broad is a diverse group representing community and government agencies from the surrounding area. During each meeting program up dates are provided to the board. They are informed of some of the challenges that the program faces and they provide their advice and resources to our program.

4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** The number of units for 10/01/13-9/30/14 is 255.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: _216____** **# of unduplicated families: _127_____**
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.
5c	**How do you collaborate with community partners?** Passaic County Healthy Families-TIP (PCHF/TIP) has memorandums of agreement with agencies in the community. Collaborators are members of the PCHF/TIP Home Visiting Advisory Board. The Board meets on a quarterly basis. During the meetings, strengths and challenges are discussed. Family Support Workers are sent to the collaborating agencies to recruit families. The relationship between PCHF/TIP and agencies within the community is based on mutual respect, caring and respect for the community and for those reasons the ties with our community partners remains strong and intact.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Mercer Street Friends	**1b Program Name:** Healthy Families-TIP Mercer County
1c	**Relevant PSSF Program**: ___FPS, **_X__**FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 222 North Hermitage Ave Trenton, NJ 08618	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: **_X_**. Safety **_X_** Permanency **_X_** Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	
2b	**Population Served**: The program serves pregnant/parenting women residing in the East and West Wards of the City of Trenton, identified either prenatally or within 14 days of giving birth, and any pregnant/parenting woman residing in Mercer County receiving TANF, GA or EA with a child under12 months of age.	
2c	**Geographical Area of Services**: All of Mercer County (226 square miles)	
2d	**Referral Sources**: Local Hospitals, Prenatal Clinics, Federally Qualified Health Centers, OB/GYN Physicians, WIC, Local Schools, School Based Youth Services, County Social Services, Central Intake	
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)		

3a. Provide a summary of program accomplishments on goals.
Include data where available.

1. 100% of children were enrolled in health insurance

2. 85% of participating infants/children were up-to-date on immunizations.
3. 96% of participants increased their interpregnancy interval (birth to conception) to 18 months
4. 100% of participating infants/children had a medical home
5. 100% of participating infants/children received developmental screening and appropriate referrals.

3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** Barriers to goal achievement include: the impact of parents living in poverty, unresolved childhood abuse issues, difficulty in engaging families, and lack of understanding of the importance of health care and the health care system, homelessness resulting in increased transiency. The program supervisor continues to see the importance of working diligently to identify various ways to motivate and nurture staff as they are challenged with responding to the various barriers to service delivery. During monthly staff meetings and team building exercises, staff is given the opportunity to share frustrations and to brainstorm solutions; this may include role playing a home visit, an assessment conversation, or a discussion about strategies related to presenting the Program in an honest and appealing manner. Accomplishments are recognized during team meetings as well as in Statewide site networking meetings as they occur. Sources for additional training that will support staff in effective service delivery are also being explored.

3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.
3f	**165 Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13**
3g	**Enter your 112Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13**
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: 156** **# of unduplicated families: 78**

3i. Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.

Annual Client Satisfaction Survey
Results
2012-2013

56 surveys distributed (12 S - 44E (8 level X))
44 surveys returned (8 S - 36E)

79% of all surveys distributed were returned
67% of all Spanish language surveys distributed were returned
82% of all English language surveys distributed were returned

Of the 44 returned:
34% were from H parents
45% were AA parents
7% multi culture parents
5% were from African parents
7% were from C parents
2% were Asian

Summary of parent feedback:
All families surveyed felt that their culture (race, language, family style, age,

- parental expectations), were accepted and respected.
- All families said that they could communicate feelings freely with their FSW without the concern of being judged.
- Most participants felt that the materials that they were given were age appropriate, (parent and child), respectful, culturally relevant and easily understood.
- All families expressed that they benefited from the Program and felt that the information provided assisted them in developing a better understanding of their child's growth and development.
- Most mothers indicated that their quality of life was improved in many ways through their Program participation; such as having more patience with their children, increased problem solving skills, being satisfied with themselves, controlling their temper, and taking better care of their own personal health.

What participants liked best about the program's services

Upon reviewing the individual participant's responses to this question, (listed at the end of the data summary attached below), it seems evident that parents appear to enjoy the opportunity to access teaching, support, role modeling, and information offered to them about being a healthy individual and parent; provided to them through a relationship with a caring, respectful and culturally sensitive home visitor.

How participants have benefited from the program:

Upon reviewing the individual participant's responses to this question, (listed at the end of the data summary attached below), it seems that most participants feel that have gained additional skills/strategies in a variety of areas related to their role as parents and in their journey to be healthy individuals.

Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** There are no planned changes at this time to the program.
4b	**Identify changes you will make that stem from stakeholder feedback.** The response of the stakeholders indicated that 100% of those who completed the survey felt that the program met their expectations and that no changes were needed.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** 165
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals:** 330 **# of unduplicated families:** 165

Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.
5c	**How do you collaborate with community partners?** Mercer Street Friends is part of a broad based collaborative of service providers. This network of medical and social service agencies share resources; training, support, information, planning, data and trend analysis, as well as philosophy of the importance of a series of integrated strength based intervention strategies to support young families in the City of Trenton and Mercer County. To reduce duplication of effort and time expended, MSF has facilitated an integrated advisory group that meets requirements for a number of community partners to have such a group; this group is known as the Community Advisory Network (CAN). HF-TIP, Parents As Teachers, Nurse Family Partnership, and Children's Futures (Central Intake, Center Based Services, and Community Health Workers) facilitate quarterly meetings attended by participating members who come from a number of community agencies including: WIC, Early Head Start, Project Teach, RWJ Hamilton, Trenton Health Team, Teen Pregnancy Prevention, Home Front, Trenton Health Team, Capital Health Prenatal Clinic, and consumers.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Robins Nest Inc.	**1b Program Name:** Healthy Families Gloucester County
1c	**Relevant PSSF Program**: ___FPS, _**X**__FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 42 S. Delsea Drive Glassboro, NJ 08028	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: _**X**_. Safety _**X**_ Permanency _**X**_ Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	
2b	**Population Served**: Any parent who is pregnant or has an infant 3 months or younger is eligible for Healthy Families-TIP Gloucester. Additionally, the program is available to parents with an infant up to twelve months old if they are currently receiving or eligible to receive Temporary Assistance to Needy Families (TANF), Emergency Assistance (EA) or General Assistance (GA). Potential clients are screened for a variety of risk factors, including but not limited to teen pregnancy, first-time or subsequent pregnancy, low income, inadequate or no prenatal care, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place a child at risk of abuse and neglect.	
2c	**Geographical Area of Services**: Gloucester County	
2d	**Referral Sources**: Local Hospitals, Prenatal Clinics, Federally Qualified Health Centers, OB/GYN Physicians, WIC, Local Schools, School Based Youth Services, County Social Services.	

Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** 21. 98% of children were enrolled in health insurance 22. 88% of participating infants/children were up-to-date on immunizations. 23. 97% of participants increased their interpregnancy interval (birth to conception) to 18 months 24. 100% of participating infants/children had a medical home 25. 100% of participating infants/children received developmental screening and appropriate referrals.
3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** There were no significant barriers to goal accomplishment.
3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.

3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** The contracted level of service was 120.
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 103 case weight or 86% level of service.
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: 210** **# of unduplicated families: 105**
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Eighty satisfaction surveys were distributed to participating families. Thirty-one surveys were returned. Nine respondents were African American, twelve were Caucasian, eight Hispanic, and 2 multi-ethnic. All thirty-one respondents felt that the program met their expectations. When asked what they like best about the program some of the comments included: "The helpful information and the goals to improve myself. Also great development information about my child", "Being able to understand how my child is developing", I feel like I have someone to talk to and help me", "Every time she comes my daughter is excited" and "The services are wonderful keep doing what you are doing".
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program.** There are no planned changes to the program
4b	**Identify changes you will make that stem from stakeholder feedback.** There are no planned changes to the program due to stakeholder feedback.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** 120
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: 210** **# of unduplicated families: 105**

Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.
5c	**How do you collaborate with community partners?** The program maintains a collaborative relationship with many other agencies which can provide assistance to our families such as the Gloucester County Board of Social Services, local WIC Center, One-Stop Career Center, the local hospitals pre-natal clinic, etc. These agencies not only facilitate our ability to obtain needed services for our families but are a rich source of referrals. Using a simple pre-screen instrument, local hospital staff identify families to refer to Healthy Families for a comprehensive assessment. In addition, prenatal clinic staff, school nurses, social workers and community agencies identify potential candidates and contact our central intake system to make a referral. Program staff work closely with WIC which welcomes Healthy Families at their site to outreach to parents. Staff collaborate with a broad array of services (such as medical providers, employment services, vocational training, day care, etc.), linking new families to the resources they need to provide their child(ren) with a loving and financially viable home. Representatives on our Advisory Board are from: Salem County Health Department, Underwood Hospital Prenatal Clinic, South Jersey Perinatal Cooperative, and Cumberland County Health Department. Relationships with the Board of Social Services, Workforce Investment Board and Gloucester County One-Stop have strengthened due to the addition of TIP (TANF Initiative for Parents). Healthy Families provides in home parenting education for families who receive cash assistance, food stamps, temporary rental assistance, education/employment counseling. These families are able to receive credit with the Board of Social Services for their participation in the program.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Holy Redeemer Health System	**1b Program Name: Healthy Families-TIP Cape May**
1c	**Relevant PSSF Program**: ___FPS, **_X__**FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 1801 Rt. 9 N. Swinton, NJ 08210	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: **_X_** Safety **_X_** Permanency **_X_** Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	
2b	**Population Served**: Cape May Healthy Families-TIP program serves first time parents in Cape May county who screen positive for stressors. Other parents may participate if they are on TANF or GA and have a child under 12 months of age. Alumni, students in local high schools and referrals from DCP&P and other local agencies are considered on a case by case basis. All services are voluntary.	
2c	**Geographical Area of Services**: All of Cape May County	
2d	**Referral Sources**: Now our referrals are coming through Central Intake. These are the referral sources: WIC, Complete Care Clinic, Cape Regional Medical Center, Family Success Center, BOSS, DCP&P and the two school based programs Project Teach and Project Care.	

Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** 26. **99%** of children were enrolled in health insurance 27. **78%** of participating infants/children were up-to-date on immunizations. 28. **67%** of participants increased their interpregnancy interval (birth to conception) to 18 months 29. **98%** of participating infants/children had a medical home 30. **86%** of participating infants/children received developmental screening and appropriate referrals.
3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment. There are now three home visiting programs in this county that provide in-home education and supportive services to new and expectant parents. Now all referrals go through Central Intake and are divided between these three agencies.**
3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.

3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13 <u>174</u>**
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13 <u>155.14</u>**
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once.** **# of unduplicated individuals: <u>250</u>** **# of unduplicated families: <u>125</u>**
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** **In March 2014, Holy Redeemer sent 95 Satisfaction Surveys. At the end of the month 74 were returned or 77%. Our results were very satisfactory, 96% stated that the program has helped them. In various areas of Parenting, Goal Setting, and Assistance, parents had very positive responses; such as, "It (the program) has helped me by becoming a good parent to my children."**
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** **As of 9/1/13, due to the Sandy Fund Grant a full-time Family Support Worker was hired. This has increased our LOS from 174 to 204.**
4b	**Identify changes you will make that stem from stakeholder feedback.** **We continue with our bi-monthly Infant Playgroup at the Family Success Center. To help meet the requests for our parties to be held at alternate locations we hold two of our parties at the Cape May County Zoo during the summer. In the winter months an event is held at the McDonald's. For our families who requested evening events, we referred them to the Family Success Center. The center provides events in the evenings for families**

4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14? 204**
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: 290** **# of unduplicated families: 145**
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.

5c. How do you collaborate with community partners?

Healthy Families Cape May collaborates with many community partners. Monthly we meet at the local hospital for the Healthy Mothers/Healthy Babies Coalition meeting. Community service representatives gather to share ideas, have educational in-services, and coordinate services. The Coalition has one project per year to assist parenting women and their families.

Monthly, the Program Supervisor attends an Operations meeting at the Board of Social Services to discuss our TIP LOS, challenges and work opportunities in the county. Changes in state policy and welfare reform are discussed.

Four times yearly we have a Planning Board meeting with our community partners and referral sources. Past and present program participants are part of this Board. Representatives are from the following agencies:

- **Cape May Special Child Health Services**
- **Cape May Early Intervention Program**
- **Cape Assist – preventative substance abuse agency and treatment**
- **CARA – Coalition Against Rape and Abuse**

- **Project Teach / DHS Tech School**
- **Child Protective Services**
- **Contract Supervisor**
- **Grants person from Board of Social Services**
- **Rutgers Home Extension Representative**
- **Christ Child Society representative**
- **Cape May Health Department**
- **Project Care – High School program for parents at Lower Cape May Regional High School**
- **Catholic Charities**
- **Family Success Center**
- **Community Liaison**
- **Holy Redeemer Food Bank Representative**

5c (continued) We are part of the Central Intake Committee which meets quarterly. On April 10, 2014 we participated in an Annual Community Baby Shower, collaborating with the other home visiting agencies in Cape May County. This increased our referrals to Central Intake.

We also collaborate with the Family Success Center by facilitating the Infant Playgroup, bi-monthly.

2014 PSSF Update Report

Section 1 – Identifying Information		
1a	**Provider**: **Care Plus NJ Inc.**	**1b Program Name: Healthy Families Bergen**
1c	**Relevant PSSF Program**: ___FPS, _**X**__FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 611 Route 46 West Suite 100 Hasbrouck Heights, NJ 07604	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: _**X**_ Safety _**X**_ Permanency _**X**_ Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		

2a. Overview of Service: The Healthy Families (HF) Program model provides in-home

education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.

2b	**Population Served**: The Healthy Families-TIP target population is first time families who are screened through Holy Name Hospital and North Hudson Community Action Corporation (HQFC) clinics and who reside in Bergen County and TANF recipients with a child 12 months and under. HF-TIP has Memorandums of Understanding with Holy Name Hospital and North Hudson Community Action Corporation.
2c	**Geographical Area of Services**: Bergen County
2d	**Referral Sources**: Holy Name Hospital, North Hudson Community Action Corporation, Bergen County CAP, Englewood Hospital, and WIC.
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** 31. 100% of children were enrolled in health insurance 32. 96% of participating infants/children were up-to-date on immunizations. 33. 100% of participants increased their interpregnancy interval (birth to conception) to 18 months 34. 100% of participating infants/children had a medical home 35. 98% of participating infants/children received developmental screening and appropriate referrals.
3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays

3c. Identify specific factors that contributed to this improvement. Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting

with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.

3d	**Identify significant barriers to goal accomplishment.** Enrolling first time prenatal mothers was a barrier this year. In addition, there are new Home visitation services offered to expectant mothers and there was a noticeable uncertainty from clients in receiving services.
3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** The Healthy Families-Tip Bergen County Level of Service is contracted at 128.
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** Healthy families-TI Bergen County achieved a case weight of 99.34
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: <u>152</u>** **# of unduplicated families: <u>76</u>**

3i. Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.

In May 2013, satisfaction surveys were hand delivered by Family Support Workers to 74 families receiving home visitation services. Families were asked to complete surveys in the FSW's absence and return them in a sealed envelope to their Family Support Worker. Out of 74 surveys, 64 (86%) were returned. There were a high number of participants that stated they like the program services and their Family Support Worker. In addition, participants noted that they feel comfortable talking and discussing issues with their workers as well as the linkages to resources in the community.

4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** Healthy Families-TIP Bergen County will collaborate with the Family Success Center in Little Ferry to obtain referrals for the program. In addition, the program will continue working with WIC satellite offices to present the program. The goal is to obtain more prenatal referrals.
4b	**Identify changes you will make that stem from stakeholder feedback.** No changes to report.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** Healthy Families-Tip is expected to serve a case weight of 158.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: 212** **# of unduplicated families: 106**
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.

5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.
5c	**How do you collaborate with community partners?** Healthy Families Bergen County works collaborately with other community services to identify appropriate services to meet our targeted objectives. Healthy Families identify family strengths and needs and make referrals to community resources as needed. The Family Support Worker models self-advocacy skills to increase parental competency. Such examples include, The Hispanic Institute continues to offer families with scholarships for ESL classes. Healthy Families will continue to receive ongoing screens and referrals through Holy Name Hospital and North Hudson Community Action Corporation. In addition, the program will continue to do outreach and presentations at the WIC office in Englewood. The Program Manager will continue to attend Lead Coalition meetings as well as Case Management meetings at the One Stop Center. The program will collaborate with Family Success Center to increase referrals. A list of community partners includes: Bergen's Promise, Bergen Family Success Center, The Volunteer Center of Bergen County, NJ Community Foundation, and Englewood Hospital.

2014 PSSF Update Report

Note: Provide all information requested. Retain 12 pt Times Roman font and 1-inch margins.

Section 1 – Identifying Information

1a) Provider:
Union County Healthy Families / TIP Visiting Nurse & Health Services, Inc., "d/b/a" Holy Redeemer Home Care - NJ, North

1b) Program Name:
Union County Healthy Families/TIP Program

1c) Relevant PSSF Program (check one):

_____Family Preservation Services _____Adoption Promotion and Support Services

_X_Family Support Services _____Time Limited Family Reunification Services

1d) Program Address:
354 Union Avenue
Elizabeth, NJ 07208

1e) Program Objective(s) (purpose of service):
Primary objectives for Healthy Families/TIP Program are:
1) prevention and early identification of child abuse and neglect in at-risk families;
2) improving the health and well being of participating infants, children and families.

1f) Outcomes Addressed (check all that apply):

_X_ Safety **_X_ Permanency** **_X_ Well-Being**

Section 2 – Service Description Basics FFY '12 (10/1/11 – 9/30/12)

2a) Overview of Service(s) (describe):
The Union County Healthy Families/TIP Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF/TIP identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.

2b) Population Served (describe):

All TANF eligible families with children under the age of 12 months and all new parents who are prenatal or with children up to 3 months of age.
The Demographics of our targeted population from DCF:

Characteristics	Number
# Served in Time Period	157
Participants Racial/Ethnic Identity	
White, non-Hispanic	7
Black, non-Hispanic	49
Hispanic/Latina/Latino	86
Multiracial	6
Other (Asian, Native American, etc.)	8
Unknown/Missing	1
Other Participating Adults	
Father/Father-To-Be (in the home)	61
Father/Father-To-Be (not in the home)	47
Grandparent/Other Relative	1
Foster Parent/Other Caregiver	0
Participant or Caregiver Age	
Under 16 yrs	2
16 thru 19 yrs	29
20 thru 29 yrs	63
Over 30 yrs	63
Marital Status	
Single, never married	87
Living together, not married	25
Married, first time	28
Other/Missing/Unknown	17
Education	
Less than 12	61
HS/GED	46
Vocational/Some College	28
Associates	12
Bachelors Degree or Higher	7
Missing/Unknown	0
Language	
English	78
Spanish	76
Other/Missing/Unknown	3

Income	
TIP/TANF Eligible Family	0
At or Below 100% of Poverty	134
At or Below 185% of Poverty	148
Over 185% of Poverty	2
Active in School or Work Activity	
Parent active in school/work activity	40
Parent employed	48
Participant Children (TC) Age @ End of Report	
Newborn [0-28 days]	5
Infant to Age 2 [29 days thru 2 yrs]	128
3 - 5 Years Old [3 - 5 yrs]	10
Participant Children (TC) Health Characteristics	
Preterm Birth	6
Low Birth Weight (include very low birth rate)	5
Lead Poisoning (any lead found)	1
Infant/Child Fatality	0
# of Siblings Under Age 5 (excludes TC)	51

2c) Geographic Area of Service (what areas are covered)**:**

All of Union County

2d) Referral Sources (from whom you accept referrals):

Local Hospitals, Prenatal Clinics, Federally Qualified Health Centers, OB/GYN Physicians, WIC, Local Schools, School Based Youth Services, County Social Services, Elizabeth Health Department, Proceed.

Section 3 – The Year in Review FFY '12 (10/1/11 – 9/30/12)

3a) Provide a summary of the program accomplishments and goals. Use data to support your comments.

1. **98% of children were enrolled in health insurance**
2. **88% of participating infants/children were up-to-date on immunizations**
3. **100% of participants increased their inter-pregnancy interval (birth to conception) to 18 months**
4. **100% of participating infants/children had a medical home**
5. **95% of participating infants/children received developmental screening and appropriate referrals.**

3b) How did this improve outcomes for children and families? (indicate benefit/impact and be certain to relate these to the identified DYFS Performance Based Outcomes)
Program accomplishments increased:

- **the number of children and parents linked to a primary health care provider**
- **number of children receiving up to date immunizations**
- **number of families use of community resources**
- **appropriate identification and referral of infants and children for developmental delays.**

Additionally, there were 0 substantiated cases of child abuse and/or neglect.

3c) Identify specific factors that contributed to the improvements/accomplishments.
Family Support Workers (FSWs) provide information to families in a strengh-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF/TIP follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.

3d) Identify significant barriers to goal accomplishment and how you addressed them.
The lack of transportation was an issue for many families. The lack of resources and employment opportunities for our families continues to be a huge problem as well. These families were linked to One Stop Centers, WIC, Josephine's Place, Board of Social Services, Proceed, and the Family Success Centers. On an emergency basis, the program has purchased food and clothing. We have also referred clients to community resources for furniture. In addition, donated used items were provided.

3e) Define a Unit of Service as per contract: (If more than one, include each)
In Healthy Families, the level of service is measured by "case weight". Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.

3f) Enter your contracted Level of Service portion (case weight) **that were Title IV-B funded for the period 10/1/12 -9/30/13.**
Case weight 180.

3g) Enter your actual Level of Service (case weight) **that were Title IV-B funded for the period 10/1/12 – 9/30/13.**
Case weight 123

3h) How many unduplicated individuals and unduplicated families were served for this period? (Each individual and family who received services during the reporting period should be counted only once.)
706 # of unduplicated individuals **116 # of unduplicated families**

3i) Provide stakeholder feedback information, e.g. satisfaction surveys, referral source information. (Include the number of surveys sent, responses received and the results.)
122 surveys were given out and 110 surveys were returned.
The survey results are attached.*

Section 4 – The Year Ahead FFY '13 (10/1/12 – 9/30/13)

4a) Identify any changes you are making to the services described in Section 2 and why. (This may include projected goals and objectives identified by vendors for their programs. Indicate if there are no planned changes to the program.)
We received additional funding for SSBG grant of $54,692 to serve 20 clients affected by the Sandy Hurricane.

4b) Identify changes you will make that stem from stakeholder feedback.
Satisfaction Surveys are reported to the Advisory Board for review and input into program services.

4c) How many Units of Service (case weight) **are you expecting to deliver with IV-B funding for the period 10/1/13 – 9/30/14?**
Case weight 210

4d) Indicate how many unduplicated individuals and unduplicated families you expect to serve.
618 # of unduplicated individuals **148 # of unduplicated families**

Section 5 – Evaluating Progress FFY'12 (10/1/12 – 9/30/13)

5a) How will you measure progress? (note methods)
The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey the agency that provides the technical assistance, quality assurance and training for our HF/TIP program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month.
Progress is also measured through client feedback, the annual service review and feedback from the advisory board.

5b) Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.
As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.

5c) Describe how you collaborate with community partners.
Many of our community partners are members of our Advisory Board. They include a member of Junior League of Union County, The Maternal-Child Health Social Worker for Trinitas Hospital, The Public Health Nursing Supervisor for Elizabeth, the Director of the Center for Infant Development, the Director of the WIC program at Trinitas Hospital, the Sisters of Charity Director for Josephine's Women's Center, the Director of Community Initiatives, the Associate Director of St. Joseph's Social Service Center and Vice-President of Home Care for Holy Redeemer Home Care. They meet on a quarterly basis and suggestions are offered on how to better serve our families.

We now have a Union County Intake. It provides our referrals. In an effort to best serve our clients, we are partnering with the other two major programs in Union County, Nurse Family Partnership and Parents As Teachers to become a new Advisory Board for all of Union County. Sharing information and community referral resources in the county helps support all of our families.

healthy families new jersey

Holy Redeemer
HealthCare. HomeCare. LifeCare.

Client Satisfaction Survey SUMMARY

Each year we ask our families to evaluate the services provided by our program. Please provide an answer that is closest to your feelings about each question and try to answer all questions to the best of your ability. It is not necessary to put your name on this form. Your comments will be kept confidential. Your ideas are important to us and we value your feedback. Thank you for taking the time to complete this survey.

Date collected on: **10/01/12 and 09/30/13**

Demographic Information

1. Please indicate which racial/ethnic background best represents you. (Please select only one option)

[3]	Anglo-American/White (not of Latin origin)	[66]	Latino/Hispanic
[0]	Asian/Pacific Islander	[28]	African American/Black (not of Latin origin)
[5]	Multi-racial/ethnic	[10]	Other

2. Please indicate the age range that you fall within.

[16] 17 or younger [25] 18 to 24 [44] 25 to 30 [16] 30 to 34 [11] 35 and older

3. Please indicate the highest level of education that you have completed.

[12]	Grade School (K-8)	[4]	Vocational School (after High School)
[39]	Some High School (9-11)	[13]	Some College
[33]	High School Graduate	[3]	Associates Degree
[3]	Received GED	[5]	Bachelor's Degree or Higher

4. Please indicate your current relationship status.

[66] Single, never married [7] Single, divorced [7] Separated

[ ] Domestic Partner/Civil Union [16] Married [ ] Widowed

5. Please indicate if you are a TANF recipient.

[59] Yes [39] No

Family Support Worker(s)

5. How many years have you worked with your current Family Support Worker?

[30] Less than 1 [29] 1 [27] 2 [12] 3 or more

6. How often do you currently receive visits from your Family Support Worker?

[39] Weekly [31] Every other week [15] Monthly [13] Once every 3 months

[ ] I do not receive visits (please explain)_____

Please indicate your level of agreement with the following statements by circling your response.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
7. My Family Support Worker is respectful and understands my culture or way of living, even though it may be different from hers/his	92	20	N	D	SD	NA
8. My Family Support Worker helps me find and connect to other community services/resources that I may need.	92	20	N	D	SD	NA
9. My Family Support Worker brings parenting information to my home that is easy for me to understand.	93	16	N	D	SD	NA
10. My Family Support Worker talks with me about my parenting on every visit.	94	18	N	D	SD	NA
11. My Family Support Worker talks with me about child health and safety.	94	18	N	D	SD	NA
12. My Family Support Worker talks with me about child development.	94	17	N	D	SD	NA
13. My Family Support Worker understands and respects my family's expectations for my child's development.	92	23	N	D	SD	NA

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
14. My Family Support Worker is able to answer my questions in a way that I can understand.	88	23	N	D	SD	NA
15. I have participated in forming goals with my Family Support Worker.	91	21	N	D	SD	NA

Program Services

16. How many years have you been enrolled in the program?

[49] Less than 1year [34] 1 year [20] 2 years [17] 3 or more years

Please indicate your level of agreement with the following statements by circling your response.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
17. The program gives me opportunities to share feelings about the program and services.	85	27	N	D	SD	NA
18. The program uses pictures, videos, posters, and materials that remind me of my own family	78	30	N	D	SD	NA
19. The program has helped me.	88	24	N	D	SD	NA

If the program has helped you, please explain how:

I received information on parenting (8), understanding growth and development of my child (4), taught me how to communicate better with my partner (5), my worker taught me how to read to my child and how to help my child learn (1), learned how to care for my baby (10). It's helped me with my stress. The program is an outlet for me, as I don't have any family in the area. I have received information about pregnancy that I was not aware of. I feel better prepared for the arrival of my baby.

20. Is the program meeting your expectations? [11] Yes [ ] No (please explain)

21. What can the program do differently to improve its services?

The visits should be more than weekly (4).

Thank you again for your time!

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Visiting Nurse Association of Central Jersey	**1b Program Name:** Monmouth Healthy Families/TIP
1c	**Relevant PSSF Program**: ___FPS, **_X__**FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 1301 Main Street Asbury Park, NJ 07712 and 200 Broadway Long Branch, NJ 0774	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: **_X_**. Safety **_X_** Permanency **_X_** Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	
2b	**Population Served**: Monmouth Healthy Families/TIP program serves first time parents living in Asbury Park and its surrounding areas, the town of Long Branch, and also serves parents in Monmouth County who are receiving TANF/GA benefits and have a child younger than 12 months in age. The program's goal is to engage and enroll women prenatally or within three months of the birth of the baby. In addition, parents who are receiving welfare cash benefits may be enrolled in HF/TIP until the baby turns twelve months old.	
2c	**Geographical Area of Services**: Monmouth Healthy Families/TIP program serves first time parents living in Asbury Park and surrounding areas, the town of Long Branch, and also serves parents receiving TANF/GA benefits and have a child younger than 12 months in age that are residing within Monmouth County.	
2d	**Referral Sources**: Local Hospitals, Prenatal Clinics, Federally Qualified Health Centers, OB/GYN Physicians, WIC, Local Schools, School Based Youth Services, and Monmouth County Social Services.	

Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** 36. _100_% of children were enrolled in health insurance 37. _85_% of participating infants/children were up-to-date on immunizations. 38. _98_% of participants increased their interpregnancy interval (birth to conception) to 18 months 39. _100_% of participating infants/children had a medical home 40. _90_% of participating infants/children received developmental screening and appropriate referrals.
3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** In 2012-2013, Monmouth HF/TIP program found 43% of women enrolled prenatally in program services, which is below the site's annual expected 80%. The site has identified the following as barriers to enrolling women prenatally: community partners providing referrals to our program after a mother gives birth to a baby, local private OB/GYN offices having limited awareness about program's services and the program's ability to enroll families prenatally, and conflicting work/school schedules that prevent prenatal women from participating in home visitation services. The program supervisors and staff have developed an action plan to address this issue.

3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** Monmouth HF/TIP program's expected number of units is 246
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 86% of units delivered
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: __368___** **# of unduplicated families: ___184____**
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** **See Below Attachment #1**
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program.** The site received SSBG funding to hire a part time Family Support Worker to serve an additonal 10 families effective 10/1/13. The site's case weight increased from 246 to 261.

4b	**Identify changes you will make that stem from stakeholder feedback.** Based on feedback from the annual Client Satisfaction Survey, the Monmouth HF/TIP program will provide four to six events for participating families this year.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** Monmouth HF/TIP program's expected number of units is 261.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: __522___** **# of unduplicated families: ___261____**
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.

5c	**How do you collaborate with community partners?** On 2/1/12 our site created a Team Leader position. The Team Leader assists the Program Supervisors by organizing the sites outreach efforts to potential clients in the community and collaborative efforts with community partners. This year the Team Leader year presented program information to Jersey Shore Addiction Services and Project Teach. To help recruit/market to potential participants and collaborate with community partners the site particpated in community events such as; National Night Out,Community Health Fairs, local Baby Showers, and a Latino Festival. Through community outreach, the Monmouth Healthy Families/TIP program has developed and continues to develop new relationships with community resources/agencies that provide services to our target population. On quarterly basis, the Monmouth Healthy Families/TIP program participates in the Monmouth County Maternal and Child Health Network and Home Visitation Advisory Board. Both share common goals and together will address ongoing issues within Monmouth County. On December 12, 2013 during the site's quarterly advisory board meeting the CJFH Consortium introduced the Centeral Intake program and process for referrals. The Monmouth HF/TIP program's staff and supervisors have been trained to use PRA/SPECT system. The Monmouth HF/TIP program is collabortating with Monmouth Central Intake to build awareness of the PRA/SPECT system. **See Below Attachment #2**

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Care Plus NJ	**1b Program Name:** Healthy Families-Hudson
1c	**Relevant PSSF Program**: ___FPS, _**X**__FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 255 Route 3 East, Room 104B Secaucus, NJ 07094	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: _**X**_ Safety _**X**_ Permanency _**X**_ Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	
2b	**Population Served**: The Healthy Families-TIP target population is families who are screened through Metropolitan Health clinic and who reside in Hudson County and TANF recipients with a child 12 months and under. HF-TIP has Memorandum of Understanding with Metropolitan Family Health Network (MFHN). MFHN is a federally qualified health center in Hudson County. In addition, HF-TIP receives outside referrals from our host agency, Care Plus and other community providers.	
2c	**Geographical Area of Services**: Hudson County	

2d	**Referral Sources**: Metropolitan Health Clinic, Nurse Family Partnership, Welfare Office, WIC, and Central Intake Hudson County and many other agencies in the county of Hudson
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** 41. 100% of children were enrolled in health insurance 42. 85% of participating infants/children were up-to-date on immunizations. 43. 100% of participants increased their interpregnancy interval (birth to conception) to 18 months 44. 100% of participating infants/children had a medical home 45. 98% of participating infants/children received developmental screening and appropriate referrals.
3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** Some of the barriers HF-TIP faced during this time period were retention of the TANF families. TANF families dropped out of the program once their TANF case closes or if they are enrolled in a 35 hour weekly core activity. HF-TIP is outreaching more prenatal families, outreaching more TIP families who are not yet mandated to participate in a core activity to focus more on the home visit prior to them starting a core activity. HF-TIP continues to offer evenings and weekend home visits to accommodate these families.

3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** 149
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 117
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: <u>188</u>** **# of unduplicated families: <u>94</u>**

3i. Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.
In June 2013, satisfaction surveys were hand delivered by Family Support Workers to 70 families receiving home visitation services. Families were asked to complete surveys in the FSW's absence and return them in a sealed envelope to their Family Support Worker. Of the 65 surveys, 41 (63%) surveys were returned. The majority agreed that FSWs provide information on parenting, health and development for the child. Also, that they find the staff to be non-judgmental. In addition, our host agency conducts confidential, voluntary "Customer Satisfaction" surveys on an annual basis.

See below responses from clients regarding what they like best about the program and how they want to see our program improve.

If the program has helped you, please explain how?

- ✓ I was able to established goals.
- ✓ I have received information on health care
- ✓ I have learned new information on parenting techniques
- ✓ I have learned child development milestones.

Is the program meeting your expectations?

- ✓ 41 families responded yes
- ✓ "My worker is very professional and easy to talk to "
- ✓ "My worker makes visits enjoyable, fun, and helpful"

Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** No changes
4b	**Identify changes you will make that stem from stakeholder feedback.** None changes
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** 179
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: 358** **# of unduplicated families: 179**

Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.
5c	**How do you collaborate with community partners?** Healthy Families-TIP Hudson County works collaboratively with other community services to identify appropriate services to meet our targeted objectives. Healthy Families identify family strengths and needs and make referrals to community resources as needed. HF-TIP collaborates with: Nurse Family Partnership, Jersey City Medical Center, Metropolitan Health Network clinic, Central Intake, and Family Success Center. In addition, HF-TIP collaborates with the welfare office to assist families with educational and employment goals. Healthy Families TIP participates in a joined advisory board committee with NFP, Central Intake, and Parent as Teachers.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: VNAHG	**1b Program Name:** Essex Healthy Families
1c	**Relevant PSSF Program**: ___FPS, **_X__**FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 274 South Orange Ave 3rd Floor Newark, NJ 07103	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: **_X_**. Safety **_X_** Permanency **_X_** Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	
2b	**Population Served**: The Essex VNACJ Healthy Families/TIP program can service first time mothers at any age that reside in the cities of Newark, Irvington and the Oranges. The site can also serve clients who live in Essex county, receive TANF benefits, and are parenting a child less than twelve months old.	
2c	**Geographical Area of Services**: The geographical area of services for the site include: Newark, Irvington and the Oranges for Healthy Families. In addition, parents who are receiving TANF (GA) benefits and have a child under twelve months of reside that reside in Essex County.	
2d	**Referral Sources**:	

Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** 46. 99% of children were enrolled in health insurance 47. 93% of participating infants/children were up-to-date on immunizations. 48. 78% of participants increased their interpregnancy interval (birth to conception) to 18 months 49. 99% of participating infants/children had a medical home 50. 100% of participating infants/children received developmental screening and appropriate referrals.
3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** One barrier which hindered the site was staff turnover. Two FSW's were terminated due to poor work performance (5/14/13 and 3/19/13). These two positions were filled by two Spanish speaking FSW's (hired 3/4/13 and 4/15/13). The site Supervisor and Team Leader have been working to maintain team morale and rapport through Team Building activities and staff outings.
3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.

3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** 174
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** 87%
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals:** <u>200</u> **# of unduplicated families:** <u>100</u>
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** Client Satisfaction surveys are randomly distributed yearly to active participants to ensure program's quality assurance and cultural competency. The site distributed 50 surveys to enrolled participants and 21 surveys were returned. Of those 21 returned 15 were English and 6 were Spanish. Overall, the participants offered many comments which will assist the program in making any improvements. Two key responses to take into consideration was the request for more resources for milk and to parent outings primarily for families to socialize with one another. Families suggested that they will have the opportunity to talk about the different benefits and opportunities out there for them. The program will take these responses into consideration in moving forward. The site plans on having a resource sharing/job fair event for the families to attend to get all the most recent resources the site has received. The site is also encouraging the FSW's to be sure they are utilizing the referral form and consistently sharing resources with families. The site also intends on holding an event for the families to socialize and talk with one another.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program** The site received SSBG funding to hire a PT FSW to service an additional 10 families, effective 10/1/2013. Due to this additional funding the site's case weight changed from 174 to 189.

4b	**Identify changes you will make that stem from stakeholder feedback.** Client Satisfaction Survey is attached separately.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** 189
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals:** _378_ **# of unduplicated families:** _189_
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.
5c	**How do you collaborate with community partners?** The site collaborates with community partners by being a part of joint committee Advisory Board Meetings with the Essex Central Intake Unit (EPPC). This group is referred to as Essex Home Visiting Advisory Committee. The committee includes a host of members from local community agencies and Home Visitation partners in Essex County. The duration for the meeting allows each agency to provide updates and connect with one another for a continuous rapport to better service clients. The site also participates in the March of Dimes HBWW Advisory Board meetings, upcoming in June 2014 the site will presenting at a local DCP&P office for a team meeting to share the program's goals and how to better collaborate the case workers and FSW's. The site will also be collaborating with a local Family Success Center for a Summer/Fall event for the families

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Center for Family Services	**1b Program Name: Healthy Families-TIP Camden**
1c	**Relevant PSSF Program**: ___FPS, **_X__**FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 180 South White Horse Pike Clementon, NJ 08021	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: **_X_**. Safety **_X_** Permanency **_X_** Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	
2b	**Population Served**: First time mothers and mothers who are receiving TANF and have a child under 12 months.	
2c	**Geographical Area of Services**: Camden County	

2d	**Referral Sources**: Central Intake, Board of Social, local Hospitals, Prenatal Clinics, Federally Qualified Health Centers, OB/GYN Physicians, WIC, Local Schools, School Based Youth Services.

Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** 51. 98% of children were enrolled in health insurance 52. 92% of participating infants/children were up-to-date on immunizations. 53. 100% of participants increased their interpregnancy interval (birth to conception) to 18 months 54. 90% of participating infants/children had a medical home 55. 100% of participating infants/children received developmental screening and appropriate referrals.
3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** The program has experienced some problems retaining mothers who are receiving TANF benefits and have to go to work or to school. We are making every effort to increase the enrollment of pregnant women and have enough time to develop a strong relationship before they have to comply with the work/school requirement.
3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.

3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13** **Case weight of 188**
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13** Case weight 148.36
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals**: 485 **# of unduplicated families**: 235
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** **I**n March 2014 the Family Support Workers distributed 50 surveys. 42 surveys were returned. The questionnaire contained 13 statements and clients were asked to rate their level of agreement with the statements as follow: Strongly agree 1; Disagree 2; Neutral 3; Agree 4; Strongly Agree 5; and not applicable 5. A score of 5 would be the highest possible rating. All 13 statements were rate at least 4 or higher.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program.** There are no planned changes to the program.
4b	**Identify changes you will make that stem from stakeholder feedback.** We will work closely with the Family Success Centers to provide groups for mothers in Camden County.
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** Case weight 188

4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals:400 _____** **# of unduplicated families: 200**
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.
5c	**How do you collaborate with community partners?** The Program Supervisor and the program Manager continue to work with Central Intake and the Board of Social Services. We participate in the Southern Jersey Perinatal Cooperative bi-monthly meetings.

2014 PSSF Update Report		
Section 1 – Identifying Information		
1a	**Provider**: Southern NJ Perinatal Cooperative	**1b Program Name:** Atlantic County Healthy Families/TIP
1c	**Relevant PSSF Program**: ___FPS, **_X__**FSS, ___TLFRS, ___APSS	
1d	**Program Address**: Southern NJ Perinatal Cooperative, 2922 Atlantic Avenue 2nd Floor Atlantic City, NJ 08401	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: **_X_**. Safety **_X_** Permanency **_X_** Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	
2b	**Population Served**: The Atlantic County Healthy Families/TIP program serves first time mothers of any age, pregnant or with a newborn. We also serve second time mothers, 30 years and under, pregnant or with a newborn.	
2c	**Geographical Area of Services**: The Atlantic County Healthy Families/TIP program site's target population includes women in Atlantic City, Ventnor, Brigantine, Pleasantville, Egg Harbor Township, Absecon, Galloway Township, Egg Harbor City, and Mays Landing.	

2d. Referral Sources:

- Atlantic County TIP Office
- Project Teach-Atlantic Campus
- Women's Health Services (AtlantiCare)
- Shore Medical Center – Prenatal Clinic Reliance at Shore
- Atlantic County WIC

- Atlantic City Regional Medical Center (Mainland Campus)
- Advanced OBGYN in Absecon, NJ (Dr. Carfagno)
- Mainland Regional High School in Linwood, NJ
- John Brooks Outpatient Recovery Center
- Southern Jersey Family Medical Center (Atlantic City & Pleasantville)
- Self-Referrals
- Atlantic County DCP&P
- Atlantic County Juvenile Justice System
- AtlantiCare Behavioral Health
- AtlantiCare Physician Group Pavillion OB/GYN Egg Harbor Township
- Inspira Healthy Network
- Cooper NICU

The site has a MOU with Atlantic Care Women's Health Services

Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals.** **Include data where available.** (Data collected from DCF Report: 7/1/12 – 6/30/13). 56. 100% of children were enrolled in health insurance 57. 67% of participating infants/children were up-to-date on immunizations. 58. 100% of participants increased their interpregnancy interval (birth to conception) to 18 months 59. 100% of participating infants/children had a medical home 60. 92% of participating infants/children received developmental screening and appropriate referrals.
3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.

3d	**Identify significant barriers to goal accomplishment.** During the Spring of 2012, Shore Medical Center contracted their prenatal care clinic to a private medical group and since that change, referrals from Shore Medical Center have decreased drastically. The program supervisor and office site manager work on this issue on an ongoing basis. Another barrier to goal accomplishment relates to meeting our target of having 80% of our participating mothers receive an Annual Primary Care Well-Visit. For the majority of our parenting mothers, Medicaid coverage is lost at 60 days post-partum. Therefore, most of these women receive their 6-8 week post-partum well visit and 60 days following delivery they are left with no health insurance coverage. Due to this reason, most of our clients have difficulty receiving their annual health care visit. Despite losing Medicaid coverage, we are encouraging these women to seek care at a Federally Qualified Health Clinic or a title 10 family planning center, and we continue educating them on the importance of regular, preventative health care. Our program also finds it challenging to maintain consistent contact with the families we serve. It appears as though there are a variety of reasons for this challenge, including (but not limited to) clients' cell phones running out of minutes, clients' phone numbers frequently changing with no updated contact information provided to the appropriate Family Support Workers, client and Family Support Worker having conflicting schedules, families not being home during scheduled home visits, and families having too many other responsibilities to focus on. We are doing our best to remind families to inform us of any phone number changes, scheduling conflicts, and address changes (especially with our clients who receive emergency Temporary Rental Assistance). Lastly, please note that our program had one FTE staff vacancy (100% FSW) out on FMLA during July 2012 and August 2012.
3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13:** 143

3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13:** 107.79 (from FamSys DCF Report, Section 3a, for reporting period: 10/1/12 – 9/30/13)
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals:** 270 individuals **# of unduplicated families:** 135 families (from FamSys Served Cases Report: Families Served in Time Period – 10/1/12 – 9/30/13)

3i. Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.

Out of 80 Client Satisfaction Surveys distributed to families, a total of 24 surveys were completed in entirety and returned. Aggregate results are below:

	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Not Applicable**
My Family Support Worker brings parenting information to my home that is easy for me to understand.	15	9				
My Family Support Worker is respectful and understands my culture or way of living even though it may be different from hers/his.	18	6				
The Family Support Worker brings me information related to my age group.	17	6				
The program gives me opportunities to share feelings about the program and services.	15	8				
My Family Support Worker talks with me about my child, parenting, and/or his/her health and development on every visit.	20	4				
My Family Support Worker spends enough time with me.	15	9				
I find the staff members to be non-judgmental.	11	11	2			
Which areas of your life have improved since beginning the program?	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Not Applicable**

a.my ability to solve problems	9	12	3			
b.my ability to cope with problems and stress	11	7	6			
c.taking care of my child(ren)	14	10				
d.more patience with my child(ren)	9	13	1			
e.getting a job	5	8	6	3		2
f.my satisfaction with myself	7	10	5	1		1
g.controlling my temper	10	8	4			2
h.my relationships with others	9	9	5			1
i.my living situation	9	8	6			1
j.going back to school	8	7	6	1		2
k.the health of my child(ren)	12	12				
l.my understanding of child development and parenting	14	8	2			
m.health care for myself	11	9	3			1
I feel comfortable with, and accepted by the staff members.	15	8				1
My Family Support Worker knows how to say important things in my language so we can talk easily with each other.	17	6				1
When my Family Support Worker talks about my culture, it is with respect and understanding.	16	6	1			1
My Family Support Worker understands and respects my family's expectations for my child's development.	14	9				1
The program uses pictures, videos, posters and materials that remind me of my own family and cultural background.	8	14		1		1
The Program has helped me.	14	9	1			

- ✓ Please check your race/ethnic background:

2 Anglo-American/White (not of Latin origin)
9 Latino
0 Asian/Pacific Islander
12 African American/Black (not of Latin origin)
1 Multi-ethnic

0 Other

Other improvements:

- "Learning how to set goals for advancements in my life."
- "Expressing myself and being more open about my feelings."
- "I feel like I can now see how beautiful the world of parenting can be."
- "I continue to learn and understand more things about my child."
- "Becoming a better mother for my daughter."
- "The program has helped me build a better connection with my son and helped me learn new coping skills when it comes to stress. It also helped me learn new things about infant care and parenting."

What do you like best about the program's services?

- "Being open to speak with my Family Support Worker about anything."
- "My worker listens and understands me and my problems."
- "My Family Support Worker is extremely patient with me."
- "I enjoy having someone to talk to about my baby and myself."
- "I like the reassurance that I am doing things right."
- The way the staff members are. They are very nice and always helpful."
- "I love the fact that I can have someone to talk to and understand my situation. I have a lot of trust in my Family Support Worker."
- "I like the useful information provided. Also my children love when our worker visits."
- "Having someone to talk to that can help me with any situation that I may be in."
- "My worker always helps me with any problems I have or any questions I have."
- "The home visits are great and I also like learning about my child's development."
- "Having someone to talk to and ask questions about my child."
- "I like learning about my baby and learning games to promote and improve motor skills and language."
- "I like that my worker is only one call away."
- "Everything."
- "I like the videos and information about my baby's stages of development."

Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program.** Our program site's target population currently includes all first time mothers of any age, pregnant or with a newborn, as well as second time mothers age 30 years and under, pregnant or with a newborn. In an attempt to simplify eligibility criteria, our site is interested in redefining our target population to be defined more loosely as: first and second time mothers of any age. The rationale for revising our defined target population is based on the new Central Intake referral process that Atlantic County began participating in back in May 2013. We'd like our target population to be a bit simpler, so that it's easier for the county's referral sources and new Community Health Workers at Southern Jersey Family Medical Center to refer families to our program. We also believe that less stringent eligibility criteria will allow us to hopefully serve more families.

4b. Identify changes you will make that stem from stakeholder feedback.

Our site's Advisory Board had a discussion regarding participant retention and level of participation, and we are therefore actively working on increasing our aggregate number of successfully completed home visits. In an attempt to improve our aggregate home visiting rate and ultimately increase retention, the program will begin incentivizing participation from families. Each month during our team meeting, each FSW will write down all families who have successfully participated in all scheduled home visits (depending on the client's level), and submit the families' names into a raffle. One to two families will be awarded a $10 gift card each month for being 100% compliant with meeting their Family Support Worker for home visits. This incentive program began in the Fall of 2013.

Additionally, as an incentive to participate in the initial Assessment piece of the HF-TIP program, the site has purchased personalized insulated lunch bags that have the program's name and office phone number printed on them. Families are given the lunch bag at the Assessment home visit.

Another area that has been addressed with the Advisory Board pertains to helping the home visiting staff "worker smarter, not harder." To work towards improving data entry and reporting, the supervisor requested an on-site "FamSys Database Refresher" workshop for our home visiting team. We have specifically requested that the FamSys workshop focus on demonstrating how to run reports that display current information regarding the individual home visitors' case load and specific data points that still need to be entered into the database. Our site wants to utilize the reporting feature of FamSys in the most efficient manner and feels that this training would be extremely beneficial in reaching and maintaining our target numbers. During our Site Visit on March 1, 2013, Daniela from PCA-NJ and our site's PCA-NJ Program Specialist Jeannette presented an on-site FamSys Refresher Training to the home visiting staff and 2 supervisors.

To work towards minimizing duplication of work when preparing for home visits, our team will also be working on creating and maintaining a comprehensive set of pre-printed hard-copy home visiting materials, forms, developmental tools, and PAT Foundational Personal Visit Plans 1-8. All parent-child interaction activities will be organized according to age range. The goal of establishing this system is to assist the home visiting staff in decreasing their preparation time for home visits, and also to save paper (for example: if a home visitor brings a copy of a PAT Foundational Personal Visit Plan print-out on a home visit but does not make any notes on it, the home visitor will then return the same print out to the appropriate folder for another home visitor to use again in the future).

Our team will also collaborate together and create a comprehensive "FamSys Home Visit Log 4th Page Sample Observations" list. This electronic word document will be broken down by each of the developmental milestones and common observations that are to be documented on the 4th page/narrative section of the home visit log (language, intellectual, social-emotional, gross/fine motor, sample parent-child interactions, routines and transitions, home environment and home safety). For convenience and time-saving purposes, it will also be broken down by age groups (birth to 1 ½ months, 1 ½ to 3 ½ months, 3 ½ to 5 ½ months, 5 ½ to 8 months, 8 to 14 months, 14 to 24 months, and 24 to 36 months). The purpose of this document is to save time on data entry, and aid the home visitors in recalling certain developmental milestones they may have observed during the home visit.

After reviewing participant responses indicated on Client Satisfaction Surveys, our team decided to extend the invitation to *all* HF-TIP participants to attend the SNJPC "New Babies, New Beginnings" weekly support groups, which are funded through the agency's Post-Partum Wellness Initiative. This support group was previously for the program's TIP participants, however as of Spring 2013 it is now open to all families. An area of focus during these support groups will be Mindful Stress Reduction, which we feel can be beneficial to anyone.

Lastly, to assist the home visiting staff in developing goals and SMART objectives with the families we serve, on September 19th, 2013 our site's PCA-NJ Program Specialist presented an on-site IFSP Refresher Training. There were 6 home visiting staff and 2 supervisors in attendance.

4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** 173
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals:** 346 individuals **# of unduplicated families:** 173 families
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.

5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed. Staff satisfaction surveys will also be implemented.

5c. How do you collaborate with community partners?

The program supervisor is an active participant in the Atlantic County Central Intake planning committee, which meets on an ongoing basis so that our PRA/SPECT referral process will continue running smoothly. The program supervisor also attends the bimonthly Atlantic County Healthy Mothers Healthy Babies Coalition meetings and the Atlantic County United Way Success by Six meetings. These meetings are comprised of a variety of maternal, infant, and early childhood health professionals, and networking amongst everyone is ongoing. All meeting members provide ongoing updates regarding their specific programs and/or agencies.

The Family Support Workers also provide the families we serve with informational referrals regarding available community resources and other service agencies that may be helpful to them. Some of these include referrals for concrete services (baby items, hygiene items, household goods, clothing), transportation (Logisticare), domestic violence services (Atlantic County Women's Center), employment/training and educational services (Family Success Centers), social support services (AtlantiCare Behavioral Health), Post-Partum Support (PPD Hotline or SNJPC's Post-Partum Wellness Initiative's "New Babies, New Beginnings" support group), health care (assistance with obtaining health insurance or providing additional support or advocacy for health-related needs), nutritional education and support (WIC, SNAP-ed), breastfeeding support (WIC and/or contact information for a breastfeeding lactation consultant/peer counselor), parent aide services, Early Intervention, family planning (Planned Parenthood), Food Stamps, Medicaid, and lastly, TANF/TIP program.

The Atlantic County Healthy Families/TIP Advisory Board Committee is currently comprised of a variety of community partners from many different service agencies, including:

- Atlantic County TIP Coordinator
- Atlantic County WIC Coordinator
- Atlantic County Division of Public Health
- Senior Program Coordinator from NJ SNAP-Ed (Atlantic & Ocean Counties)
- Director of Community Initiatives from the United Way of Greater Philadelphia and Southern NJ
- Supervisor from Atlantic County DCP&P
- Representative from AtlantiCare Obstetrics & Gynecology
- Representative from DHS/DFD
- Nurse Representatives from Atlantic City Health Department
- Representative from UMDNJ/Rutgers CHP
- Representative from AtlantiCare Atlantic City Family Success Center
- Social Worker from Shore Medical Center's Maternity/Nursery Unit
- Representative from Shore Medical Center/Cape Atlantic Coalition for Health
- Representative from the SNJPC Board

Nurse from Atlantic Human Resources/Head Start Program

Section 1 – Identifying Information		
1a	**Provider**: Partnership for Maternal and Child Health of Northern NJ	**1b Program Name:** Healthy Families Morris County
1c	**Relevant PSSF Program**: ___FPS, **_X__**FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 73 Bassett Highway Dover, NJ 07801	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: **_X_**. Safety **_X_** Permanency **_X_** Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		
2a	**Overview of Service**: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	

2b. Population Served: The following is an in-depth narrative describing the cultural and demographic make-up of our program's service population (i.e. the participants enrolled within our program for fiscal year 2013).

Our service population's age is made up of 7% of participants under the age of 19, 45% between the ages of 20-29 and 46% above thirty years old.

Our service population is predominately Hispanic (70%), with the next largest racial group being White (17%). African-American (5%), Multi-racial (4%) and other (4%) make up the three smallest racial groups in our service population. Of the 78 families enrolled throughout fiscal 2013, 62% speak Spanish as their primary language and 38% speak English. Although the program's current data base collection system does not collect data to determine how many of

our children are being raised in multi-lingual homes, FSW report that many of their families have at least one family member that speaks another language.

Our service population shows that 42% of program participants are single, with 38% of our children growing up with their fathers not living in the home. FSWs report that many single mothers live at home with the extended families members or other people within the community. Currently, 6% of our families live with a grandparent in their home. ***The program may benefit from obtaining materials that discuss how other family members can assist in child rearing. In addition, materials that reflect and discuss issues that pertain to single mothers will also benefit the program. The program supervisor will make it a priority to research educational materials (on the web, through PAT, and other agency programs) on these topics and create a plan for purchasing materials.***

Married couples account for 16% of our service population while 37% are engaged in a cohabitating relationship; that accounts for 49% of our children growing up with their father in the home. The program seems to be equally successful in engaging participants who are sharing childrearing with a partner. This is a positive statistic for the program because it shows that more than half of the children in our service population are growing up in homes where parenting is shared by the mother and father.

When analyzing levels of education, more than half of our participants have an education of HS graduate 30% (24) or completing less than the 12th grade 37% (29). The remaining participants have some college 22% (17), Associates degree 4% (3) and Bachelor's degree 7% (5). Also, 57% (45) of the mothers are unemployed and 95% (74) have a household income at or below 185% of the poverty level. Public services, such as Medicaid, Food Stamps, TANF, SSI, WIC and Housing Assistance, are utilized by many of our families. The following is demonstrates the percentages of our participants enrolled in one or more of these services:

Receiving TANF: 8/ 10%
Receiving Emergency Assistance: 10/ 13%
Receiving GA: 1/ 1%

Receiving WIC: 70/ 91%
Receiving Food Stamps: 36/ 47%
Receiving SSI: 4/ 5%

In fiscal 2013, 100% of our participants were referred and educated about WIC; 100% (19) of our pregnant eligible women enrolled into the program. In addition, 95% of our WIC eligible children were also enrolled into the program throughout the year.

Our program values the importance of educating our families about the health and well-being of both the children and parents within the home. One way we can see how we have a positive effect is by some of the following statics.

Throughout Fiscal year 2013, we had a prenatal enrollment rate of 56%. Out of the 21 women who enrolled prenatally 15 (71%) were on schedule for all the prenatal appointments. Healthy Families Best Practice Standards promotes services that are initiated prenatally, and the above static speaks to the importance of early engagement. When analyzing the data, it can be determined that the missed appointments are earlier within the pregnancy; before a consistent relationship with the Healthy Families' home visitors is established. As the worker is in the home longer, providing the curriculum, the mother's prenatal appointments become more consistent. Our program continues to work closely with the prenatal clinic and make prenatal screens a priority, as discussed early in the document.

Another statistic that speaks to the positive long-term effect Healthy Families home visitors have upon a families' health and well-being is that is that 100% (26) of our parenting mothers kept their 6-8 week post-partum appointment and 97% (29) of our parenting mothers have a consistent primary care doctor.

Throughout fiscal 2013, 100% of our target children were linked to a primary care provider and 100% of Well Baby and Immunizations were achieved. In addition, 100% of our target children received developmental screens at the appropriate developmental assignments and 100% received lead level testing by age one. In addition, out of all the children born within fiscal year 2010, 13% was born pre-mature.

Our service population accomplished positive performance outcomes throughout fiscal 2013. Of our participants that enrolled prenatally, 100% were on schedule for their prenatal appointments and 100% completed their 6-8 week postpartum medical visit. In addition, 100% of mothers were linked to a primary care physician and 100% received an annual women's health care visit.

Throughout fiscal 2013, 100% of our target children were linked to a primary care provider and 100% of our target children were covered by insurance. Our target children received 87% of all their Well Baby visits and 81% of all the expected Immunizations were received by the time of the reporting period.

. In addition 100% of the children due for a Lead screen had been tested and received results before their first birthday.

When an analytical comparison is done between our service and target populations some interesting observations are discovered.

In regards to race, our service population appears to directly reflect our target population. I use the word "appears" because the hospital clinics' terms for race have many more categories than

the current Famsys database system. However, our target population is made up of 61% Hispanic women and 39% of women who identify themselves as "non-Hispanic". In addition, only 6% identify themselves as African American and 16% as other selection; which also makes up our service populations two smallest groups.

Another discovery is that 57% of our target population is English speaking, while 38% are Spanish speaking (with 5% speaking another language). This is particularly interesting because our service population is predominately Spanish speaking 68%, with only 38% speaking English. In addition, over the past six months our program has seen a decrease in the number of English speaking screens coming back from the prenatal clinics. The Program Supervisor has already begun to make other community outreach (HS SAC counselors, Public Health Nurses) relationships to increase our number of prenatal English participants. Our program will continue to evaluate this trend. The Program Supervisor will make contact with the Clinic Director to see if these numbers are correct. The Program Supervisor will also see if the Clinic Director can run language data on a quarterly basis for comparison.

Our service population directly reflects our target population is regards to marital status, with the single families comprising the largest population 64%, in the target population and married 35% being the second largest and divorced accounting for 1%.

2c	**Geographical Area of Services**: Morris County
2d	**Referral Sources**: The majority of the referrals come from the prenatal clinics of the agency's member hospitals (Morristown Memorial Hospital and Saint Clare's Hospital). Our program also receives many referrals from Morris County Office of Temporary Assistance office. In addition, the program receives a number of referrals from the local DYFS offices, First Choice and self-referrals.
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	
3a	**Provide a summary of program accomplishments on goals. Include data where available.** 1. 100% of children were enrolled in health insurance 2. 70% of participating infants/children were up-to-date on immunizations. 3. 88% of participants increased their interpregnancy interval (birth to conception) to 18 months 4. 98% of participating infants/children had a medical home 5. 91% of participating infants/children received developmental screening and appropriate referrals.

3b	**How did this improve outcomes for children and families?** Program accomplishments increased: • the number of children and parents linked to a primary health care provider • number of children receiving up to date immunizations • number of families use of community resources • appropriate identification and referral of infants and children for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** Our program's LOS was effects by staff maternity leave and new hire/orientation. Parallel to these events our program LOS was also adjusted from 72 to 87. Additionally our program increased to include a part-time FAW position. While all of these events are positive for the program, we did experience some growing pains. The program supervisor did absorb some cases. The program was also able to keep some families on level Temporary Reassignment (TR) and many families re-engaged when the program was back to being fully staffed.
3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service.

3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13:** 87
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13:** 61.25
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: _53_** **# of unduplicated families: _106_**
3i	**Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.** A total of 20 surveys were sent out and 17 were returned. All answers were in the strongly agree and agree sections. The following is some feedback the program received: - They give you a lot of good advice. I hope a lot. -That I can ask anything I do not know about, about care for my child. Any questions I have about services that are available to me I can ask. -Health service directions and supply of basic family needs. -I like the fact that the program is free. Also that my family support worker is always willing to talk to me anytime and help me go through hard times. - The information. - The information that they brought in Spanish. - In reality the program was very interesting and deep in different aspects, the information, attention and visits. -The information educated me and my own language. - that my family support worker would come to my house to visit. - All the information in Spanish. - The time that they gave us, the information and Spanish, and for always paying attention. - Everything. -The educator. -The interest that there was for the health of my children and mine also, is friendly, and educated me and was so sociable. - I like that we always talked about my daughter because for me her development is very important. - That everything was in Spanish.
Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	

4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program:** **No planned changes**
4b	**Identify changes you will make that stem from stakeholder feedback.** **N/A**
4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** 87
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: 53** **# of unduplicated families: 106**
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.

5c. How do you collaborate with community partners?

Our organization has recently acquired the grant for the PAT program in Morris County. In addition, we recently moved into the Morris County Family Success Center. These two events have been a perfect unity and collaboration for all the programs. Each program compliments the other nicely with elements such as referrals, group connections and events, shared advisory board members, team support, educational materials, family connections and community resources. This just happens to be one example of how we have managed to work well with our

community partners.

We do continuous community outreach, making our program known. We make referrals to organizations and follow-up with organizations that make referrals to us. We collaborate and have members of these organizations on our Advisory Boards. We invite families to events that these organizations hold in the community. These are all ways that we create community for our families and create community partners.

2014 PSSF Update Report

Section 1 – Identifying Information		
1a	**Provider**: Prevent Child Abuse NJ	**1b Program Name:** Healthy Families NJ
1c	**Relevant PSSF Program**: ___FPS, _**X**__FSS, ___TLFRS, ___APSS	
1d	**Program Address**: 14 host agencies, with 17 PSSF Healthy Families programs, within a 22 site network (see Healthy Families New Jersey Data attached as Table A). **Provider Address:** 103 Church Street, Suite 210, New Brunswick, NJ, 08901	
1e	**Objective**: Primary objectives for Healthy Families Program are: 1) prevention and early identification of child abuse and neglect in at-risk families; 2) improving the health and well-being of participating infants, children and families.	
1f	**Outcome(s) Addressed**: _**X**_ Safety _**X**_ Permanency _**X**_ Well-Being	
Section 2 – Service Description Basics FFY '13 (10/1/12 – 9/30/13)		

2a. Overview of Service: The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.

Prevent Child Abuse-NJ (PCA-NJ) is contracted to provide training, quality assurance and technical assistance to each of the Healthy Families sites throughout New Jersey. Each year, PCA-NJ conducts Healthy Families America-approved trainings for new Family Support Workers, Family Assessment Workers and provides ongoing in-service trainings, site networking meetings, and on-site quality assurance visits. PCA-NJ provides ongoing assistance to Healthy Families sites undergoing the Healthy Families America (HFA) accreditation process. This process, which includes submission by the site of an in-depth self-assessment tool and a 3-4 day visit to the site by HFA Nationally Qualified Peers, is important because accredited sites have demonstrated to outside evaluators that high quality services are being provided according to the established Healthy Families Program model. The benefits of the Healthy Families America accreditation process include program improvement, formal affiliation with the Healthy Families America Network, confidence that programs are following research-based best practice standards, and a public recognition of quality.

2b	**Population Served**: The program serves new and expectant parents who meet at risk screening and assessment criteria for the Healthy Families Program.
2c	**Geographical Area of Services**: Statewide
2d	**Referral Sources**: Local hospitals, prenatal clinics, Federally Qualified Health Centers (FQHCs), OB/GYN physicians, pediatricians, WIC, local schools, School Based Youth Services, Family Success Centers, regional Maternal-Child Health Consortia, community-based organizations and County Boards of Social Services (Welfare Boards).
Section 3 – The Year in Review FFY '13 (10/1/12 – 9/30/13)	

3a. Provide a summary of program accomplishments on goals.
Include data where available.

- Prevent Child Abuse NJ maintains statewide data on all HFNJ sites in order to assure that they are meeting their level of service.
- Each site has to meet a certain "case weight" (see 3e below), which takes into consideration families at multiple stages of progress in the program. The actual statewide case weight expected on September 30, 2013 was 2,677. The actual case weight on September 30, 2013 was 2,289. These figures correspond to 85% utilization of services for the Healthy Families programs.
- The Healthy Families New Jersey program goals for project year 2012-2013 were:
  - Preventing of abuse and neglect of children under three years of age by providing early identification and support services to families at risk;
  - Providing assistance to over-burdened parents in promoting positive child development among infants and children at risk;
  - Providing links for families to the appropriate health and supportive services;

- Promoting parent-child interaction, healthy childhood growth and development and household safety; and
- Identifying and building on family strengths to support parents as the primary caregivers and nurturers of their children.

➢ From October 2012 to September 2013, there were 3 trainings for new Family Support Workers, 3 trainings for new Family Assessment Workers, and 4 trainings for new Supervisors.

➢ 43 additional trainings were held in order to expand the workers knowledge on issues related to home visiting. These trainings provided information on Great Beginnings Start Before Birth-Prenatal Curriculum, Confidentiality, Family Issues, Child Health/Safety, Infant/Child Development, Parent/Child Interaction, Engaging Fathers, Credentialing, FamSys Database Trainings, PATSys Database Trainings, Child Abuse and Neglect, Parents As Teachers, Developmental Screening Tools, Tools for Reducing Parental Stress, Advanced Supervisor's Training, Family Support Worker Refresher and Family Assessment Worker refresher trainings.

➢ The Program Specialists at PCA-NJ provided 1,034 contacts and/or technical assistance sessions for the 17 PSSF sites, and conducted 53 on site visits.

➢ There are currently 22 Healthy Families New Jersey sites. All sites are accredited.

➢ Four PCA-NJ staff members are trained as Healthy Families America National Peer Reviewers for the accreditation process. This knowledge of the requirements and experience in analyzing how well an organization meets program standards is invaluable as they provide technical assistance to the New Jersey Healthy Families sites.

➢ New Jersey has two Healthy Families America Family Support Worker Trainers and one Family Assessment Worker Trainers. Another staff person is awaiting Family Assessment Worker training through HFA. Having the trainers based in New Jersey keeps training costs to a minimum and ensures that training needs are met expeditiously.

➢ All Healthy Families New Jersey sites enter client data into the FamSys Database Program.

➢ From October 1, 2012 to September 30, 2013, Healthy Families New Jersey sites conducted 5,420 screens. A formalized assessment tool, the Kempe Family Stress Checklist, is used to determine a participant's eligibility for the Healthy Families program. 2,097 assessments were conducted. Families scoring 45 or below on the Kempe Family Stress Checklist can be offered program services.

➢ From October 1, 2012 to September 30, 2013, 1,311 new families were enrolled into the Healthy Families programs.

➢ From October 1, 2012 to September 30, 2013, the programs discharged 1,328 families.

➢ From October 1, 2012 to September 30, 2013, the Healthy Families programs served 3,126 families with home visitation services.

➢ In addition, within the 17 PSSF Healthy Families Sites:
- 96% of infants/children had a medical home

- 93% of eligible children are enrolled in WIC.
- 89% of participating infants/children are up to date on well-child visits
- 93% of participating infants/children received developmental screening and appropriate referrals
- 97% of participants increased their inter-pregnancy interval (birth to conception) to 18 months

3b	**How did this improve outcomes for children and families?** PCA-NJ's role in quality assurance, training and technical assistance ensures that all HF New Jersey programs adhere to Healthy Families America model fidelity. Program accomplishments: • Increased the number of children and parents linked to a primary health care provider • Increased the number of children receiving up to date immunizations • Increased the number of families who make use of available community resources • Increase in the appropriate identification and referral of infants and children at risk for developmental delays
3c	**Identify specific factors that contributed to this improvement.** Family Support Workers (FSWs) provide information to families in a strength-based, culturally sensitive manner which may include role modeling desired behavior and assisting with linkages to additional supportive services. All FSWs complete a mandatory training program which includes parent education and child development. FSWs promote positive parent-child interaction; teach appropriate parenting skills and ways to stimulate their child's emotional and intellectual growth. HF follows an evidence based model and utilizes standard evaluation tools during the course of home visitation services. Developmental screens are conducted on all target children and referrals are made, if appropriate. FSWs assist families with connecting children to a pediatrician, as well tracking the child's immunizations and well-child visits.
3d	**Identify significant barriers to goal accomplishment.** As reported to PCA-NJ, sites are experiencing difficulty engaging and retaining families that receive TANF (Temporary Assistance for Needy Families) Benefits. This is due in large measure to the fact that these families tend to experience additional stress associated with inadequate income, housing, transportation and child care. In New Jersey, unless they have a medical exemption, TANF recipients are required to engage in 35 hours of employment-related activity, 10 hours towards which participation in the Healthy Families program "counts." Nonetheless, their additional stress and lack of availability during conventional working hours, makes them more difficult to engage. To address this problem, sites have been requiring staff to work more flexible hours (nights and weekends), have familiarized themselves with all manner of social services that would provide additional support to these families and have partnered with each County Board of Social Services to help coordinate services. Services due vary among counties. Flat funding to Healthy Families New Jersey programs for the past ten plus years also makes it difficult to attract and retain experienced home visitors.

3e	**Definition of Level of Service as per contract**: In Healthy Families, the level of service is measured by "case weight." Each enrolled family is assigned a case weight based on the intensity of service they need. Every family is offered weekly home visits for a minimum of 6 months. The level may change over time as the family progresses through the program (weekly visits, bi-weekly visits, monthly visits, quarterly visits). Each full time Family Support Worker carries a caseload with a maximum case weight of 30. The caseloads of each FSW vary between 15-25 families, depending on the intensity of service. PCA-NJ provides quality assurance, training and technical assistance for all programs to ensure all sites are reaching families based on the HFA model.
3f	**Enter your <u>contracted</u> Level of Service portion that is Title IV-B funded for the period of 10/1/12 – 9/30/13.** See Healthy Families New Jersey Data attached as Table A.
3g	**Enter your <u>actual</u> Level (units) of Service that is Title IV-B funded delivered for the period of 10/1/12 – 9/30/13.** See Healthy Families New Jersey Data attached as Table A.
3h	**How many unduplicated individuals and unduplicated families were served for this period? Each individual and family who received services during the reporting period should be counted only once**. **# of unduplicated individuals: __N/A___** **# of unduplicated families: __N/A_____**

3i. Provide stakeholder feedback information, e.g. satisfaction surveys, referrals source info. Include how many surveys were sent, responses received and the results.

- In 2014, each Healthy Families New Jersey site distributed surveys to the families they served to assess client satisfaction. The results of those surveys are contained within each site's individual PSSF Update Report, submitted under separate cover.
- In 2014, Prevent Child Abuse NJ distributed site satisfaction surveys to all active programs that we serve. 22 surveys were distributed and 12 surveys were returned from the sites with the following themes:
    - When asked if they are pleased with the support provided by PCANJ, 95% strongly agreed/agreed, 5% (1 individual) was neutral.
    - When asked if the database gives them tools to measure progress, 85% strongly agreed/agreed and 15% disagreed.
    - When asked of PCA has made advanced trainings available for staff including explanation and information about ELearning opportunities, 100% strongly agreed/agreed.

- When asked if Quarterly Supervisors Meetings have been valuable for peer networking and sharing of ideas from other programs, 85% strongly agreed/agreed and 15% were neutral.

Comments included requests for:

- More on-site trainings for home visiting staff
- Faster database system

Section 4 – The Year Ahead FFY '14 (10/1/13 – 9/30/14)	
4a	**Identify any changes you are making to the services described in Section II and why. This may include projected goals and objectives that were identified by vendors for their programs. Indicate if there are no planned changes to the program.** ➢ To prevent all incidents of child abuse and neglect for participating families by providing education on child development and promoting positive parent child interaction; ➢ To have 100% of participating children receive developmental screening and assistance with appropriate referrals; ➢ To have 100% of participating children referred to and followed by an appropriate medical provider for scheduled well care visits; ➢ To increase family functioning and financial security; and ➢ To have participating parents and children linked to primary health care services and appropriate community resources as needs are identified.
4b	**Identify changes you will make that stem from stakeholder feedback.** We are currently having 1 staff member trained by Healthy Families America to become an FAW Core Trainer. This training had been put on hold due to HFA's ability of scheduling, but is now scheduled to begin in August of 2014. Having trainers on staff will allow us more flexibility to schedule trainings as needed. We currently depend on outside vendors to provide the FAW core trainer and we realize this is not the most convenient system for our network. In regards to the site's difficulty in engaging and retaining families that receive TANF (Temporary Assistance for Needy Families) Benefits, PCANJ will strengthen our relationships with TIP in-community recipients by meeting with these providers more regularly. We will also begin to monitor the relationships between in-community and in-home services, particularly in Atlantic, Camden, and Hudson Counties. We also continue to make improvements to our web-based data collection systems on an ongoing basis. See also, each site's individual PSSF Update Report, submitted under separate cover.

4c	**How many IV-B units of service are you expecting to deliver for the period of 10/1/13 – 9/30/14?** See Healthy Families New Jersey Data attached as Table A.
4d	**Indicate how many unduplicated individuals and unduplicated families you expect to serve.** **# of unduplicated individuals: _N/A____** **# of unduplicated families: __N/A_____**
Section 5 – Evaluating Progress FFY '14 (10/1/13 – 9/30/14)	
5a	**How will you measure progress?** The program will track progress through the FamSys database system. Monthly reports are sent to Prevent Child Abuse New Jersey, the agency that provides the technical assistance, quality assurance and training for our HF program. Reports include, but are not limited to: the site's level of service, number of families, number of expected home visits, number of home visits completed and number of screens/assessments conducted for that month. Progress is also measured through client feedback, the annual service review and feedback from the advisory board. PCANJ also utilizes Microsoft Report Builder, which allows us to pull data from the backend of our database system for more customized reports as needed.
5b	**Describe the quality system you will use to assess and improve services, including consumer satisfaction and stakeholder feedback methods.** As mentioned in 5a, the program will monitor and track progress, as well as services through the FamSys database system and Microsoft Report Builder. Information from the annual client satisfaction survey will be used to make adjustments and improvements, as needed.
5c	**How do you collaborate with community partners?** PCA-NJ collaborates with all agencies that provide Healthy Families services in New Jersey. The Healthy Families New Jersey staff also collaborates with the various maternal child health consortiums, birthing hospitals, community organizations, state agencies, local boards of social services, among others, to ensure programs have the latest data on births and eligible families in each county.

Healthy Families New Jersey Data Table A

Grantee Agency and Address	Major Service Area (Community)	Counties Served	Unit of Service (weighted family)	Original Contract Units Expected (weighted unit)	Updated Contracted Units Expected (as of 9/30/13)	Actual Units Delivered (weighted unit)	FFY11 Undup. Individuals Served	FFY11 Undup. Families Served	FFY12 Anticipated Units to be Delivered	FFY12 Anticipated Individuals Served	FFY12 Anticipated Familes Served
Prevent Child Abuse NJ 103 Church St, Suite 210 New Brunswick, NJ 08901	Statewide Technical Assistance		N/A	17 Programs	17 Programs	17 Programs	N/A	N/A	17 Programs	N/A	N/A
Burlington Comm Action 718 South Route 130 Burlington, NJ 08016	Burlington	Burlington	1 Family	125	125	99	234	117	125	250	125
Care Plus NJ, Inc. 17-07 Romaine St. Fair Lawn, NJ 07410	Bergen	Bergen	1 Family	128	128	99	152	76	158	212	106
Central NJ Maternal Child Health Consortium 2 King Arthur Ct., Suite B North Brunswick, NJ 08902	Middlesex (except Perth Amboy)	Middlesex	1 Family	165	165	107	144	72	195	202	101
Center for Family Services 584 Benson Street Camden, NJ 08103	Camden	Camden/ Gloucester	1 Family	188	188	149	485	235	188	400	200
Essex Valley VNA 274 South Orange Ave, Newark, NJ	Newark	Essex	1 Family	174	174	151	200	100	189	378	189
Gateway Northwest MCH 194 Speedwell Ave. Morristown, NJ 07960	Morris	Morris	1 Family	88	88	61	106	53	87	106	53
Holy Redeemer Hlth Syst 1801 North Route 9 Swainton, NJ 08210	Cape May	Cape May	1 Family	174	174	155	250	125	204	290	145
Mercer Street Friends 1100 West State Street Trenton, NJ 08618	Mercer	Mercer	1 Family	165	165	112	156	78	165	330	165
Northern NJ MCHC, HM/HB Coalition 660 Broadway, 2nd Floor Paterson, NJ 07501	Passaic	Passaic	1 Family	255	255	189	312	156	255	216	127
Preferred Children's Serv P.O. Box 2036 Lakewood, NJ 0870	North Ocean	Ocean	1 Family	107	107	88	190	95	137	210	105
Robin's Nest 42 S. Delsea Drive Glassboro, NJ 08028	Cumberland	Cumberland	1 Family	150	150	140	220	110	150	220	110
	Gloucester	Gloucester		120	120	103	210	105	120	210	105
	Salem	Salem		120	120	89	140	70	120	240	120
Southern NJ Perinatal 1714 Atlantic Ave, 2nd Fl Atlantic City, NJ 08401	Atlantic	Atlantic	1 Family	143	143	108	270	135	173	346	173
Visiting Nurse & Hlth Serv 354 Union Avenue Elizabeth, NJ 07208	Union	Union	1 Family	180	180	123	706	116	210	618	148
VNA Central Jersey 41 Bodman Place Red bank, NJ 07701	Monmouth	Monmouth	1 Family	246	246	211	368	184	261	522	261
Care Plus NJ, Inc. 895 Bergen Ave., Suite 307 Jersey City, NJ 07306	Hudson	Hudson	1 Family	149	149	117	188	94	179	358	179
Total				**2677**	**2677**	**2101**	**4331**	**1921**	**2916**	**5108**	**2412**

Section 4A

Investing in Services

Chafee Education and Training Vouchers Program

CHAFEE Services Annual Update: Accomplishments and Plans

During the federal fiscal year of October 1, 2012 to September 30, 2013, Chafee funded services have been utilized to meet the intended purposes of the funds as described below. In addition to the accomplishments below, planned activities are described to enhance service delivery. Organizationally the primary responsibility for administering, coordinating and assessing the delivery of Chafee funded services was organized by the Department of Children and Families, Office of Adolescent Services (OAS).

Purpose 1: Assist Youth in Making the Transition to Self-Sufficiency

Accomplishments:

- The Task Force on Helping Youth Thrive in Placement was created in July 2012 to identify and implement strategies to promote statewide, systematic, and cultural change that will impact safety, well-being and development of our adolescents and young adults residing in out of home care placements utilizing the Youth Thrive Framework as a lens.
- Training was delivered to DCP&P adolescent staff and Chafee agency staff in Positive Youth Development, Life Long Connections, Ansell Casey Life Skills Assessment, and Creative Life Skills.
- LGBTQI training and support was provided to the DCF Safe Space Liaisons and staff throughout the state.
- A training was developed titled “Got Adolescents?” for DCP&P Adolescent Staff, it covers Adolescent Policy, Practice, and Resources.
- The Safe Space Program was expanded to include School Based Youth Services and Children’s System of Care.
- Developed a mechanism to collect data for DCF Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) youth and families served.
- Community based contracted Life skills programs continued to provide services to youth ages 14-21.
- Twelve Youth Advisory Boards (YAB) across the state continued to provide input and advice to DCF. During the summer of 2013 the YABs were restructured and expanded to include 15 boards representing all counties in NJ to continue providing policy and practice feedback and recommendations to DCF, an opportunity for peer networking, and to develop leadership and advocacy skills.

- Ensured provider community delivered life skills in line with specific elements of the independent living skills as defined by the National Youth in Transitions Database (NYTD).
- DCF continued to partner with an organization that provides a computer based financial literacy program to youth and expanded access to additional contracted providers as well as staff within DCF.
- A YouTube video was produced to inform youth about the NJ Foster Care Scholars Program and accessing post-secondary supports.
- A new housing program was created in a high demand county including one slot for youth that are parenting for DCF involved or homeless youth.
- The policy for the Transitional Plan was updated to include the requirement to update the plan within 90 days of case closure.
- The Independent Living Stipend was expanded and restructured to include an increase in the stipend a CP&P involved youth is eligible to receive.

Planned Activities:

- The Adolescent Training will be updated to include the Youth Thrive Framework and will be offered to DCF staff, contracted agencies and resource parents.
- DCP&P staff will continue to work with youth on life skills training and/or refer them to the appropriate services to assist them in their transition to self-sufficiency.
- Continue to reinforce independent living skills development and service delivery by focusing on and tracking the delivery of specific elements of independent living skills as defined by the National Youth in Transitions Database (NYTD).
- Continue to provide training on Adolescent policy, practice and resources for caseworkers who have adolescents on their caseload.
- Improve NYTD data collection.
- Expand the financial literacy program to more DCF providers and offices.
- Continue to assess services that are available for pregnant or parenting youth including fatherhood programs.
- Collaborate with local agencies to plan LGBTQI youth conferences.
- Through the Youth At-Risk of Homelessness Federal Planning Grant, DCF will complete a comprehensive analysis of data and needs assessment in order to identify any change or expansion of services to best meet the needs of transitioning youth.

Purpose 2: Assist Youth in Obtaining Education, Training and Services Necessary to Obtain Employment

Accomplishments:

- Shared information regarding employment opportunities and resources with the local offices.

- Partnered with Casey Family Programs, NJ Labor and Workforce Development and local youth staff to develop career plans for adolescents.
- Provided staff training and a resource guide regarding employment.
- DCF continues to fund and use 25 slots in the New Jersey Youth Corps through the New Jersey Department of Labor for DCP&P involved adolescents. New Jersey Youth Corps engages young adults in full-time community service, training and educational activities. Staff who serve as mentors guide the youth. The youth receive education development, employability skills instruction, personal and career counseling, and transition services.
- OAS continues to provide mentoring services (Rutgers, The State University of NJ, Project MYSELF) to youth who are scholarship recipients. The goal of this mentoring is to help youth stay in school and navigate the challenges of college life. Special attention is being given to first year students enrolled in remedial courses and students on academic probation.
- OESP revised NJFC Scholars education support request policy to remove barriers and improve access to educational supports for youth pursuing post-secondary education programs.
- Continued to provide the Summer Housing Internship Program (SHIP) for 40 NJ Foster Scholars. The SHIP program, located on four college campuses, provides youth with coaching, mentoring, a paid internship, a 3-credit elective course, housing and enrichment activities for 11 weeks during summer break.
- The Summer Internship Program (SIP) was launched in May 2013 and offers 20 NJ Foster Scholars the same opportunities offered by the SHIP program but who do not need the housing component.

Planned Activities:

- Continue to collaborate and partner with the NJ Labor and Workforce Development and the State Employment and Training Commission (SETC).
- Provide information on employment resources to be added to the DCF website.
- Work with the SETC to create a state shared youth vision for employment.
- Develop employment workgroups for foster care youth.
- Provide a Summer Housing Internship Program (SHIP) for 40 youth who are in college. The SHIP program provides youth with support, mentoring, internship, 3 college credits, and housing during college summer break.
- Provide a Summer Internship Program (SIP) for 20 youth who are in college. The SIP program provides support, mentoring, internship, and 3 college credits during the summer break.

Purpose 3: Assist Youth to Prepare for and Enter Post-Secondary Training and Educational Institutions

Accomplishments:

- DCF continues to contract with Multicultural Community Services (MCS) to provide an Educational Support Program for youth to assist them in graduating from high school or obtaining a GED and prepare them to pursue a post-secondary education program. The program assists youth in identifying, accessing and paying for educational services such as such as tutorial assistance to improve reading and academics, and post-secondary test preparation courses i.e. SAT and ACT with the goal of increasing their admission to and success in graduating from post-secondary educational programs. Due to the current economic climate, MCS are guiding some youth towards non-traditional training or certificate programs, some even before they graduate from high school. MCS has increased outreach to community agencies to make them aware of the funding opportunities for youth interested in post-secondary certificate programs. The largest increase in requests has been in SORA Training and Fingerprinting, followed by First Aid and CPR, Home Health Aide, CNA, Animal Control Investigator, Animal Groomer, Food Safety Certification, Home Repair, and Landscaping. The grants this year range from $15.00 (Flash Cards) to $700 for some Certificate Programs. In the period from 10/01/2012 to 9/30/2013, MCS received and reviewed 362 individual and group grant requests and approved 360 grants which served 167 unduplicated youth and totaled $74,378. Additionally, MCS provided transitional support to seven students pursuing post-secondary educational programs who were in need of additional academic supports or housing support and whose expenses were not covered by other sources of funding such as the NJFC Scholars program or CP&P (if the youth is open with CP&P). Foster and Adoptive Family Services (FAFS) continues to administer the New Jersey Foster Care (NJFC) Scholars program which provides financial assistance to eligible youth to pursue post-secondary education programs. During the 2012-2013 academic year (July 1, 2012-June 30, 2013) FAFS held 44 workshops throughout the state to inform youth of the New Jersey Foster Care (NJFC) Scholars program and to help youth complete the Free Application for Federal Student Aid (FAFSA) and the NJFC Scholars application. 217 unduplicated youth participated in the workshops. Of those, 74 submitted applications to the NJFC Scholars program for either the 2012-2013 academic year or the 2013-2014 academic year (not all youth were eligible for admission because they had not yet graduated from high school or obtained a GED).

- During the 2012-2013 academic year (July 1, 2012-June 20, 2013), FAFS attended 8 Aging Out events throughout New Jersey. Staff provided information to participants, who included potentially eligible aging-out youth, CP&P staff, Contracted Agency staff, Law Guardians, and post-secondary school staff. FAFS Staff was also requested to present

information about post-secondary education and the NJFC Scholars program at the Bergen CASA Aging-Out Event. Thirteen students attended the presentation.

• In addition to the above outreach, FAFS presented at conferences throughout the state and met with Financial Aid Offices or Educational Opportunity Fund (EOF) Staff at New Jersey post-secondary institutions to familiarize the staff about the NJFC Scholars program. FAFS met with the Financial Aid Offices at the following post-secondary institutions: Burlington Community College, Rider University, Montclair University, Kean University, Rutgers University-Camden, and Rutgers University- New Brunswick. They also met with EOF program staff at Brookdale Community College, Hudson County Community College and Essex Community College. Lastly, FAFS staff attended a state-wide EOF conference, the Essex County College EOF Kickoff Forum the Gloucester Youth Conference, and a 2-day Adoption Conference. In total, FAFS represented the NJFC Scholars program at 21 conferences and meetings with approximately 657 attendees.

- Beginning in September 2013, OESP participated in the OAS Quarterly Adolescent Practice Forums (APFs) and provided information to participants regarding the New Jersey Foster Care (NJFC) Scholars program, the DCF Scholarship Fund, Ward of the Court letters, and basic information about applying for federal financial aid using the Free Application for Federal Student Aid (FAFSA).

• On June 12, 2013, OESP piloted a training to Education Stability Liaisons regarding the importance of educational planning for youth in grades 8-12 and reviewed topics such as middle school and high school standardized testing, applying for and choosing a post-secondary program, understanding the financial aid application process, and the availability of Education Training Vouchers (ETV) through the New Jersey Foster Care Scholars program. This information will be used to develop a training curriculum for DCP&P staff working with adolescents.

• OESP continues to raise awareness of the NJFC Scholars program and discusses the importance of planning for youth's post-secondary education during regional education stability liaison meetings and during meetings with DCP&P local office management including supervisors, casework supervisors, and case practice specialists. OESP also provided training to DCF's Central Office Adoption Operations staff.

• OESP continues to provide technical assistance to CP&P adolescent workers and supervisors regarding the importance of educational planning, choosing a post-secondary program, and the availability of Education Training Vouchers (ETV) through the NJFC Scholars program.

• OESP convened an education workgroup to review current policies and identify strategies to build the capacity of the DCF workforce and resource parents in ensuring the education well-being of youth in out of home placement. This includes the goals of ensuring youth are involved and engaged in their educational planning and supporting youth in entering and completing post-secondary education or vocational programs.

- OESP provides technical assistance to CP&P case managers and supervisors to ensure youth have access to flex funds to enable them to receive academic supports such as tutoring and college preparatory courses as well as for books, extracurricular activities, college fees.

- Administrators from OESP and OAS met with the Education Opportunity Fund (EOF) Board President to discuss opportunities for recruiting NJFC Scholars eligible youth.

- OESP collaborated with the Department of Education and the Children in Court Improvement Committee (Administrative Office of the Courts) to plan a Statewide Summit to ensure systems are working together to achieve education success for children involved with child welfare. The Summit is expected to take place in Spring 2014.

Planned Activities:

- OESP will continue to develop a training regarding education planning and provide technical assistance and support to CP&P adolescent workers and supervisors regarding the importance of educational planning, choosing a post-secondary program, and the availability of Education Training Vouchers (ETV) through the New Jersey Foster Care Scholars program.

- OESP and OAS will continue conversations with Education Opportunity Fund (EOF) leadership regarding recruitment strategies.

Purpose 4: Provide Personal and Emotional Support to Youth through Mentors and Interactions with Dedicated Adults

Accomplishments:

- Converted an existing program to a permanency program to enhance the pool of services available to increase permanency for older adolescents.

- Piloted the Permanency Roundtable process for older adolescents involved with CP&P who are in need of permanency.

- OAS continues to support DCP&P staff and community partners by providing on-going training on the importance of life long connections and working with youth to ensure they do not age out of care without connections to caring adults.

- A workgroup continues to meet to look at the current permanency support services that exist for youth and work to increase knowledge about these services and the number of youth in need of permanency that are referred.

- A workgroup continues to meet to look at the current mentoring programs, assess what is working and if there are any needed changes/additions.

Planned Activities

- Work with community providers to create resource, respite and holiday homes for older adolescents who are in care, including those in college.

- Permanency workgroup will continue to meet to redefine the existing permanency programs for better utilization.

- The Mentoring workgroup will continue to meet to define mentoring and make policy recommendations.

Purpose 5: Provide Financial, Housing, Counseling, Employment, Education, and Other Appropriate Support and Services to Former Foster Care Recipients between 18 and 21 years of age

Accomplishments:

- An increase and expansion to the Independent Living Stipend policy was implemented.

- OAS continues to partner with the Middlesex Human Service Advisory Council (HSAC) and the Mercer Homeless Youth Subcommittee to look at options for housing that may exist or that can be established.

- The Adolescent Housing Hub, an online reservation system, continues to provide access to housing programs for DCF involved and homeless youth. •

- DCP&P continues to allow youth to remain in foster care until age 21; as such, they are eligible to receive financial, housing, counseling, employment, education and other appropriate services.

- DCF continues to offer the DCF Scholarship Fund to young adults who were in foster care for 6 months or longer (cumulative) after their 12th birthday.

- DCF continues to provide Ward of the Court letters to young adults pursuing post-secondary education that experienced foster care at age 13 and after. These letters provide verification of the students' independent status on the Free Application for Federal Student Aid (FAFSA).

- Beginning in June 2012, OESP provided a flyer regarding eligibility and contact information for the NJFC Scholars program to the Office of Adoption Operations to include in the Adoption and KLG Subsidy Letters for Children Turning 18 and in the Annual Verification of Child's School Attendance letters.

- On November 8, 2012, November 30, 2012 and March 23, 2013 OESP attended Post-Adoption events for families in Camden, Middlesex, Morris, Sussex and Passaic Counties

hosted by DCF' Adoption Operations. Information was shared information about the resources available through OESP including education advocacy, the NJFC Scholars program and the DCF Scholarship Fund.

• DCF continues to provide new and updated information on resources and services for DCF involved and non-involved youth on the DCF website

- Created program outcomes with housing and life skills providers.

- Shared information about the Adolescent Housing Hub to share with staff and community providers.

Planned Activities:

• Enhanced and standardized program expectations for housing programs will be created and be informed by the Taskforce on Helping Youth Thrive in Placement Taskforce using the Youth Thrive protective and promotive factors framework.

• OAS will work with additional HSACs to look at options for housing that may exist or that can be established for 18-21 year olds.

• Purpose 6: Make Available Vouchers for Education and Training (ETV), Including Post-Secondary Education, To Youth Who Have Aged Out of Foster Care

Accomplishments

DCF continues to provide ETV to eligible youth who have aged out of foster care or left care for kinship legal guardianship or adoption through the New Jersey Foster Care (NJFC) Scholars program. The program is overseen by the Office of Educational Support and Programs (OESP) and administered by the community provider, Foster and Adoptive Family Services (FAFS).

• For the 2012-2013 academic year (July 1, 2012-June 30, 2013), 252 students were found eligible to receive ETV awards. Of those, 109 were new students.
  - During that time, 218 students utilized ETV funding. Of those, 103 were new students.

• With the assistance of a NJ Foster Care Scholar graduate, a video was created to promote and explain the NJFC Scholars eligibility and funding.

Planned Activities:

• FAFS will continue to hold year-round workshops throughout the state for current and former foster youth and their families to assist them in applying for ETV and provide assistance with completing the Free Application for Federal Student Aid (FAFSA).

- DCF and FAFS will use data to target CP&P Local Offices to identify FC Scholar eligible youth.

Purpose 7: Provide Services to Youth Who Attained Kinship Guardianship or Adoption at age 16 and Older.

Accomplishments:

- Youth who exit foster care at 16 or older and attain Kinship Legal Guardianship or Adoption continue to be eligible for services including but not limited to life skills, aftercare, wraparound funds and housing. These services continue to be provided through contracted agencies.

Planned Activities:

- DCF is working to expand knowledge and information regarding service availability for youth who exit foster care at 16 or older and attain KLG or Adoption.
    - OAS to continue to ensure that all agency providers are aware of the policy by meeting with them collectively at Quarterly Networking Meetings, and individually at contract monitoring meetings.
- DCF policy will be updated and available to the public via the website.
- OAS will share information on available services to adoptive and kinship legal guardianship families.

Medicaid:

New Jersey continues to provide Medicaid Extension to Young Adults (MEYA). Administration of enrollment into this program is accomplished through the DCP&P Child Health Unit (CHU). This is available to youth who were in the care and placement of DCP&P on their 18th birthday.

DCP&P also continues to provide Medicaid to those youth who remain in care beyond their 18th birthday.

Medical coverage is now available for post-secondary students who are not eligible for Medicaid.

A workgroup has been created to begin planning for the expansion of Medicaid to the age of 26.

OAS will research other alternatives for medical coverage for DCF involved adolescents.

Indian Tribe Consultation:

New Jersey does not have any federally recognized Indian Tribes.

Education and Training Vouchers

Methods to operate efficiently

DCF contracts with Foster and Adoptive Family Services (FAFS) to administer ETV funding and New Jersey's Statewide Tuition Waiver assistance under the umbrella of the NJ Foster Care Scholars (NJFC Scholars) Program. The NJFC Scholars Program is overseen by DCF's Office of Educational Support and Programs (OESP) which is housed under the Office of Adolescent Services.

OESP communicates at least weekly with FAFS regarding confirmation of student's eligibility and predetermined points in time, to discuss outreach efforts, review of policy and procedures and to approve extraordinary non tuition and fees funding requests.

Methods to ensure: 1) ETV doesn't exceed cost of attendance and 2) duplication of benefits of federally assisted programs.

Applicants to the NJFC Scholars program must complete the Free Application for Federal Financial Aid (FAFSA) and provide verification of the FAFSA application before students are accepted into NJFC Scholars Program. FAFS then verifies each accepted student's post-secondary institution's cost of attendance and financial aid package to determine the amount of ETV funding (maximum of $5, 000 per academic year) the student will be awarded.

In order to ensure efficiency throughout the program, FAFS utilizes an ACCESS database which contains all pertinent information about accepted NJFC Scholars students. Student information is gathered from application through completion of the program (or withdrawal or removal) and is updated at the end of the school semester if information changes. The information collected includes: student contact information, CP&P case information (open/closed case), caseworker contact info (if open with CP&P), funding eligibility (federal ETV, state Tuition Waiver or both), post-secondary institution contact information, academic information (semester GPA, cumulative GPA, registration status), financial information (COA and if student will hit COA for a given semester), and a listing of educational support requests (type of request and cost) submitted by semester. Reports are run through this database to track the unduplicated number of students served by the ETV program for any given semester. The students SSN is used as the youth's identifying number in the database in order to avoid duplication of services.

Once a student is admitted to the program for an academic year, FAFS contacts a representative at the post-secondary institution who confirms the Cost of Attendance (COA) and the grants (institutional, federal and state), scholarships (private and institutional), loans (subsidized, unsubsidized, and other) and personal payments on the student's account. The form is sent to the school every semester the student is active in the NJFC Scholars program. This process ensures that the total amount of educational assistance to a youth under the ETV program and any other federal assistance program does not exceed the total COA and ensures that there is not a duplication of federal benefits.

Meetings w/stakeholders to develop ETV goals and outcomes

Moving forward, OESP will continue to use data to monitor and refine the program as well as establish goals and outcomes:

- To monitor retention via weekly reports (prepared by FAFS) and send to OESP, OAS and Project MYSELF with student contact info, post-secondary contact info, academic info (GPA, # of credits, registration status), student's academic standing (highlighting first year NJFC Scholars, probation/remedial instruction/students readmitted on appeal, students who are pending removal, students who have been removed and students who have graduated) and then a semester notes section. Will use the retention rates for post-secondary institutions posted on the US Dept. of Education as a baseline for NJ Foster Care Scholars year to year retention.

- To focus outreach efforts using a monthly report run by DCF's Office of Research, Evaluation, and Reporting which provide the number of eligible youth based on CP&P placement history and those who exited care for KLG or Adoption.

- Shifting outreach efforts to directly target Local Offices with the highest concentrations of eligible youth currently under supervision of CP&P. For state fiscal year 15, FAFS will target the seven counties with the highest concentrations of eligible youth in foster care. The goal is to increase the service level by 10%.

- OESP will initiate discussions with Higher Education institutions to increase awareness of ETV and Tuition Waiver availability and feasibility of identifying eligible youth through "independent" status on FAFSA application.
- OESP will explore collaboration with high school to college "bridge" programs.

Section 4B

JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM 2015-2019 PLAN

Description of Program Design and Delivery

- **Describe how the state designed, intends to deliver, and strengthen programs to achieve the purposes of the CFCIP over the next five years.**

    - In 2011 the Office of Adolescent Services (OAS) engaged in a strategic planning process to assess the current state of services provided to DCF-involved youth, and to facilitate the measurement of youth outcomes in several domains of functioning pertinent to youth/young adults transitioning successfully to adulthood. A group of stakeholders including community providers, DCF staff, and youth were brought together to create the strategic plan. The outcome of this planning process is a working document that provides guidance to OAS within eight domains that are integral to the growth and development of young people as they transition to interdependence. The domains include: housing, education and employment, physical and mental health, general transition support, youth engagement, permanence and familial support, criminal justice/legal services, and general cross systems. Within each domain there are goals, objectives and activities associated with achieving those objectives.

      Once the strategic plan was finalized and published, an advisory group was created to help monitor the progress of the plan, provide assistance in moving pieces forward and to assist in overcoming any barriers or challenges. In 2013 it became evident that there were some areas of work that were proving to be challenging and DCF needed to figure out a way to address these areas. In 2013, DCF applied for the ACF Planning Grant to Develop a Model Intervention for Youth/Young Adults With Child Welfare Involvement At-Risk of Homelessness. NJ-DCF is one of the awardees of the grant and has titled the project "Connecting Youth" to get additional assistance from well known, national organizations to ensure that the services and supports DCF has for youth/young adults are appropriate and to strengthen and potentially restructure the array of services that are available.

DCF also created the Taskforce on Helping Youth Thrive in Placement as a means to ensure that youth in any out of home placement/treatment able to live a "normal" life and experience adolescence in a similar way to their peers who are not in out of home care.

- **Describe how the state has involved youth/young adults in the development of the plan for CFCIP.**

    - DCF has made a concerted effort to obtain feedback and input from youth/young adults. One result of the strategic planning process was the acknowledgment that before outcomes could be reliably measured; documentation about the current state of functioning of youth was needed. Therefore, a large-scale "needs assessment" of a sizeable group of currently and formerly involved DCF youth and young adults was developed. The primary intent of this project was to provide in-depth information on the current state of services provided to DCF-involved youth two years after the implementation of the Adolescent Services Strategic Plan, and to describe the perceptions of youth as it relates to their experience and outcomes as a result of involvement with DCF (at whatever age this may have occurred and to whatever extent they may have actually participated in DCF services).

    - In addition to the needs assessment, DCF consistently gets feedback and input from youth/young adults through the Youth Advisory Boards that exist statewide. During the last year the Youth Advisory Boards were restructured and enhanced in order to further promote engagement of youth in systems change. Through this vehicle, youth are able to provide guidance on adolescent policy, hiring within the Office of Adolescent Services, attending key stakeholder meetings as well as in put regarding services and supports.

    - DCF also receives 1-2 youth interns during the summer through DCF's Summer Housing Internship Program. These interns also assist with providing insight and recommendations regarding DCF practice.

- **Describe how the state is both informing stakeholders, tribes and courts; and involving them in the analysis of the results of the NYTD data collection and how it**

is using these data and any other available data in consultation with youth and other stakeholders to improve service delivery.

- One of the partners DCF is working with for the Connecting Youth Federal planning grant is Child Trends who is reviewing NJ data (including NYTD) to get an understanding of the youth we serve. In addition to that, DCF has collected data via the needs assessment and is currently figuring out how to use this information to inform service delivery as well as any changes/restructuring of services. Since 2010, DCF has been collecting NYTD data from contracted agencies that provide independent living services as well as data from the outcomes survey. DCF is working towards reviewing and analyzing the NYTD data to help inform the work.

- **Provide information of the state's plan to continue to collect high-quality data through NYTD over the next five years.**
  - DCF is currently examining and updating existing databases to streamline NYTD data collection. We are looking at possibly providing an interface for providers to enter the independent living services that are provided to youth/young adults. In addition, DCF has contracted with a community agency to administer the NYTD survey to youth ages 19 and 21 who are no longer involved with DCF to ensure better continuity and engagement with youth.

Serving Youth Across the State

- **Describe how the state has ensured and will continue to ensure that all political subdivisions in the state are served by the program, though not necessarily in a uniform manner.**
  - DCF is a state run agency with policies that are the same in every county. As a result all of the services that are offered are available to eligible youth/young adults statewide. There are policies, resource guides, and information on the DCF website that provides a description of the resource, how to access services, , as well as the age groups that are served. CP&P workers assist youth in identifying needed services and link them to the appropriate resource(s).
- Provide relevant data from NYTD or other sources that addresses how services vary by region or county.
  - DCF plans to analyze data from NYTD and other sources to get a better understanding of how services vary by region. This is also being researched through the ConnectingYOUth Federal planning grant as well.

Serving Youth of Various Ages and States of Achieving Independence

- **Describe how youth of various ages and at various states of achieving independence are to be served. Please describe any state or other administrative barriers to serving youth/young adults. In particular, describe how the state is serving: (1) youth under age 16; (2) youth ages 16 to 18; (3) youth ages 18 through 20 in foster care; (4) former foster youth ages 18 through 20; and (5) youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.**
    - The Office of Adolescent Services primarily ensures that services and supports are available for youth/young adults ages 14-21 throughout the state of NJ. All of these services are available to youth, who after attaining 16 years of age, have left foster care for kinship guardianship or adoption. There are a variety of services that include:
        - *Life Skills* – instruction in daily living domains such as budgeting and financial management, communication, decision making, self-care, and housing for youth in out of home placement between the ages of 14-21. Assistance in obtaining a high school diploma, career exploration, vocational training, job placement, and job retention are also included.
        - *Aftercare* - intensive case management and support services to young adults between the ages of 18 and 22 who are involved with DCF or those who are no longer involved.
        - *Wrap Around* - flexible funding available for those adolescents in an independent living skills, aftercare, or transitional living program and is available for youth/young adults between the ages of 16 and 22.
        - *Housing* - provide safe and stable housing with the ultimate goal of assisting youth to achieve self-sufficiency and a successful transition to adulthood. Youth are typically between the ages of 16 to 21 and often require life skills services, case management, and assistance with achieving educational and employment goals.
        - *Permanency Services* - intensive permanency services to a limited number of older adolescents, who are at risk of aging out of the system with no caring connections in place. This service is available to youth in out of home care between the ages of 14 and 21.
        - *Mentoring* – the intent of these programs is to provide youth/young adults between the ages of 13-21 with a caring adult whose goal is to form a positive relationship. Mentoring is provided through a variety of ways and settings which include exposing the youth to recreational activities,

assisting them in developing life skills, job shadowing and educational supports.

- *Youth Advocacy* - through the Youth Advisory Boards, youth and young adults, ages 14-22, have an opportunity to provide input and feedback on adolescent programming and policy to DCF management and staff. They are youth driven forums that strive to empower youth in foster care and homeless youth to successfully transition into adulthood upon leaving the DCF system of care.
- *Scholarships* – DCF offers two scholarship programs: 1) NJ Foster Care Scholars Program and 2) DCF Scholarship Fund to provide funding for eligible foster, adoptive, kinship, and homeless youth to pursue a post-secondary education at an accredited two-year or four-year college, university, trade or career school.
- *Health Insurance* – Medicaid is available to youth/young adults who are in an out of home placement and with the recent adoption of the Affordable Care Act, young adults may be eligible to receive Medicaid until the age of 26.
- *Financial Assistance* – the Independent Living Stipend is available to eligible youth between the ages of 16 -21 who are in need of additional financial assistance as they transition to adulthood.

Former foster youth ages of 18 through 20 who are in need of services or supports may be eligible to re-open their Child Protection case.

- **Identify any assessments or other tools the state uses to determine which youth are likely to remain in foster care and/or to evaluate young peoples' state of development and how these assessments inform the provision of services.**
  - DCF staff and contracted agencies utilize the Casey Life Skills Assessment to determine the assistance individual youth may need in their preparation towards self-sufficiency and adulthood.

- **Identify any state statutory and/or administrative barriers that impede the state's ability to serve a broad range of youth and how these barriers can be addressed.**
  - DCF does not have any statutory or administrative barriers to overcome in this particular area.

States are required to certify that no more than 30 percent of their allotment of federal CFCIP funds will be expended for room and board for youth who left foster care after the age of 18 years of age but have not yet attained 21 years of age. In the 2015-2019 CFSP, specify the state's definition of "room and board". Describe the approach the state is using to make room and board available to youth ages 18 through 20 who are not in foster care.

- "Room and Board" is a payment that is provided by CP&P for housing related expenses including rent deposits, utilities, and other household start-up costs.

- Youth 18-20 who are not in foster care can access housing (including room and board) through the Adolescent Housing Hub.

- **Address how the state uses objective criteria to determine eligibility for benefits and services under the programs, and for ensuring fair and equitable treatment of benefit recipients**

  Each Chafee related program has a detailed contract that outlines eligibility for benefits and services for their respective service. In addition, programs have clients' rights forms and program evaluations to ensure fair and equitable treatment of benefit recipients. This process is monitored and evaluated by NJ-DCF through contract monitoring and interviewing recipients of the programs services.

- **Provide a statement that indicates that the state agency will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.**

  DCF will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

Section 4C

Investing in Services

Maintain Needed Levels of Resource Homes Recruitment Plan

Foster and Adoption Recruitment Initiative

New Jersey continues its commitment to diligently recruit potential foster and adoptive families that reflect the cultural diversity of the children in the State for whom out-of-home placements are needed.

Accomplishments

Throughout FFY 2013, we remained committed to the recruitment and retention of families reflective of the racial and ethnic characteristics of our communities. As a result, we have accomplished this through the utilization of more localized and targeted recruitment efforts that continue to be data-driven and based on the neighborhoods and communities where children requiring out-of-home placement reside. We also continue to develop and implement strategies to support and meet the needs of families interested in caring for our children.

DCF continued its successful efforts and this was reflected in the number of families licensed in CY'13 which was 1449. This exceeded our 2013 target of 11264 licensed families. This is a result of the diligent recruitment efforts that have been made statewide.

In FFY 2013, we implemented or continued the following statewide level initiatives:

- Developed local targeted recruitment plans that are data driven, culturally competent, retention focused, and community based.
- NJ continues to emphasize and support local recruitment activities in the communities where children reside.
- Continue to share recruitment initiatives, provide technical assistance, and identify training needs and supports to recruitment staff.
- Recruiters will continue to have an opportunity to communicate and share information with each other through the online chat room.
- Continue to request training and technical assistance from recruitment, retention, and marketing professionals.
- Continue to provide recruiters with access to quality training in areas of recruitment, retention, and marketing.
- Continue to develop a new data driven method to set specific targets in each county determining the number of homes to be licensed.

NJ is committed to the dissemination of general and child specific information to the public by offering a 24 hour toll-free inquiry hotline, maintaining our public website, and locally advertising in newspapers, magazine, and online. NJ DCF has 47 local offices in every community with

resource family support units consisting of resource family support workers, recruiters, facilitators and trainers. The resource family support units offer resource parent training in the evenings and on weekends in every county. Our staff offers flexible appointments for the home study process and preparing families for licensing. We do not have any fees related to our resource family home study and all support services are provided free of charge.

Resource family staff are trained by our DCF Child Welfare Training Academy in partnership with Rutgers University Kean University, Richard Stockton State College, and Montclair University. They train our staff to work with racial, culturally, and socio-economic diverse communities throughout the state.

NJ has bi-lingual staff to service our diverse population speaking many languages. We have 24 hour access to interpreter services statewide.

On a local level:

- We will continue to emphasize and support locally based recruitment activities in the communities where children reside.
- Develop local targeted recruitment plans that are data-driven and action-based.
- Continue to meet with recruitment staff throughout the State to discuss recruitment initiatives, share information with recruiters, brainstorm, provide technical assistance, identify training needs and support recruitment efforts.
- Continue work with the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at Adopt Us Kids (NRCRRFAP) in the area of Marketing Segmentation.
- Continue working with the Human Rights Campaign's -All Children, All Families initiative.
- Recruiters will continue to have an opportunity to communicate and share information with each other through the online chat room.
- Continue to seek training and technical assistance from national experts.
- We will continue to ensure recruiters have access to training opportunities in order to continue enhancing their effectiveness within the communities.
- Actively make updates to the public website as policies, new initiatives and or practice changes.
- Work diligently in our efforts to educate communities and develop partnerships with local organizations.
- Continue to support Child Specific Recruitment Activities for Adolescents and Waiting Children
- Continuously assessing and identifying needs of the local recruitment staff and implementing new tools to ensure their success in meeting local office objectives.

- Continued statewide development of partnerships with national and state organizations such as the RaiseAChildUS.org.

New Jersey continues to be successful recruiting foster and adoptive parents that reflect the ethnic and racial needs of children who require out-of-home placement. Our pool of foster and adoptive families allows us to meet the various needs and characteristics of children who require out-of-home placement. We are committed to maintaining our successful efforts through the implementation of creative approaches along with retention efforts that will lead to positive outcomes for our children and families.

Section 4D

Foster and Adoptive Diligent Recruitment Plan

2015-2019

Section 422(b)(7)

New Jersey Department of Children and Families Foster and Adoptive Diligent Recruitment Plan 2015-2019

Foster and Adoption Recruitment and Retention Initiatives

New Jersey is committed to diligent recruitment and retention efforts of potential resource families who reflect the cultural diversity, racial, and ethnic characteristics of children in out-of-home care. NJ is committed to recruiting families in communities where our children reside and to build a supportive network of resources to support their needs. We will continue to accomplish this goal by utilizing data driven approaches for strategic targeted recruitment and retention.

The results of our commitment are reflected in the number of families licensed. We have had great success with increasing and maintaining a robust pool of families for children in care. This is a result of the diligent recruitment efforts that have been made statewide.

While NJ has been successful increasing the pool of resource families who reflect the racial, ethnic, and religious diversity of children in care, we continue to have a need for several populations of children including sibling groups, adolescents, and children with increased medical needs. NJ remains committed to the diligent targeted recruitment of families for these specific populations.

The following plan for 2015-2019 has been implemented to continue diligent targeted recruitment:

- NJ has a Statewide Retention Specialist, Recruitment & Retention Communications Specialist, and a Statewide Recruitment Specialist who continue to lead statewide recruitment and retention efforts by improving and strengthening support and customer service for our licensed families, managing and promoting market segmentation initiatives, and continuing to focus on targeted recruitment for specific populations of children in care.
- A major organizational change was implemented that resulted in local recruiters coming under the auspices of Central Office, Office of Resource Families. This will allow the recruiters to concentrate their efforts, full time, and improve efficiency.
- In an effort to become more sophisticated with our recruitment practices, market segmentation will be implemented statewide. Market segmentation is a tool for targeted recruitment that looks to identify households that can be targeted that are most “like” our current successful resource homes.

- Statewide as well as local recruitment events will be based on market segmentation lifestyle characteristics, for example families who attend movies indexes very well on NJ's lifestyle characteristics so we are planning on having recruiters at local movie theaters throughout the state during a specified weekend.
- Recruiters will look to develop new partnerships with businesses/organizations as informed by the market segmentation lifestyle characteristics as well as maintain current relationships that offer discounts to current resource parents, display promotional items, conduct table events, and speaking opportunities to staff and customers.
- To ensure the successful use of the information provided by the market segmentation tool, NJ will provide training and technical assistance that will enhance the knowledge and expertise of recruitment staff.
- NJ will use the lifestyle characteristics of families that are like our current successful families to target advertising opportunities within local targeted geographic areas.
- New recruitment materials/publications will be developed that are customer centered and are reflective of the lifestyle characteristics in our market segmentation tool.
- Promotional Items will be purchased to reinforce the message that will be developed.
- In order to focus on recruiting sibling groups of 5 or more a statewide plan was developed. The plan established a SIBS (Siblings in Best Settings) program.
- A SIBS Coordinator was hired to monitor and track all placements of 5 or more siblings statewide. This program also provides SIBS families with an increased supportive services and additional subsidy to maintain an open home for siblings of 5 or more only.
- NJ currently requires recruiters to host four statewide targeted events. These include siblings, adolescents, the LGBT population and children with increased medical needs. Currently this requirement allows for a potential of 80 events to take place throughout the state each year. Beginning in 2015, this requirement will be expanded to six events statewide, increasing our potential for 120 events focusing on populations of need throughout the year.
- NJ is the first state child welfare agency to have achieved the Human Rights Campaign, All Children - All Families Seal of Recognition for reaching all benchmarks of LGBT cultural competency and being fully welcoming of LGBT individuals and families.
- NJ continues its efforts of promising practices with LGBT families by committing to a seal reassessment that is conducted every three years.
- Training by national experts is currently being explored. This will continue to enhance our competency skills among staff and allow us to be more effective with our outreach efforts to LGBT communities statewide.
- Continue our partnership with *RaiseAChild.org* a national LGBT organization connecting LGBT parents with foster and adoption agencies who are cultural competent and welcoming.
- Continue to host large and small events statewide partnering with LGBT organizations for LGBT prospective parents.

- Bi-Monthly meetings are held with recruitment staff to share information in addition to an online forum to post ideas and special events in their areas.
- Continue the use of resource parent adjunct recruiters and youth recruiters for events and trainings to share their experiences as current resource parents and as a youth in care.
- Continue to encourage current resource parents to help in recruitment by offering an honorarium program, travel reimbursement, and child care expenses to attend events and trainings.
- Continue to allocate funds for recruitment events, adjunct recruiters, and local advertisements from our statewide recruitment budget.
- We recognize that recruitment and retention go hand in hand and therefore are currently in the development stage of a statewide retention plan to improve our services and strengthen our partnership with our resource families. This will include teaming with all DCF staff in the shared goal of supporting our families.
- NJ has currently partnered with the National Resource Center for Diligent Recruitment and Rutgers University, School of Social Work to conduct a statewide study regarding current resource parents to improve practice. The goal is to develop a customer service focused retention plan, a survey instrument to regularly assess resource parents' satisfaction and an exit survey to gather feedback and recommendations.
- We will continue to contract with Foster and Adoptive Family Services (FAFS) resource family support organization. FAFS provides various supportive services to licensed foster and adoptive families which includes but not limited to:
    - Providing peer to peer support and advocacy
    - In-service training that is offered through various modalities including workshops, home correspondence courses, e-learning and webinars.
    - Online support groups, blogs, chat rooms, Facebook, Twitter, and Pinterest to keep resource families connected.
    - Respond to all inquiries through the toll-free hotline and online.

The following have been implemented on a local level:

- Recruiters are required to develop a local recruitment plan to target their geographical areas of need and subpopulations of children in care. The plan includes input from their local resource and adoption units, local management, central office, and licensing.
- Recruiters continue to use accurate and up-to-date data provided by DCF tracking tools to determine geographical areas and subpopulations of children in their areas.
- Continued use of tracking tools for market segmentation outcomes and a targeted geographic and subpopulation outcomes.

- Recruiters will continue to conduct local recruitment events and advertise in the target communities where our children reside.
- Continue the practice of bi-monthly Group Engagement orientations with inquiries in each County.
- Continue to work with adjunct recruiters for small local events.
- Recruiters will continue to host presentations, informational tables, participate in fairs, parades, cultural events, and partner with religious and nonprofit organizations and local schools.
- Continue an ongoing partnership with hospitals, healthcare centers, and local health organizations for targeted recruitment of children with specialized medical needs.

Section 5A

Training Opportunities for Resource Families

FOSTER AND ADOPTIVE FAMILY SERVICES TRAINING OPPORTUNITIES

TRAINING MODALITY	HOURS
Webinars	
Approved between October 1, 2012- September 30, 2013	
Loss and Separation	2
"No Hablo Española, but the child in my care does;" Basic Spanish for English Speaking Parents	2.5
Supporting Children Exposed to Domestic Violence	3
Online Training	
Approved between October 1, 2012- September 30, 2013	
Educational Stability Act	1.5
NJFC Scholars: Gaining Access To Post-Secondary Education	1.75
NJFC Scholars: Post-High School Options for Youth	1.5
Parenting Through Puberty	2.5
Home Correspondence Courses	
Approved between October 1, 2012- September 30, 2013 (New)	
A Guide to Advocacy in New Jersey	2
Critical Thinking: Skill Development for Children	1.5
Disaster Preparedness Part 1: Preparing Your Family Before and Emergency	3
Disaster Preparedness Part 2: Staying Safe During an Emergency	3
Toiling Training Your Child	1
Revised between October 1, 2012- September 30, 2013	
Building Healthy Relationships	3
Childhood Skin Disorders	3.5
Eating Disorders	3.5
On Solid Ground: Permanency Planning For Children in Care	2.5
Self-Injury: That Hurt, and I Did It Myself	2.5
Special Education: Answers to Important Questions	3.25
Type 1 and 2 Diabetes in Children and Adolescents	3.5
County-Based Training (formerly Alternate Training)	
Approved between October 1, 2012- September 30, 2013 (New)	
Preparing Your Children For A Child in Foster Care	1.5
Foster Children, Trauma and How to Respond	2
Get the Lead Out	2
Volunteers of America Parenting Skills Partnership Program	1.5
Forming a Secure Bond	1.5
Lifebooks, Foster Care and Adoption	1.5
Fostering a Relationship Intended to Last a Lifetime	1.5

All Available County-Based Trainings

Available trainings during October 1, 2012-September 30, 2013

A Circle of Partners for Children and Families	2
Addicted/Alcoholics vs. Healthy Families	2
Adoption and Foster Care in the Schools	1.5
Adoption: A Life Long Loss: How Adoption Issues Impact Life Transitions	1.5
Adult, Child and Infant CPR	2
Aging Out, Don't Miss Out	1
Ask. Advise. Refer	2
Bullying Among Children and Youth	1.5
Care Management Organization and Youth Management Program	2
Changes in DYFS for Foster Parents	1.5
Changes in the Foster Care System	1.5
Child Health Unit Service Overview	2
Child Passenger Safety	2
Child Placement Review Boards Overview (CPR Board)	1
Child Welfare	2
Children's Mental Health and Wellness	2
Common Sense Parenting	2
Creative Community Options Program	2
Cumberland, Gloucester and Salem County Family Support Organization	2
Current Trends of Abuse	2
Division of Developmental Disabilities Overview	2
Domestic Violence Workshop for Parents	2
Drug and Alcohol Information for Parents	2
Educational Stability	2
FAS/FASD/ and Children's Behavior	2
FASD and Practical Implications for Caregivers	2
Fetal Alcohol Spectrum Disorders- The Basics	2
Forming a Secure Bond	1.5
Foster Parent Recruitment	2
Foster Children, Trauma and How to Respond	2
Fostering a Relationship Intended to Last a Lifetime	1.5
From Termination of Parental Rights to Adoption	1.5
Get the Lead Out	2
Guardianship Need of Individuals with Development Disabilities	1.5
Helping Foster Parents Deal with Difficult Behaviors	1.5
Hudson County Family Support Organization (FSO)	2
Juvenile Justice	2
Lifebooks, Foster Care and Adoption	1.5
Mental Health Association	2

Mental Health Services for Children and Young Adults	2
Preparing Your Children For A Child in Foster Care	1.5
Resource Family Grief	2
Salem County Recruitment	2
Securing Technology for Children	2
The Adopted Child's Journey: Questions Along the Way	2
Understanding Child Mental Health	2
Volunteers of America Parenting Skills Partnership Program	1.5
What Every Parent Should Know About Children and Sexual Abuse	2

Foster and Adoptive In-Service Training Usage From October 2012– September 2013			
Training Modality	**Unduplicated Users for Individual Training Modalities**	**Total Completed Training for Each Modality**	**Total Unduplicated Users for Combined Training Modalities**
Home Correspondence	918	1088	N/A
County-based Training Includes	468	1183	N/A
Online Training	500	1785	N/A
Webinar	113	124	N/A
Combined	1999	4180	1999

The term unduplicated user indicates that the parent is counted only one time during the specified reporting period. The ***1,999*** represents the total unduplicated number of parents who took training provided by Foster and Adoptive Family Services during the reporting period.

Foster Parent Training	Hours
NON FAFS APPROVED COURSES	
Sponsor: Deborah Apgar **Program: Parenting by Priority Increasing Success & Satisfaction for Resource Parents**	**2**
Sponsor: Atlantic Care Behavior Health **Program: Family Care Network & How We Can cope with Stress**	**2**
Sponsor: Atlantic Behavioral Health-The Family Care Network **Program: Attention Deficit/Hyperactivity Disorder**	**2**
Sponsor: Atlantic Behavioral Health-The Family Care Network **Program: Building Positive relationships**	**2**
Sponsor: Shea Campbell **Program: Pediatric Update**	**2**
Sponsor: Children's Aid and Family Services **Program: Answering Difficult Question about a Child's History**	**2**
Sponsor: Children's Aid and Family Services **Program: Autism Awareness**	**2**
Sponsor: Children's Aid and Family Services **Program: Court Ordered Mediation**	**2**
Sponsor: Children's Aid and Family Services **Program: Cultural Diversity**	**2**
Sponsor: Children's Aid and Family Services **Program: Developing and Supporting emotional Intelligence**	**2**
Sponsor: Children's Aid and Family Services **Program: Developing & Supporting emotional intelligence in Children**	**2**
Sponsor: Children's Aid and Family Services **Program: DYFS Family Engagement Model**	**2-3**

Sponsor: Children's Aid and Family Services **2-3**
Program: Hair and Skin Care for Children of Color

Sponsor: Children's Aid and Family Services **2-3**
Program: In Their Own Words

Sponsor: Children's Aid & Family Services **2**
Program: Language Development: Supporting the Child with Speech Delays

Sponsor: Children's Aid and Family Services **2**
Program: Learning Disabilities Part 11

Sponsor: Children's Aid and Family Services **3**
Program: Leaving Home is hard to Do: Special Issues for Adoptive and Foster Families

Sponsor: Children's Aid and Family Services **2-3**
Program: Making and Maintaining Birth Family Connections

Sponsor: Children's Aid and Family Services **2**
Program: Pediatric Update

Sponsor: Children's Aid and Family Services **2**
Program: Pediatric Update 2012

Sponsor: Children's Aid and Family Services **2-3**
Program: Prenatal Exposure to Alcohol

Sponsor: Children's Aid and Family Services **1.5**
Program: Process from Placement to Permanency

Sponsor: Children's Aid and Family Services **2**
Program: Process from Placement to Permanency

Sponsor: Children's Aid and Family Services **2-3**
Program: Preventing Substance Abuse in Our Youth

Sponsor: Children's Aid and Family Services **2**
Program: Sexuality and Our Children

Sponsor: Children's Aid and Family Services **2-3**
Program: Skills Training for Toddlers, Session One

Sponsor: Children's Aid and Family Services **2-3**
Program: Skills Training for Toddlers, Session Two

Sponsor: Children's Aid and Family Services **2**
Program: Skills Training for Toddlers, Session Three

Sponsor: Children's Aid and Family Services **2**
Program: Suicide Prevention

Sponsor: Children's Aid and Family Services **2**
Program: Teaching Model of Discipline for School Age Children

Sponsor: Children's Aid and Family Services **2**
Program: Telling Children Difficult Birth History

Sponsor: Children's Aid and Family Services **2-3**
Program: The Adopted Child's Journey

Sponsor: Children's Home Society **2-3**
Program: Adopting Foster Children

Sponsor: Children's Home Society **2-3**
Program: Adopting Foster Children Present Unique Challenges

Sponsor: Children's Home Society **2**
Program: Beating Burnout- Reducing Foster Parents' Stress

Sponsor: Children's Home Society **2**
Program: Behavioral Support for Foster Parents

Sponsor: Children's Home Society **2**
Program: Better Navigating the Court System

Sponsor: Children's Home Society **1**
Program: Brain Boxes

Sponsor: Children's Home Society **1**
Program: Brain Development & Infant Massage

Sponsor: Children's Home Society **1.5**
Program: Confidentiality-Understanding the Regulations: What Foster Parents Need to Know

Sponsor: Children's Home Society **3**
Program: CPR and AED training

Sponsor: Children's Home Society **1**
Program: Culturally Competent Foster Care, Committing to Diversity & Acceptance

Sponsor: Children's Home Society **1**
Program: Current Trends of Abuse

Sponsor: Discipline **1**
Program: Discipline Considering Stages of Development

Sponsor: Children's Home Society **3**
Program: Diet and Nutrition

Sponsor: Children's Home Society **1**
Program: Diet and Nutrition

Sponsor: Children's Home Society **5**
Program: Disruptive Disorders, Understanding, Managing ODD & CD

Sponsor: Children's Home Society **1**
Program: Do You Know What Your Kids Are Doing Online?

Sponsor: Children's Home Society **3**
Program: Do You Know What Your Kids Are Doing Online?

Sponsor: Children's Home Society **2**
Program: Ethnic Hair and Skin Care Training

Sponsor: Children's Home Society **1**
Program: Finding Common Ground, Work Together, Remember that Foster Care is Temporary

Sponsor: Children's Home Society **1**
Program: Giving Medications Safely and Effectively

Sponsor: Children's Home Society **1**
Program: Goal Setting

Sponsor: Children's Home Society **3**
Program: Helping Foster Youth Transition to Adulthood

Sponsor: Children's Home Society **4**
Program: How the Point System Improves Behavior

Sponsor: Children's Home Society **1**
Program: Impact of Substance Abuse on Foster Children

Sponsor: Children's Home Society **1**
Program: Managing Pediatric HIV/AIDS

Sponsor: Children's Home Society **1**
Program: Nutrition, Health & Wellness

Sponsor: Children's Home Society **1**
Program: Pikes Peak Learning

Sponsor: Children's Home Society **1**
Program: Post-partum Depression

Sponsor: Children's Home Society **1**
Program: Preparing Foster Youth to Live on Their Own

Sponsor: Children's Home Society **4**
Program: Presentation of Adoption Issues

Sponsor: Children's Home Society **2**
Program: Prevent Child Abuse & Neglect

Sponsor: Children's Home Society **1**
Program: Preventing Lying & Stealing Behavior

Sponsor: Children's Home Society **1**
Program: Recognizing & Managing Depression & Bipolar

Sponsor: Children's Home Society **1**
Program: Reiki

Sponsor: Children's Home Society **3**
Program: Reporting Child Abuse and or Neglect

Sponsor: Children's Home Society **1**
Program: Secondhand Smoke

Sponsor: Children's Home Society **1**
Program: Sensible Discipline : Strategies & Techniques for Family Foster Care

Sponsor: Children's Home Society **1**
Program: Stopping the Pain, Better Understanding Self-Harm Behavior

Sponsor: Children's Home Society **3**
Program: Stress Managing- Finding Couple Time, Staying Committed

Sponsor: Children's Home Society **4**
Program: Teens at a Crossroads

Sponsor: Children's Home Society **3**

Program: Teen Substance Abuse, Recognizing Newer, not Just "Traditional" Drugs

Sponsor: Children's Home Society **3**
Program: The Use of Birth Control

Sponsor: Children's Home Society **1**
Program: Three S's to Success

Sponsor: Children's Home Society **1**
Program: Tools to Prevent Abuse Allegations

Sponsor: Children's Home Society **1**
Program: Universal Health Precautions

Sponsor: Children's Home Society **1**
Program: Using Your Environment to Reach Gross Motor Milestones

Sponsor: Children's Home Society **1**
Program: What You Need to Know About Bedwetting

Sponsor: Children's Home Society **1**
Program: Why Do Kids Throw Tantrum?

Sponsor: Children's Home Society **1**
Program: Why do Kids Throw Tantrums? What can be done about it?

Sponsor: Children's Home Society **4**
Program: Women's Health and Wellness Dinner

Sponsor: Children's Home Society of New Jersey **3**
Program: Early Intervention Program

Sponsor: Children's Home Society of New Jersey **1**
Program: Foster Parent Manual/Agency Policy

Sponsor: Children's Home Society of New Jersey **3**
Program: SAFE Sleep for Your Baby

Sponsor: Children's Home Society of New Jersey **1**
Program: SHSP Training. Medically Fragile Children

Sponsor: Children's Home Society of New Jersey **1**
Program: Three S's to Success

Sponsor: Children's Home Society of New Jersey **3**
Program: Women and The Progression of Addiction

Sponsor: Children's Home Society of New Jersey CHS of NJ Infant Foster Care	**4**
Program: Openness in Adoption	
Sponsor: Children's Home Society of New Jersey Foster Care Support Network	**2**
Program: Impact of Substance Abuse on Foster Children Disruptive Disorders	
Sponsor: Common Sense Parenting	**4**
Program: Youth Enrichment and Support	
Sponsor: Concerned Persons for Adoption	**4**
Program: NJ's 30th Annual "Let's Talk Adoption" Conference	
Sponsor: CPR/First Aid	
Program: Adult CPR/AED	**4**
Adult/Pediatric FA/CRP/AED	**6.5**
Adult FA/CPR/AED	**6**
FA/CPR/AED Instructor	**25**
Pediatric CPR	**3**
CPR/AED for the professional rescuer	**7**
CPR/AED for the professional rescuer & health care provider	**8**
Child CPR/AED	**4**
Adult CPR/AED w pediatric CPR	**5**
Standard FA with CPR/AED adult plus CPR child and infant r2011	**7**
Standard FA with CPR/AED	**6**
Sponsor: Family Care Network	**2**
Program: Addiction	
Sponsor: Family Care Network	**2**
Program: Child Trauma, Developmental Impact & Interventions	
Sponsor: Family Care Network	**2**
Program: Children Development & the Impact of Trauma	
Sponsor: Family Care Network	**3**
Program: Cutting Behaviors Among Adolescents	
Sponsor: Family Care Network	**4**
Program: Eating disorders	
Sponsor: Family Care Network	**2**
Program: Modeling Positive Behavior	
Sponsor: Family Care Network	**3.5**
Program: QPR	

Sponsor: Family Care Network **5**
Program: QPR, Suicide Prevention

Sponsor: Family Care Network **2**
Program: Positive Parenting Skills

Sponsor: Family Care Network **2**
Program: Taking Control of Stress

Sponsor: Family Care Network Shannon Huist **2**
Program: Time Management

Sponsor: Family Service Behavioral Health & Wellness **1.5**
Program: Challenging Behaviors

Sponsor: Family Service Behavioral Health & Wellness **2**
Program: Conflict Resolution

Sponsor: Family Service Behavioral Health & Wellness **2**
Program: Essex County Family Support Organization Overview

Sponsor: Family Service Behavioral Health & Wellness **2**
Program: Knowing Who You Are

Sponsor: Family Service Behavioral Health & Wellness **2**
Program: Supporting Lesbian, Gay,, Bisexual, Transgender

Sponsor: Family Service Specialized Foster Care & Treatment Home Program **2**
Program: New Cetera - Chatting with Kids About Being Online

Sponsor: Family Services Specialized Foster Care and Treatment Home Program **2**
Program: Wetting and Soiling

Sponsor: Helping Hands Foster Care Program Recruiter/ Trainer **2**
Program: Addressing Development Issues Related to Sexuality Foster PRIDE Core Module 3

Sponsor: Helping Hands Foster Care Program Recruiter/Trainer
Program: Children's Personal and Cultural Identity **1&1/2**

Sponsor: Helping Hands Foster Care Program Recruiter/Trainer
Program: Understanding and Promoting and teen Development **3**

Sponsor: Helping Hands Foster Care Program Recruiter/Trainer **1**
Program: Working as a Professional Team Member

Sponsor: Hudson County **1**
Program: Overview of CASA (Court Appointed Special Advocates)

Hudson Cradle **1.5**

Sponsor: Mercer County FSO **1**
Program: How to talk so kids will listen & listen so kids will talk

Sponsor: Mercer County FSO **1**
Program: Positive Discipline 7-week class

Sponsor: Morris County Foster Parents Association **3**
Program: Effects of Domestic Violence on Children

Sponsor: Morris County Foster Parents Association **2**
Program: Securing Technology for Children

Sponsor: NJ ARCH **3**
Program: Adoption & Foster Care in the Schools

Sponsor: NJ ARCH **4**
Program: Adoption : A Life Long Loss: How Adoption Issues Impact Life Transitions

Sponsor: NJ ARCH **1-2**
Program: Buddy Family Training

Sponsor: NJ ARCH **2**
Program: From Termination of Parental Rights to Adoption

Sponsor: NJ ARCH **6**
Program: Helping Foster Parents Deal with Difficult Behaviors

Sponsor: NJ ARCH **14**
Program: Leaving Home is Hard to Do

Sponsor: NJ ARCH **2**
Program: Talking to your Kids About Difficult History

Sponsor: NJ ARCH **2**
Program: The Basics of Special Education in NJ

Sponsor: NJ ARCH **1.5**
Program: Trans racial Adoption and Foster Care

Sponsor: NJ Parents Caucus **1.5**

Program: Understanding Childhood Challenges	
Sponsor: Ocean County Family Success Center **Program: Emotional Coaching**	**6**
Sponsor: Ocean Family Success Center **Program: Healthy Eating for Families on the Go**	**1.5**
Sponsor: Robin's Nest **Program: Foster Parent Awareness**	**1.5**
Sponsor: Robin's Nest **Program: Kin Curriculum**	**1.5**
Sponsor: Rutgers University **Program: Let's Talk Adoption**	**1.5**
Sponsor: Thomas Palermo **Program: Positive Parenting**	**1.5**
Sponsor: Salem County **Program: Salem County Resource Supervisor's Agenda**	**1.5**
Sponsor: SPAN **Program: Transition Teleconferences SPAN Structured Learning Experience**	**30**
Sponsor: Varies **Program: Bergen County Family Success Center**	**3**
Sponsor: Varies **Program: Early Intervention**	**1**
Sponsor: Varies **Program: PRAB Puerto Rican Action Board Program and Services**	**4-6**
Sponsor: Various **Program: Anger Outbursts**	**4**
Sponsor: Various **Program: Bullying**	**5**
Sponsor: Various **Program: "Cutting": Recommended Interventions for Foster Parents of Teens Who Self-Injure**	**8**
Sponsor: Various	**1.5**

Program: Grief and Loss Within Foster Families

Sponsor: Various **1**
Program: Foster Parents as Facilitators of Children's Moral Development

Sponsor: Various **1.5**
Program: Positive Behavioral Supports

Sponsor: Various **2**
Program: "Stealing"

Sponsor: Various **2**
Program: Using Change as a Tool for Success

Sponsor: Various Dates **1**
Program: Abuse, Neglect and Emotional Mistreatment

Sponsor: Various Dates **1**
Program: Effective Listening Skills

Sponsor: Various locations in New Jersey
Program: Documenting Medication Administration **1**

Section 5B

Workforce Development

NJ Office of Training and Professional Development
APSR Update

NJ Office of Training and Professional Development
2015-2019 Training Plan

Accomplishments

During the **10/1/2012 – 9/30/2013** CFSP period, the New Jersey Child Welfare Training Academy:

- As the size and scope of the training operation continued to evolve and grow, the New Jersey Child Welfare Training Academy operations were folded into a larger organization, The Office of Training and Professional Development.
- Continued to provide instruction in seven monitored training categories under the Modified Settlement Agreement. Ensured that all caseload carrying staff attended and passed competency in: pre-service; in-service; concurrent planning; case practice model modules 1 and 2; investigative and intake; new supervisory; and new adoption worker training programs. Those staff who did not achieve their training goals during any six-month monitored period, had either separated from service, were on a leave of absence or had other justifiable reasons for their delay. It should be noted that since this statistic has been monitored that it has always been at 100% compliance.
- Coordinated and tracked the delivery of training in foundational casework practices including instruction in: concurrent planning; mental illness; and domestic violence protocol, mental health screening tools, child passenger restraint, and child sex abuse.
- Developed and delivered in partnership with various state universities, coordinated and tracked the delivery of additional specialized in-service courses for caseload carrying staff. Achieved 100% compliance for all caseload carrying staff to receive 40 hours of in-service training per calendar year as required by the Modified Settlement Agreement (MSA) of 2006. This is another area where compliance has been at 100% since the beginning of the MSA.
- Continued to sponsor a Baccalaureate in Child Welfare Program (BCWEP) that provides graduates with a two-year post-graduation employment opportunity with DCF, and a child advocacy certificate program for DCF employees to enhance their child advocacy skills and knowledge.
- Continued the MSW program that enables staff to continue to work full-time while pursuing their advanced degree. It also provides opportunities for staff to deepen their perspectives on social work and child welfare, develop advanced clinical skills, and enhance their supervisory skills. Field placements are planned using the other departments of DCF wherever possible.

- Ensured that competency is now assessed in all MSA required courses, newly written/offered courses, and select University Partnership courses through the use of pre and post-tests, and established training policy and procedures for individuals who do not reach a specified level of competency upon completion of the courses.
- Continued to use data gathered from the Pre and Posttests to assess training outcomes, adjusted the pre and post test questions, and as planning tools for future course development
- Continued to design and launch supervisory level courses to complement existing courses that train workers in the areas of secondary trauma impact, case plan, and sex abuse.
- Created the "Master Supervisor" Certificate program which helps build a solid knowledge base of 10 courses designed to enhance and improve supervisory skills and aids in local office succession planning.

- Continued to gather and analyze course evaluations to improve course content and trainer delivery. Qualitative information gathered was used to plan for new courses and modify existing courses.
- All new caseworkers now receive Genogram, Ecomap and child passenger restraint training in their pre-service training as well as presentation by community-based resources.
- The University Partnership and the Office of Training and Professional Development (NJCWTA) created over 47 new trainings that brought the total of available courses to over 120.
- **Over 58,000 staff was trained in 3,300 training sessions**
- Continued operations in a 107,000 sq.ft. facility with over 31 modern classrooms ranging in capacity size from 20 to 306 students.
- Completed a training program for 47 Local Office Managers conducted by the National Network for Social Work Managers. This training enhances the capacity of the LOMs to lead their teams through impending challenges and opportunities. It ran over 18 months and had mentoring and capstone projects as key elements of the learning process.
- Continued to deliver "Focus on Supervision" training that teaches Casework supervisors to team with clinically based service providers to look at families and the issues they may have with a more clinical approach to problem solving.

Program Description:

The New Jersey Child Welfare Training Academy (NJCWTA) was established under the 2004 New Jersey Child Welfare Reform Plan, "A New Beginning: The Future of Child Welfare in New Jersey." The Reform Plan and the succeeding July, 2006 Modified Settlement Agreement (MSA) called for new ways of working with families and social services partners. The NJCWTA is charged with ensuring that New Jersey's child welfare staff training programs focus on supporting the State's commitment to the State's child welfare system reform. The NJCWTA is assisted in carrying out its mission through a collaborative partnership with Rutgers, Montclair Universities and Stockton College. Together these entities form the New Jersey Child Welfare Training Partnership (NJCWTP).

In 2013, the Training Academy functions were folded into a larger operation called The Office of Training and Professional Development.

Preamble:

The New Jersey Department of Children and Families Office of Training and Professional Development of which the Child Welfare Training Academy is a part, serves staff and organizational development in ways that reflect both the best practices of child welfare and the quality improvement processes of a dynamic learning organization**.**

Principles of the NJ Office of Training and Professional Development

- Training is designed and delivered so that all people who interact with the Department of Children and Families (families and staff) are treated with the empathy, respect and understanding that reflect best child welfare practices.
- Training development, from curriculum design to training delivery, is framed within a commitment that promotes life-long learning: we model the change that we seek to enhance with others inside and outside the agency.
- Training and staff development occur within a framework of practice that actively creates a professional learning community at all levels of the agency.
- Needs and skills of our organization are assessed on an ongoing, quality-driven basis so that the OTPD reliably and responsively meets the shifting demands and expectations of the child welfare community.
- The OTPD emphasizes a blended learning approach to curriculum and training development: multiple methods of instruction allow an adult workforce to maximize its learning potential.
- All DCF staff will have the knowledge, skills, abilities and attitudes to work appropriately with people based on their self-identification so that power imbalances are minimized and staff members actively seek out the strengths and capacities of the people with whom they work.

In pursuit of the above principles, we hold ourselves accountable to the highest standards of performance required of a learning organization.

New Jersey Child Welfare Staffing and Structure:

- Robert Ring serves as the Director of OTPD. Total number of staff is 31, which includes 24 trainers and supervisors, 3 managers and 4 administrative support staff.
- The NJCWTA staff is located at the following locations:
    - 4 Echelon Plaza, 201 Laurel Road, Voorhees (6 staff)
    - Primary site-30 Van Dyke Ave. New Brunswick (26 staff)
- The NJCWTA training locations are at the following locations:
    - 4 Echelon Plaza, 201 Laurel Road, Voorhees
    - Primary site- 30 Van Dyke Ave. New Brunswick
    -
- Additionally, OTPD trainers travel statewide to ensure that training programs are made as accessible to DCF staff as possible and training frequently is provided at the local and area offices and/or other public and private locations that are close to field staff.

Training Programs:

- **Pre-Service (Family & Community Engagement):** Pre-Service training is 180 hours of training that includes training on intake, assessments, community resources, Genograms, child passenger restraint and the critical components of the case practice model. All workers are enrolled within two weeks of their start date. Competency exams are completed by all new case-carrying workers. The Pre-Service training curriculum is centered on the new case practice model that includes family and community engagement. The Pre-Service training consists of 31 classroom days and 24 field days dispersed throughout the curriculum. The Pre-Service training also includes simulation exercises that provide trainees with a realistic setting to conduct interviews with parents, medical staff, and other child welfare professionals. The allowable Title IV-E administrative functions this training activity addresses are: *Referral to services; Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case reviews; Case management and supervision.*

- **Concurrent Planning:** Through the School of Social Work at Rutgers University, DCP&P staff are trained in concurrent planning methods, which optimize caseworkers' skills and ability to simultaneously work toward family reunification while also ensuring timely adoption, if the courts so move. Twelve hours of training are offered in a classroom setting as well as through distance learning. The allowable Title IV-E administrative functions this training activity addresses are: *Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case reviews; Case management and supervision; Recruitment and licensing of foster homes and institutions.*

- **Supervisory Practices in Child Welfare:** Supervisory Practices in Child Welfare was developed to train newly promoted employees. It offers 14 days of combined classroom and field Supervisory training followed by competency assessments. The training is divided into 3 modules which are Self-Management, People Management and Casework Management. The allowable Title IV-E administrative functions this training activity addresses are: *Development of the case plan; Case reviews; Case management and supervision.*

- **In-Service Foundation Courses:** Immediately following their pre-service training, training for newly hired DCP&P employees offered within their first year of service includes:
    - *Engaging Families and Building Trust-Based Relationships (Case Practice Training, Module 1)* – This is a 3 day course designed to build engagement skills and is conducted in a classroom setting by OTPD staff.
    - *Making Visits Matter (Case Practice Training Module 2)* – This is a 3 day course designed to advance skills in maximizing visit time, and building working agreements with families. It is conducted in a classroom setting by OTPD staff.
    - *Concurrent Planning* – A two-day course conducted in a classroom setting as well as long distance learning by The School of Social Work at Rutgers University.

- *Understanding Substance Abuse & Addiction* – This is a four-hour course, approved by the National Association of Social Workers (NASW) and it is offered online through the Child Welfare Training Academy's web site
- *Domestic Violence* – This is a two-day course, conducted by experts from one of the Department's community partners, the New Jersey Battered Women's Coalition.
- *Mental Illness* – This is a one-day course, conducted by the School of Social Work at Rutgers University.
- *Child Sex Abuse Identification & Investigation* – A four-day course conducted in a classroom setting by Training Academy staff.
- *Mental Health Screening tool* – a one-day course that is conducted by trainers from NJCWTA and NJCWTP

The allowable Title IV-E administrative functions that this training activity addresses are: *Referral to services; Development of the case plan; Case reviews.*

- **First Responders in Child Welfare (Child Protective Services Intake):** The First Responders in Child Welfare training has been developed and incorporated into the Pre-Service program. The First Responders in Child Welfare training is also offered as a stand-alone training to existing intake case carrying staff. During 2012, this course was expanded to 3 modules or six days or 36 hours. First Responders in Child Welfare is a training program designed to enhance investigator's required skills in the areas of family engagement; communication/interviewing; assessment; documentation and investigation. The allowable Title IV-E administrative functions this training activity addresses are: *Referral to services; Preparation for and participation in judicial determinations; Case management and supervision.*

- **SDM/Safety and Critical Thinking:** This is a 2 day in-service program focusing on safety assessments using structured decision-making, and the creation of safety plans. Training includes instruction on how to recognize and respond to safety issues, and procedures to follow to ensure the safety of the child(ren). A competency exam is administered at the end of the course. Title IV-E administrative functions this training activity addresses are: *Referral to services; Preparation for and participation in judicial determinations; Case management and supervision.*

- **Documentation for Child Welfare Professionals:** This two-day in-service program covers the fundamentals of grammar rules typically involved in documentation narratives, and instruction and practice in summary recording. The program teaches how to determine relevant content for case narratives, and how to capture it in writing with clarity, accuracy and conciseness. The allowable Title IV-E administrative functions this training activity addresses are: *Preparation for and participation in judicial determinations; Development of the case plan; Case reviews; Case management and supervision.*

- **Cultural Competency:** This two-day in-service program discusses the influences of culture, assumptions and biases on case practice, and what it means to be culturally competent. Instruction on the importance of cultural competence when working with the

LGBTQI community is also provided. The allowable Title IV-E administrative functions this training activity addresses are: *Preparation for and participation in judicial determinations; Development of the case plan; Case management and supervision.*

- **SPRU Worker Training:** This three-day program provides instruction to Special Response Unit (SPRU) workers on policy and practice in responding to child protective services referrals during evenings, weekends and holidays. Instruction includes the use of internal agency policies on after-hours response. The allowable Title IV-E administrative functions this training activity addresses are: *Referral to services; Preparation for and participation in judicial determinations; Case management and supervision.*

- **NJ Spirit:** The New Jersey Child Welfare Training Academy trains new and seasoned workers on the automated case management tool that supports case carrying workers' child protection, foster care, and adoption practice work. Training includes instruction on how to navigate the computer system and how to develop and maintain automated records management, case planning, service planning and data tracking. Since January, 2009, more than 3,000 staff (3,294) received NJ Spirit training. The allowable Title IV-E administrative functions this training activity addresses are: *Referral to services; Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case reviews; Case management and supervision; Recruitment and licensing of foster homes and institutions; Rate setting; A proportionate share of related agency overhead. Costs related to data collection and reporting.*

- **Adoption Subsidy Training:** This is a 3 hour workshop offered to all adoption staff to explore in detail at what is involved in meeting the requirements of the Adoption Subsidy Program. Presentation is focused on Adoption subsidy policy/procedures and skills related to pre-finalization approval through post-finalization case completion. The allowable Title IV-E administrative functions this training activity addresses are: *Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case management and supervision.*

- **Working With and Supporting Families:** This 3-day training focuses on introducing Assistant Family Service Worker staff (a.k.a. case aides) to the skills and concepts needed to effectively work with and support families involved with DCP&P. The allowable Title IV-E administrative functions this training activity addresses are: *Referral to services; Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case reviews; Case management and supervision.*

- **DCP&P Case Practice and the Domestic Violence Protocol:** This course will provide a brief review of domestic violence dynamics, as well as information on the Domestic Violence Protocol adopted by the agency in 2009. Instruction includes how to respond to families experiencing domestic violence, statutory requirements, DCF guiding principles and goals, the application of DV Protocol standards within the DCP&P Case Practice Model. The allowable Title IV-E administrative functions this training activity addresses are: *Referral to services; Preparation for and participation in judicial determinations;*

Placement of the child; Development of the case plan; Case reviews; Case management and supervision.

- **Case Planning for Case Planning With Youth, Children and their Families**
  This interactive mandatory class has two components: an online class and two day classroom training. The online course informs caseworkers about the NJ Spirit enhancements to the Case Plan. In addition, everyone is to complete the online before attending the two classroom training.
  The purpose of the two day classroom training is to help staff continue to functionalize the skills learned during the Case Practice Model trainings. The revised Case Plan document was created to reflect ongoing efforts to relate to families, to address their underlying needs, and to share decision-making authority with them.
  The classroom training will address the process that caseworkers, families, and youth follow in developing a Case Plan that captures the family's Case Goal and the incremental steps made during the life of the case.
  In-class demonstrations will model how monthly visits and Family Team Meetings can be used as opportunities to create and update a family agreement. Participants will think about and prepare for each section of the Case Plan such as the Case Goal, Family Summary, Strengths and Needs, Family Agreement (new tab), Visitation, and Educational Stability. The allowable Title IV-E administrative functions this training activity addresses are: Placement of the child; Development of the case plan; Case reviews; Case management and supervision.

- **Immigration Training Day 1**
  The goal of this day one of a three day training (each day is an independent module) is to increase child welfare workers understanding of the importance of working together with indigenous family and community structures when serving refugee and immigrant children. Module 1 will offer an overview of Immigration and Child Welfare, which will include knowledge about the various statuses of immigrant families in this country and knowledge about national laws and state policy regarding immigrant
  and refugee families, their rights and applicable services.

- **In Addition the courses listed below reflect what trainings are available to staff during the training year:**

AFSW 1: Working with and Supporting Families—
A Training for Assistant Family Service Workers
AFSW 2: Making Connections and Visits Matter
Application of Group Dynamics to Family Team Meetings
Art of Communication
Assessing Child Play and Behavior
Assessing Older Adults as Surrogate Caregivers: Module 1 of 3
Assessing Older Adults as Surrogate Caregivers: Module 2 of 3
Assessing Older Adults as Surrogate Caregivers: Module 3 of 3

Autism, Aspergers, and Obsessive Compulsive Disorder
Building Resiliency in Children: Why Some Bounce Back and Some Never Do
Case Planning for Youth, Children, and Their Families - Classroom
Case Planning for Youth, Children, and Their Families - NJS Online
Case Practice Model and DCF Business Practices
Case Practice Module 1: Engaging Families and Building Trust-Based Relationships
Case Practice Module 2: Making Visits Matter Case Practice Module 3: Facilitating the Family Team Meeting Process
Case Practice Module 4: Functional Assessment
Case Practice Module 5: Planning and Intervention
Case Practice Module 6: Supervising Case Practice in New Jersey
Celebrating Culture: Working with Latino Families
Child Abuse and Neglect Investigative Findings: Using the Four Tier Model
Child Protective Services and the Legal System
Child Sexual Abuse Training for Child Welfare Professionals: Days 1-2 and 3-4
Child Sexual Abuse Training for Child Welfare Professionals: Days 5-6 and 7-8
Child Traumatic Stress
Children and Eating Disorders
Children with Developmental Disabilities
Coaching the Challenge Employee
Compulsive Hoarding: Issues and Strategies
Concurrent Permanency Planning
CPR (Cardiopulmonary Resuscitation) and First Aid
Critical Thinking for Ethical Practice in Public Child Welfare
Customer Service for Child Welfare Staff
Defensive Driving: A Classroom Based Course on Crash Avoidance
Difficult Conversations: A Survival Guide for Supervisors
Difficult Conversations: How Child Welfare Workers Can Manage Challenging Discussions
Domestic Violence and Child Maltreatment: Helping Workers Develop Domestic Violence Skills
Domestic Violence Certificate Program
Domestic Violence Policy and the DCP&P Case Practice Protocol
Engagement of Non-Residential Fathers
Enhancing Visitation: A Caseworker's Guide to Improving Visit Quality
Excel Training: Beginners Level
Excel Training: Intermediate Level
Executive Leadership in Organizations Serving Children and Families
Executive Writing Skills
Factual Witness Training in Adoption
Family Dynamics in Addiction
Family Preservation Services: New Worker Training, Day One
Family Preservation Services: New Worker Training, Day Two
Family Preservation Services: New Worker Training, Day Three
Family Preservation Services: New Worker Training, Day Four
Family Preservation Services: New Worker Training, Day Five
Family Preservation Services: New Worker Training, Day Six
Family Systems Theory
Fetal Alcohol Spectrum Disorder
First Responders for Supervisors
First Responders: Module 1 -3
Focus on Supervision

Gang Identification, Trends, and the Psychology of Gang Members
Girls and Gangs
Handling Vicarious Traumatization: Supervisors Building Resiliency
Helping Caregivers Talk with Kids, Tweens, and Teens Openly and Honestly About Sexuality
Human Trafficking: Education and Awareness
Infant Care Basics for Non-Parent Workers
Interviewing Children with Consideration of Their Development
Introduction to Supervision of Paraprofessional Staff
LGBTQI 101
Managing Your Personal and Professional Boundaries
Mental Health Screening Tool
Mental Illness
Motivational Interviewing: Applying Motivational Enhancement Theory
Non-Violent Crisis Intervention
Normal Sexual Development through the Child Welfare Lens
Presentation Skills
Qualitative Review Training
Reunification: The Importance of Resource Parents - A Class for Workers
SA1 - Substance Abuse 1: Substance Use, Mental Health & Co-Occurring Disorders
SA2 - Substance Abuse 2: Treatment Options and Relapse Supports
SA3 - Substance Abuse 3: Helping Families Recover
SA4 - Substance Abuse 4: Developing a Comprehensive Response to the Substance Use, Mental Health, and Co-Occurring Disorders Needs of Families
Social Emotional Foundations of Early Learning: An Infant Mental Health Approach
Student Bullying: What Caseworkers Need to Know & Do
Supervising Caseworkers on Reunification: The Importance of Resource Parents
Supervisory Training: Helping Child Welfare Professionals Build Resiliency
Technology Addiction
The Impact of Parental Incarceration on Children in the Child Welfare System
Transgender 101
Tweens, Teens, and Young Adults: Sexual Behaviors & Health Issues
Understanding and Managing Personal Stress Reactions
Understanding and Responding to Exposure to Violence and Trauma Through the Eyes of Infants and Young Children
Understanding Gender Identity
What Every Caseworker Needs to Know About the Educational System
Working with Arab-Americans and Muslim Families
Working with Cognitively Challenged Parents
Working with Immigrant Families, Module 1 – 3
Working with South Asian Families
Working with Veterans and Military Families
Youth Runaway Behavior

Cost allocation methodology for Training Programs:

The cost allocation methodologies indicated below are based upon the types and activities of the staff trained rather than on the subject matter of the training. As a result, none of the training items will be chargeable in its entirety to Title IV-E.

- For those training items provided or taught by Child Welfare Training Academy (CWTA) state employed trainers or consultants hired by the Training Academy, the basis for allocation of CWTA salary and non-salary costs is a multifaceted process based on the following:

(1) The number of DCF staff trained by Training Academy state employed trainers and contracted trainers during the current quarter, multiplied by the number of hours of training.
(2) The costs from step (1) assigned to DCF are then further allocated based on the number of DCF staff trained during the current quarter multiplied by the number of hours of training to the functions to which the trainees are assigned.
(3) If permanency workers are trained and costs are thus assigned to this functional group, the costs will be allocated to Title IV-E training and to numerous other non-Title IV-E programs based upon percentages derived from a Random Moment Study for the quarter.
(4) If Resource Family staff and/or local office Adoption Services workers are trained and costs are thus assigned to these functional groups, the costs will be allocated to Title IV-E Adoption Assistance, Title IV-E Foster Care, and Title IV-B CWS, based on the number of Title IV-E Foster Care, Title IV-E Adoption Assistance, and all other non-Title IV-E children who reside in foster care and adoptive placements under the supervision of the Division.
(5) If the local office Child Placement Review workers are trained and costs are thus assigned to this functional group, the costs will be charged to Title IV-E and Title IV-B based upon the number of Title IV-E and all other children in foster care at the end of the current quarter.

Workforce Development & Continuing Education Programs:

- **Child Welfare Training Partnership:** This initiative is led by Rutgers University partnered with Montclair State University, and Richard Stockton College of New Jersey to provide immersion-style training sessions on the Case Practice Model (CPM) within the DCP&P Local Offices. Courses are offered at locations in the northern, central, and southern regions of the state. The Partnership features an extensive quality assurance program to facilitate the identification of future training needs, assess trainee satisfaction with course offerings, and provide a feedback loop for continual course improvements. Evaluation efforts will focus on identifying changes in knowledge among training participants and other relevant practice-related outcomes, such as those included in the federal Child and Family Service Reviews. The first two modules of this model have been integrated into the Child Welfare Training Academy's foundation course structure and its competencies threaded throughout its other curricula. The FY '13 budget for this program was $3.5 million.

- **Baccalaureate Child Welfare Education Program, Stockton College:** The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven schools, headed by Richard Stockton State College, with undergraduate programs in social work that enables students to earn their Bachelor of Social Work (BSW) degree. Students apply in their junior year of college to participate in the program which includes taking child welfare- specific classes in their senior year, completing an internship of more than 400 hours in local DCP&P offices and agreeing to work in the field of public child welfare at a local DCP&P office for a period of two years, post-graduation. The BCWEP program provides students with access to field instructors who offer competency-based field instruction in child welfare practice. These interns are provided an eight-day work

readiness training program that is intended to expedite their ability to carry cases. 40 students who graduated in FY '12 are currently working for DCF, and approximately 30 students will graduate in FY '13. The FY '13 budget for this program is $743,379

- **Montclair Child Advocacy Certification Program:** This is an 18-hour credit program for staff, Child Placement Review Board members, and Court Appointed Special Advocates (CASA) who want to volunteer to help children at risk of out-of-home placement or who are in foster care. The program covers the importance of the Family Court's role with respect to child placement; the Adoption of Safe Families Act; and how to negotiate community systems that impact on children and families already in or at risk of entering the child placement system. Approximately 40 DCF staff participates in this program annually. The FY'13 budget for this program was $114,207.
- **Montclair Adolescent Advocacy Certificate training Program:** This 15 post Bachelors credit hour course has been designed to provide students with a multidisciplinary understanding of the role of the adolescent advocate as seen through the disciplines of law, sociology, psychology, as well as through the voice of youth in New Jersey. This unique perspective encompassing these areas of learning equips graduates with training that will enhance their case practice skills with adolescents and young adults. This program will be offered to 50 students, 25 in-class and 25 on-line learning. The FY13 Budget for this program is $267,000
  The certificate program will offer the following courses:
  Introduction to Adolescent Advocacy
  Development and Trauma in Adolescence
  Adolescents and the System
  Engaging the Adolescent
  Seminar in Adolescent Advocacy

- **Masters Child Welfare Education Program, (MCWEP):** This MSW program that enables staff to continue to work full-time while pursuing their advanced degree. It also provides opportunities for staff to deepen their perspectives on social work and child welfare, develop advanced clinical skills, and enhance their supervisory skills. Below are the goals and expected outcomes of this program

- GOAL 1 To provide opportunities for supervisors currently employed at the DCP&P to obtain the graduate-level social work education
- Outcome 1.1 Currently employed supervisors will complete their MSW degrees within 2-4 years of enrollment in the program.
- Outcome 1.2 Curriculum for two new elective advanced-level courses will be developed and offered online for all enrolled students. Topics will include Leadership and Supervision in Child Welfare and Trauma-Informed Child Welfare Practice. Specific child welfare competencies will be taught throughout the course curriculum and in field assignments.
- Outcome 1.3 A competency-based Field Learning Plan will be developed to guide and assess field-based learning.
- GOAL 2 To strengthen systemic linkages among the three divisions of the Department of Children and Families by developing placements for participating DYFS supervisors directly in DCBH or DPCP, or in agencies contracted by these other two divisions.

- Outcome 2.1 All field instructors working with CWEI MSW students will have completed a field instructor training course, with specialized instruction on teaching students aspects of working with vulnerable children and families in related settings.
- Outcome 2.2 All field instructors working with CWEI MSW students throughout the state will be provided with liaison services (visits, consultation on student learning) by Graduate Program Academic Coordinators who understand the purpose of CWEI.
- GOAL 3 To assess the effectiveness of the project in preparing students for advanced social work practice and supervision within DCP&P
- Outcome 3.1 The effectiveness of project activities in meeting project goals and objectives will be measured:

The total cost of the program for FY14 is $806,000

Cost allocation methodology for Workforce Development and Continuing Education:

- Contract Training - costs identified to the NJ Child Welfare Training Partnership are as follows:

  (1) The number of DCF staff attending the training during the current quarter is identified.

  (2) The costs of the NJ Partnership for Child Welfare are allocated based on the number of trainees paid by the Division attending specific Partnership-sponsored training programs during the current quarter, to the functions to which the trainees are assigned.

  (3) If local office Permanency workers, Resource Family workers, Adoption workers, and/or child placement review workers are among those trained, the allocation procedure are the same as for items (3), (4), and (5) under Training Programs.
- Contract Training - costs identified to the Baccalaureate Child Welfare Education Program (BCWEEP) are as follows:

  (1) The individuals attending this program are not yet DCP&P employees; the costs of the program are allocated to all DCP&P functions based upon Division staff counts for the quarter.

  (2) Costs assigned to the specific types of workers mentioned under Training Programs in items (3), (4), and (5) will be allocated to Title IV-E training based upon the methodologies identified in those items.

The Five Years Ahead 2015-2019

The NJ Child Welfare Training Academy has been and will continue to work on the following initiatives during the five years that this plan is in effect.

- Continue to implement future phases of the Case Practice Model for all DCF caseload-carrying staff

- Expand curricula to meet the specific needs of new and seasoned workers; new curricula designs will include, but will not be limited to: risk assessment skills for investigators; case practice advocacy as it relates to LGBTQI adolescents; data reporting enhancements for supervisors; various new supervisory training courses for in-service work (e.g., supervising child sexual abuse investigators; Special Response Unit supervisors, foster and adoptive services supervisors; and re-designing the pre-service program for all new caseworkers.
- Offer online training for experienced supervisors provided by the National Child Welfare Workforce Institute through a New Jersey Portal.
- Provide workers with blended training opportunities; i.e., combining web-based training with classroom instruction
- Provide additional simulation-style training earlier in the new worker training program and throughout other in-service trainings.
- Expand and update the Academy's web site development for reporting and tracking purposes.
- Provide local offices with immediate access to "just in time" training sessions through the development of liaisons between the local offices and Training Academy trainers.
- Provide more tools and processes for transfer of learning from the classroom to on-the-job application; and increase trainer time spent assisting local offices in assuring the transfer of learning.
- Continue to strengthen our university partnerships

Priority Objectives:

- To revise and strengthen the Pre-Service and Foundation course progression offered to newly hired caseworkers to reflect the new caseworker competency model and the latest evidence based practice.
- Continued implementation of the Case Practice Model throughout DCF.
- Provide training for Local Office Managers and Area Office Directors.
- Development of a comprehensive evaluation and transfer of learning system to assess training outcomes.
- Further development of web based and distance learning training opportunities.
- Further development of simulation-based training.
- Development and implementation of specific and specialized training for supervisory casework staff.
- Development and implementation of specific and specialized training for staff members who work with and support resource families.
- Development and implementation of specific and specialized training for staff members who work with and support adolescents.
- Development and implementation of specific, specialized training for staff members who work with non-resident fathers and family members outside of the birth family (e.g., paramours)
- Initiate transfer of learning activities to compliment statewide mandatory trainings.
- Gather and use data to help drive course creation and modification
- Continue to develop transfer of learning models to support field activities

On-going Objectives:

- To ensure that all newly hired case carrying employees participate in the pre-service training that addresses the new case practice model and provides a comprehensive orientation to the Department of Children and Families.
- To expand the In-Service courses offered to seasoned caseworkers.
- To ensure that the concepts of the case practice model are continuously incorporated into all pre-service and in-service trainings.
- To ensure courses are periodically reviewed and updated, and reflect the latest evidence based practice.

***Future Goals*:**

- OTPD will continue to work all of the above-mentioned on-going objectives, as well as to continue to meet standards that are required in accordance with the Modified Settlement Agreement.
- Work cooperatively with other states in sharing available course material.
- Build bridges to other state agencies, particularly DHS, in an effort to partner our resources and deliverables.
- Sharply focus course creation on specific identified needs
- Begin to develop courses for other titles/jobs within the DCF framework
- Bring more community partners into our training network.
- Streamline data gathering operations

Section 5C

Workforce Data

Workforce Information

DCF is committed to hiring an educated, diversified workforce and providing them with the necessary training and tools to fulfill the Department's mission to ensure and promote the safety, well-being and success of New Jersey's children and families. Social workers seeking employment with DCF must meet stringent requirements in order to be hired. Training for all new workers is mandatory as is 40 hours of continuing education per year for all other workers and supervisors. DCF also has established caseload standards so that workers have the ability to effectively meet the needs of the children and families on their caseloads.

Summary of Recruitment Plan for Family Service Specialist Trainee (FSST)

The Department of Children and Families takes a proactive approach to hiring by establishing a pool of pre-screened, pre-qualified candidates to fill vacancies for our entry level case manager position, Family Service Specialist Trainee. Since our Department receives more than 9,000 resumes for this position each year, candidates are prioritized based on their education and experience in order to select those candidates most likely to succeed in public social work. Please refer to the resume screening criteria. Our recruitment efforts are centered around a massive interviewing process known as a Job Fest. A Job Fest generally includes 25 to 35 candidates and consists of:

A. Introduction

1. Overview of the Department of Children and Families, Division of Child Protection and Permanency, and DCP&P and the role of the Family Service Specialist
2. Instructions for completing the pre-employment forms/paperwork
3. Overview of the Hiring Process
4. Video presentation-the realities of the job

B. Initial Interview

1. Each candidate is interviewed by a panel of two interviewers (supervisor level or higher)
2. Each fest has six to ten interview panels
3. Interview questions for the most part are scenario-based and designed to assess the following skills:
    a. Judgment/Decision Making
    b. Oral Communication
    c. Problem Analysis
    d. Interpersonal Responsiveness
    e. Organization
    f. Time Management

C. Writing Sample

1. Each candidate participates in preparing writing sample in ten minutes
2. The writing sample is evaluated to determine if it is relevant, coherent, in a narrative format, and reflects proper spelling/grammar/punctuation

D. Credential/Paperwork Checkout

1. Each candidate meets with an HR representative to:
    a. Review employment application for completeness
    b. Review and verify documents (valid driver's license, social security card, college transcript, list of references)
    c. Ensure candidate signs necessary releases, consents, and affidavits
    d. Advise candidate of any outstanding documentation needed to complete the application process

Candidates successfully completing the Job Fest and background check processes are added to a hiring matrix which is distributed each week to the 46 Local Offices throughout the State. Managers and supervisors in the Local Offices use the hiring matrix to select candidates to fill positions as vacancies occur. This proactive process allows our agency to fill caseload carrying positions as soon as vacancies become available. By doing so, we are better able to maintain mandated caseload standards.

Degree and certifications required for child welfare workers and professionals responsible for the management of cases and child welfare staff

Family Service Specialist Trainee:

- Graduation from an accredited college or university with a Bachelor's degree.

Family Service Specialist 2

- Graduation from an accredited college or university with a Bachelor's degree.

- One (1) year of experience in either: 1) professional social work, direct

  support counseling, guidance, case management, or 2) professional work performed directly related to and/or in support of case management positions involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and supporting and/or carrying out treatment plan
- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for the indicated experience.

- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for the indicated experience.

- Applicants who do not possess the required degree may substitute additional professional support work experience related to case management on a year for year basis with one (1) year of experience being equal to thirty (30) semester hour credits.

Family Service Specialist 1

- Graduation from an accredited college or university with a Bachelor's degree.

- Three (3) years of experience in social work, direct support counseling, guidance, or casework involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and carrying out treatment plans.

- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for one (1) year of indicated experience.

- Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for one (1) year of indicated experience.

- Applicants who do not possess the required degree may substitute additional experience as indicated on a year-for-year basis with thirty (30) semester hour credits being equal to one (1) year of experience.

Supervising Family Services Specialist 2

- Graduation from an accredited college or university with a Bachelor's degree.

- Three (3) years of experience in social work, direct support counseling, guidance, or casework involving high risk child abuse and neglect or other problematic socioeconomic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and carrying out treatment plans.

- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for one (1) year of indicated experience.

- Applicants who do not possess the required degree may substitute additional experience as indicated on a year-for-year basis with thirty (30) semester hour credits being equal to one (1) year of experience.

- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for one (1) year of experience.

Supervising Family Service Specialist 1 (Casework Supervisor)

- Graduation from an accredited college or university with a Bachelor's degree.

- Four (4) years of experience in social work, direct support counseling, guidance, or casework involving high risk child abuse and neglect or other problematic socioeconomic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and carrying out treatment plans, one (1) year of which shall have been a supervisory capacity.

- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for one (1) year of indicated experience.

- Applicants who do not possess the required degree may substitute additional experience as indicated on a year-for-year basis with thirty (30) semester hour credits being equal to one (1) year of experience.

- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for one (1) year of nonsupervisory experience.

Training Requirements for staff

Within 2 weeks of their start date, all workers are enrolled in pre-service training. They attend 180 hours of training that includes training on intake, assessments and the critical components of the case practice model. Competency exams are completed by all new case-carrying workers. The Pre-Service training curriculum is centered on the Department's case practice model that includes family and community engagement. The Pre-Service training consists of 30 classroom days and 24 field days dispersed throughout the curriculum. The Pre-Service training also includes simulation exercises that provide trainees with a realistic setting to conduct interviews with parents, children, medical staff, and other child welfare professionals. The First Responders in Child Welfare training has been developed and incorporated into the Pre-Service program. This is a training program designed to enhance investigator's required skills in the areas of family engagement; communication/interviewing; assessment; documentation and investigation.

Following the completion of their pre-service training, within a year of their hire, all new staff are enrolled in foundation courses that focus on casework practices including instruction in: concurrent planning; the case practice model; mental illness; understanding substance abuse and domestic violence, including the Department's DV protocol on the co-occurrence of DV and child abuse.

As part of the Modified Settlement Agreement, all caseload carrying staff are required to receive 40 hours of training per calendar year. The Department's Training Academy in conjunction with our University Partners have developed and delivered additional specialized in-service courses for caseload carrying staff. Some examples are as follows:

- **SDM/Safety and Critical Thinking:** This is a 2 day in-service program focusing on safety assessments using structured decision-making, and the creation of safety plans. Training includes instruction on how to recognize and respond to safety issues, and procedures to follow to ensure the safety of the child(ren).

- **Cultural Competency:** This two-day in-service program discusses the influences of culture, assumptions and biases on case practice, and what it means to be culturally competent. Instruction on the importance of cultural competence when working with the LGBTQI community is also provided.

- **DCP&P Case Practice and the Domestic Violence Protocol:** This course will provide a brief review of domestic violence dynamics, as well as information on the Domestic Violence Protocol adopted by the agency in 2009. Instruction includes how to respond to families experiencing domestic violence, statutory requirements, DCF guiding principles and goals, the application of DV Protocol standards within the DCP&P Case Practice Model.

- **The First Responders in Child Welfare training** is also offered as a stand-alone training to existing intake case carrying staff. Eighteen hours (3 days of 6 hours each) of training is offered in a classroom setting.

Supervisory Practices in Child Welfare is mandatory for all newly promoted supervisors. It offers 14 days of combined classroom and field Supervisory training followed by competency assessments. The training is divided into 3 modules which include Self-Management, People Management and Casework Management.

All Training Academy courses require passing an end of program knowledge test. Going forward, all new courses developed will have a pre and posttest. In addition, all tests and course trainer evaluation forms are now scanned and the data gather will be used to refine the training process, set standards for trainer performance and provide a useful outcome measurement. Additional information on courses offered though the Training Academy can be found in section 5B.

Caseload Requirements

DCF is committed to maintaining caseload standards that will allow workers to effectively address the needs of the families on their caseloads. The standards to which we work to adhere are:

- Intake workers (Investigators) have no more than 12 families at a time and no more than 8 new intakes per month.
- Permanency workers have no more than 15 families with ten children in placement.
- Adoption workers have no more than 15 children.
- No more than 5 workers assigned to a supervisor

All Child Welfare Staff by Job Title as of September 30, 2013	Average Years of Service	Minimum Annual Salary	Maximum Annual Salary
Family Service Specialist Trainee	1.01	$48,416.15	$50,643.69

Family Service Specialist 2	6.25	$52,983.14	$75,079.13
Family Service Specialist 1	13.06	$58,016.50	$82,362.22
Front Line Supervisor (SFSS 2)	14.08	$63,564.71	$90,429.35
Case Practice Specialist (CSS)	15.99	$66,549.67	$94,757.29
Case Work Supervisor (SFSS 1)	21.50	$69,683.85	$99,301.77
Local Office Manager	21.65	No official salary range	
Area Office Support Staff	21.28	$52,983.14	$104,070.18
Area Office Manager	26.53	No official salary range	

Child Welfare Staff by Job Function as of September 30, 2013	Number Staff	# Staff per Supervisor
Adoption Worker	215	4.22
Adoption Supervisor	51	

Intake Worker	953	4.50
Intake Supervisor	212	

Permanency Worker	1499	5.22
Permanency Supervisor	287	

Resource Family Worker	243	5.52
Resource Family Supervisor	44	

Local Office Support Staff	200	5.13
Local Office Support Supervisor	39	

Total Local Office Workers	3110	4.91
Total Front-Line Supervisors	633	

Total Front-Line Supervisors	633	3.25
Case Work Supervisor	195	

The target ratio for worker to front-line supervisor is 5:1
The target ratio for front-line supervisor to case work supervisor is 3:1

All Child Welfare Staff Separations by Job Title from October 1, 2012 through September 30, 2013	Retirement	Resignation in Good Standing	Resignation Not in Good Standing	Resignation Pending Disciplinary Action	Removal	Appointment Discontinued	Transfer to another Department	Death	Title Totals
Family Service Specialist Trainee		23	1	3		8	1		**36**
Family Service Specialist 2	8	74	5	6	17		1	1	**112**
Family Service Specialist 1	23	7		1	3		1	2	**41**
Front Line Supervisor (SFSS 2)	13	2		1	3		1	1	**21**
Case Practice Specialist (CSS)	8				1				**9**
Case Work Supervisor (SFSS 1)	2						1	1	**4**
Local Office Manager									**0**
Area Office Support Staff	4								**4**
Area Office Manager									**0**
Separation Totals	**58**	**106**	**6**	**11**	**28**	**8**	**5**	**5**	**227**

All Child Welfare Staff by Job Title as of September 30, 2013	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Family Service Specialist Trainee	21	34	57	153				**265**
Family Service Specialist 2	121	151	364	1573	1		28	**2238**
Family Service Specialist 1	52	40	59	466	1		17	**635**
Front Line Supervisor (SFSS 2)	99	43	63	409	2		17	**633**
Case Practice Specialist (CSS)	16	10	9	44	1			**80**
Case Work Supervisor (SFSS 1)	40	18	18	115			5	**196**
Local Office Manager	17	6	7	14				**44**
Area Office Support Staff	6	6	6	20			5	**43**
Area Office Manager	8	3	1	7	1			**20**
Degree Totals	**380**	**311**	**584**	**2801**	**6**	**0**	**72**	**4154**

New Hires by Job Title for October 1, 2012 through September 30, 2013	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Family Service Specialist Trainee	19	29	55	132				**235**
Family Service Specialist 2	1	1		4				**6**
Local Office Manager	1							**1**
Area Office Support Staff		1		1				**2**
Degree Totals	**21**	**31**	**55**	**137**	**0**	**0**	**0**	**244**

All Child Welfare Staff by Job Function as of September 30, 2013	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Adoption Worker	17	14	37	144			3	**215**
Adoption Supervisor	6	5	9	30			1	**51**
Intake Worker	57	57	146	685			8	**953**
Intake Supervisor	31	16	20	142	1		2	**212**
Permanency Worker	81	123	249	1027	1		18	**1499**
Permanency Supervisor	51	18	27	181	1		9	**287**
Resource Family Worker	22	18	28	167			8	**243**
Resource Family Supervisor	7	1	3	31			2	**44**
Local Office Support Staff	17	11	17	148			7	**200**
Local Office Support Supervisor	4	3	4	25			3	**39**
Case Practice Specialist	14	9	7	41				**71**
Case Work Supervisor	40	18	18	114			5	**195**
Local Office Manager	17	6	7	14				**44**
Area Office Support Staff	8	9	11	45	2		6	**81**
Area Office Manager	8	3	1	7	1			**20**
Degree Totals	**380**	**311**	**584**	**2801**	**6**	**0**	**72**	**4154**

New Hires by Job Function for October 1, 2012 through September 30, 2013	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Adoption Worker	2			2				**4**
Intake Worker	2		4	12				**18**
Permanency Worker	16	30	51	121				**218**
Resource Family Worker				1				**1**
Local Office Manager	1							**1**
Area Office Support Staff		1		1				**2**
Degree Totals	**21**	**31**	**55**	**137**	**0**	**0**	**0**	**244**

All Child Welfare Staff by Job Title as of September 30, 2013	Asian	Black	Hispanic	Native American	White	Total Female	Asian	Black	Hispanic	Native American	White	Total Male	Staff Totals
Family Service Specialist Trainee	4	67	22	1	116	210		20	4		31	55	**265**
Family Service Specialist 2	23	821	107	2	850	1803	7	216	34	1	177	435	**2238**
Family Service Specialist 1	11	248	19	2	248	528	1	57	5	1	43	107	**635**
Front Line Supervisor (SFSS2)	3	232	34	1	258	528	3	44	5		53	105	**633**
Case Practice Specialist (CSS)		18	3		47	68		3	1		8	12	**80**
Case Work Supervisor (SFSS1)	6	83	3		77	169		12	2		13	27	**196**
Local Office Manager		12	2		23	37		5			2	7	**44**
Area Office Support Staff		11	4		20	35	2	1	1		4	8	**43**
Area Office Manager		4			11	15		3			2	5	**20**
Totals	**47**	**1496**	**194**	**6**	**1650**	**3393**	**13**	**361**	**52**	**2**	**333**	**761**	**4154**

New Hires by Job Title for October 1, 2012 through September 30, 2013	Asian	Black	Hispanic	Native American	White	Total Female	Asian	Black	Hispanic	Native American	White	Total Male	Staff Totals
Family Service Specialist Trainee	4	58	22	1	103	188		16	4		27	47	**235**
Family Service Specialist 2					5	5					1	1	**6**
Local Office Manager						0		1				1	**1**
Area Office Support Staff						0		1			1	2	**2**
Totals	**4**	**58**	**22**	**1**	**108**	**193**	**0**	**18**	**4**	**0**	**29**	**51**	**244**

All Child Welfare Staff by Job Function as of September 30, 2013	Asian	Black	Hispanic	Native American	White	Total Female	Asian	Black	Hispanic	Native American	White	Total Male	Staff Totals
Adoption Worker	4	88	3		98	193		13			9	22	**215**
Adoption Supervisor		17			25	42	1	2			6	9	**51**
Intake Worker	11	299	99	1	354	764	2	76	27	1	83	189	**953**
Intake Supervisor	1	56	30	1	94	182		11	5		14	30	**212**
Permanency Worker	19	564	42	2	567	1194	4	171	14	1	115	305	**1499**
Permanency Supervisor	1	123	2		112	238	2	21			26	49	**287**
Resource Family Worker		105	1		92	198	2	14	2		27	45	**243**
Resource Family Supervisor		22	2		14	38		3			3	6	**44**
Local Office Support Staff	4	68	2	2	94	170		17			13	30	**200**
Local Office Support Supervisor	1	14			13	28		7			4	11	**39**
Case Practice Specialist		16	2		42	60		3	1		7	11	**71**
Case Work Supervisor	6	83	3		76	168		12	2		13	27	**195**
Local Office Manager		12	2		23	37		5			2	7	**44**
Area Office Support Staff		25	6		35	66	2	3	1		9	15	**81**
Area Office Manager		4			11	15		3			2	5	**20**
Totals	**47**	**1496**	**194**	**6**	**1650**	**3393**	**13**	**361**	**52**	**2**	**333**	**761**	**4154**

New Hires by Job Function for October 1, 2012 through September 30, 2013	Asian	Black	Hispanic	Native American	White	Total Female	Asian	Black	Hispanic	Native American	White	Total Male	Staff Totals
Adoption Worker		1			2	3		1				1	**4**
Intake Worker		2	1		10	13		2			3	5	**18**
Permanency Worker	4	55	21	1	95	176		13	4		25	42	**218**
Resource Family Worker					1	1						0	**1**
Local Office Manager						0		1				1	**1**
Area Office Support Staff						0		1			1	2	**2**
Totals	**4**	**58**	**22**	**1**	**108**	**193**	**0**	**18**	**4**	**0**	**29**	**51**	**244**

Section 6 A

SACWIS (NJ SPIRIT)

Safe Measures

Data and Accountability

Statewide Automated Child Welfare Information System (SACWIS)

Accomplishments

NJ SPIRIT involved six years of planning and obtaining the necessary funding and resources. This was followed by four years of intensive development. The result has been the implementation of the NJ SPIRIT system through a series of releases:

- Release 1 (November 2004) provided the staff of the State Central Registry (SCR), the 24-hour call center, with a system for recording reports of child abuse and neglect and requests for child welfare services. The system then forwarded the reports electronically to the appropriate local office for further action. In addition, this release interfaced with the legacy system to automatically store the reports and the initial assignment in SIS, thereby avoiding dual data entry.

- Release 1.4 (November 2005) provided the Statewide Central Registry (SCR) with an enhanced system that provided flexibility to their screening decisions at any time during a call. The release also allowed screeners to change the call type designation after a review with a supervisor in a seamless manner.

- Release 2 - Phase 1 (June 2006) provided limited functionality to all 7,000 users of the NJ SPIRIT system. This release permitted staff to become familiar with the application while permitting technical staff to assign security to all staff members. It also provided staff with electronic access to forty forms and legal documents, as well as the electronic version of the policy manual.

- Release 2 – Phase 2 (August 2007) represented the implementation of the NJ SPIRIT system statewide, including all case management, reporting and financial systems. With the inclusion of the fiscal components of the system in this release, interfaces with other agencies (Department of Human Services, Medicaid and Treasury) became operational and reliable.

- Release 3 – (September 2008) completed the development and implementation of the NJ SPIRIT system. This release enhanced NJ SPIRIT with administrative, productivity and usability functionality. Specifically, it included functionality to archive, audit, expunge records, close cases online, merge resource records, upload templates for use as forms, and provide a visual navigation path to assist the workers and Help Desk staff to resolve problems with the system.

Accomplishments in Federal Fiscal Year 2013
(October 1, 2012 – September 30, 2013)

Overview of NJ SPIRIT during this Reporting Period

- New Jersey received final approval of the SACWIS Assessment Review Report (SARR) in which the Administration for Children and Families (ACF) accepted the State proposed action plans to complete any outstanding requirements.
- DCF focused on the process of correcting those General requirements and Foster Care/Adoption data elements identified in the AFACRS Assessment Review. Development began on system fixes needed to meet full compliance on all requirements.
- The implementation of system fixes to mitigate the SARR findings and support our corrective action plan designed to achieve SACWIS compliance.
- Completed the refresh of NJ SPIRIT production, development, user acceptance testing, and disaster recovery environments.
- Concluded development, testing, an implementation of the system enhancement that allows investigative field staff to listen to audio of the intake report received by the Statewide Central Registry (SCR) through the NJ SPIRIT application.
- Concluded the development and implementation of the new four tier findings categories for child abuse and neglect reports.
- Continued the maintenance and support of the NJ SPIRIT mobile solution used to support SPRU investigators, adolescent workers, and workers responsible for supervising and documenting parent child visits.
- The expansion of the NJ SPIRIT mobile solution for workers responsible for supervising and documenting parent child visits.
- Upgrades to the DCF network hardware and software that supports the NJ SPIRIT application were completed.

Adoption and Foster Care Analysis and Reporting System (AFCARS) Review

During the week of March 28, 2011 the Administration for Children and Families (ACF) conducted a five day, on-site review of the compliance of NJ SPIRIT with the Adoption and Foster Care Analysis and Reporting System (AFCARS) requirements. The overall feedback received from ACF was very positive.

In September 2011, DCF received the final AFCARS Assessment Review report and entered the AFCARS Improvement Phase. The report detailed areas needing improvement in order to reach full compliance with the AFCARS standards.

NJ received approval of the AFCARS Improvement Plan in January 2012, and began the process of correcting those General Requirements and Foster Care/Adoption data elements identified in order for the State to meet full compliance on all the requirements.
New Jersey implemented six system enhancements (incidents) designed to alleviate specific AFCARS findings during the current reporting period.

- Incident 20892 - Adoption elements 29-32 – ensure all possible relationships of child to adoptive parent are being reported.
- Incident 20788 - Foster Care File Selection criteria to exclude records with case type Private Agency Adoption.
- Incident 21306 – Foster Care elements 53 & 55–Allow for Hispanic Latino origin of foster parents.
- Incident 21108 – Resolve placement end issues: 1. Ending "made in error" should not allow an override on previous placement lines before final approval; 2. Workers should not be able to override a placement end reason.
- Incident 22472 – Adoption elements 26 & 28 –Allow for Hispanic Latino origin of adoptive parents.
- Incident 21310 - Element 62, enable proper reporting of child support data. Need new mapping for element 64 SSI.

To date New Jersey will have completed 16 enhancements designed to alleviate specific AFCARS findings.

SACWIS Assessment Review Report (SARR) Corrective Action Update

In March 2010, DCF participated in an on-site review of the compliance of the NJ SPIRIT application with 90 standards promulgated under the Federal Statewide Automated Child Welfare Information System (SACWIS) program.

The week-long review was conducted by ACF staff from the Division of State Systems (located in Washington) and ACF's Federal Regional Office in New York. Federal staff visited three Local Offices (Ocean North, Sussex and Union West) and SCR to observe how caseworkers used the system. Stakeholders at DCF, DYFS (now DCP&P), and other State agencies providing services to DYFS (now DCP&P) clients were also interviewed.

In November 2010, DCF received the results of the March 2010 site visit in the SACWIS Assessment Review Report (SARR). The report indicated that of the 90 requirements, 56 requirements were in conformity with the standards, 18 were in conditional conformity, and 16 were not in conformity.

DCF worked closely with ACF in completing and submitted the corrective action plan to address the findings. For each finding, DCF analyzed the problem, determined a feasible solution, defined the scope of the solution, allocated resources, and established a reasonable schedule for completion. As a result of these efforts, DCF correction action plan received final approval from ACF on March 1, 2013.

Out of the 34 requirements that were found either not conforming (16) or only conditionally conforming (18), twenty one resulted in a corrective action that required a system enhancement. These enhancements are logged as incidents for tracking and development purposes.

Five requirements were completed during this reporting period.

- Requirement #59 "Describe how the automated system notifies relevant parties of impending court actions" – (finding) NJ SPIRIT does not support notifications to relevant parties of impending court actions as that function is generally fulfilled by the courts. Those noticing activities performed by DCP&P (formerly DYFS) staff must be recorded in the system. The State should work to enhance functionality or worker training to ensure that the system captures information on provision of these notices.

  One incident was created to mitigate this finding.

  - Incident 20879 - This enhancement alerts the case worker at the time of the initial placement, if the authority for removal is "emergent removal", and directs them to properly document this action. This ensures that noticing activities performed by DCP&P (formerly DYFS) staff are recorded in the system. This occurred in March 2013.

- Requirement #62 "Describe how the automated system supports the accounts payable process (billing, vouchers, etc.)" – (finding) New Jersey uses a form (K-100) for processing one-time payments. There were a number of issues noted with this process:

  1. The Payment Request window includes a feature to note the start and end date of the services, as well as a calendar pop up to check off dates services were provided. Workers are able to put in one set of dates on the main window and a different set of dates on the calendar and save the work without generating an error.
  2. Even though contracts say that invoices should be paid in a timely manner, user interviews noted that there could often be lags of a number of months between the time the services were delivered and receipt of the approved K-100 for financial processing due to agency handling and approval delays, creating the potential for problems with provider payment being significantly delayed.
  3. Financial staff reported having to use workarounds due to the lack of timely receipt of some K-100 forms. For example, one worker received an invoice in February or March for services delivered at the end of the previous calendar year. When she tried to enter the invoice, she could not select the provider's service due to the fact that the contract line was end dated as of the end of the calendar year. Even though there was a valid open contract when the service was delivered, she had to select "unlicensed/uncontracted" service line to get the invoice paid.

Two incidents were created to mitigate this finding.

- Incident 19274 enhanced the Payment Request Service Summary dropdown to only display current services. This occurred in October 2013.

- Incident 20882 enhanced the Payment request Window. Modified the payment service days pop up window to be driven by the dates in the payment request window. This occurred in March 2013.

- Requirement #80 "Provide on-line system documentation" - (finding) NJ SPIRIT screens contain links to screen-level help via the "?" icon in upper right of screens, but during the system demonstration the review team noted that in a number of cases the help screens were boiler plate templates that had yet to be filled in with information that could assist a worker with properly utilizing the screen. In other cases, the information in the help screen had not been kept up to date with recent enhancements to the system.

One incident was created to mitigate this finding.

- Incident 20802 The State completed a system wide audit of all the screen-level Help and Policy links to ensure the information contained in each link is comprehensive and current. This occurred in March 2013.

- Requirement #3 "Search for prior history" – (finding) NJ SPIRIT was noted to have a large number of duplicate persons in a number of different functional areas. Duplicate persons reduce the effectiveness of the search function and the quality of the data.

  A multifaceted approach made up of six incidents was developed to mitigate this finding, as well as address additional technical assistance. The last three of these incidents were completed during this reporting period.

  - Incident 19919 added a NJ SPIRIT Case ID search field to the intake Inquiry Window to assist with selecting the correct case/intake participants and improve the efficiency of searches at the intake level. This went into production in November 2012.

  - Incident 19920 added the intake ID to any of the person search windows (intake inquiry search, on demand search>person search tab, and confirmed perpetrator search), whenever we display an intake. This is another step dedicated to prevent the creation of duplicate persons. This went into production in November 2012.

  - Incident 20127 enabled us to display the Resource ID # that is associated with a CPS-IAIU case during a case search. This helps prevent duplicate CPS-IAIU cases from being created by SCR for the same Resource. This went into production in November 2012.

- Incident 20925 enhanced the ability to merge identified duplicate persons. The State modified the system to give Local Office staff the ability to merge these duplicates and include conditions and edits to ensure that work such as placement, payments, etc., remain consistent and valid. This occurred in October 2013.

- Incident 20923 developed an unknown flag that can be set when a person record is added as a way to facilitate tracking and resolution of unknown records to help guard against data quality degradation. This occurred in March 2013.

- Incident 20924 added the name and other relevant demographic information to the listing summary of a Related Information search. This occurred in March 2013.

- Requirement #10 "Collect and record investigation information" – (Technical Assistance)– The State should consider increasing the size of texts fields that are causing issues.

  One incident was created to mitigate this 'Request for Information'.

  - Incident 20122 enhanced the system to allow for larger text fields in areas identified by users as being an issue. This occurred in March 2013.

<u>One requirement was partially completed during this reporting period.</u>

- Requirement #26 "Generate documents related to eligibility determinations" –
  - (Finding A) New Jersey utilizes a printed form (10-5) to document the title IV-E eligibility determination. The review team noted a number of discrepancies between the way the system documents the determination and the way the form documents the determination:
    - The form requires a supervisory approval, but the system does not and has no way of indicating such approval.
    - If the client is found ineligible, there is no reason listed when the form is printed and it must be hand written on the form.
    - If a determination was voided in the system that status clearly displays on the audit trail, but does not indicate "Void" on the printed form.
  - (Finding B) There are a number of criteria that the State may use to find a child eligible for title IV-E adoption assistance. While those criteria are noted on the subsidy agreement form, they are not documented in full on the eligibility screen.

Three incidents were created to mitigate these findings.

- Incident 20856 disabled the print option for a determination that was voided. This occurred in October 2013.

- Incident 20875 will modify the determination window to allow a worker to select a reason when a child has been deemed ineligible (will then prefill 10-5fc form). This is scheduled for November 2014.
- Incident 20868 will modify the adoption assistance screen so that the same criteria found on the subsidy forms are reflected on the subsidy and eligibility screens. This is scheduled for November 2014.

<u>Three requirements remain partially completed from last reporting period.</u>

- Requirement #12 "Generate documents as needed in response to investigation" – (findings) The State still has a number of templates related to various functions and does not adequately automate/support the investigation business flow.

  Three incidents were created to mitigate these findings.

  - Incident 20874 removed the investigative checklist from NJ SPIRIT. It was a tool no longer used by staff in the field. This was changed in production in November 2012.

  - Incident 20756 will incorporate the Institutional Abuse Investigative Unit (IAIU) form 'Memo to Area Directors' (concerning an investigation finding to a provider in their Area) into NJ SPIRIT. This form was identified by Operational Staff as a key component to meet the business need of this particular unit. This is scheduled for November 2014.

  - Incident 20775 will incorporate the investigative forms (Perpetrator letter, Referent letter, Non-Offending parent letter, Unfounded letter, & Closing/Opening letter) into NJ SPIRIT. These forms were identified by Operational Staff as key components to meet the business needs of this particular unit. This is scheduled for November 2014.

- Requirement #15 "Collect and Report Special Needs/Problems" - (finding) The State is required to review the process for capturing and documenting this information and consider using a single screen updated by nurses and/or case workers to capture detailed information as it will provide more reliable medical/mental health history to staff.

  Two incidents were created to mitigate this finding.

- Incident 19786 (completed in November 2011) enhanced the existing Medical Mental Health screens to support more comprehensive and reliable medical/mental health history documentation. A summary of the enhancements are as follows:
  - The Medical Mental Health window - Medical Profile tab was updated to include changes as a result of new Health Passport and Placement Assessment form.
  - The Provider tab was added to the Medical Mental Health window to record client's health care provider information and history.
  - The Medication tab was added to the Medical Mental Health window to record client's prescribed medications.
  - The Health Plan tab was added to the Medical Mental Health window to record acuity level determination, medical testing information and history, and other information contained in a client's health plan.

- Incident 20855 is the second component of the plan to fully address Requirement #15. This enhancement to the Medical Mental Health screen will build upon the improvements achieved through incident 19786 (above) by streamlining and capturing diagnosis information in a manner that supports both SACWIS and AFCARS requirements. This is scheduled for November 2014.

- Requirement #29 "Prepare and document service/case plan" – (findings) The system does not support the State's case management requirements for independent living program and ICPC. In addition the Case Plan did not meet the current business needs of the agency.

  Three incidents were created to mitigate these findings.

  - Incident 20876 redesigned the case plan to better support current case practice initiatives (details in the 2013 APDU "Highlighted Achievement" section. This went into production in April 2012.

  - Incident 20094 will enhance the system to capture information currently being documented in the Transitional Living Plan, which is a form that provides a plan for adolescents who are placed out of home. The new Transitional Living Plan template will then prefill with this data entered directly into NJ SPIRIT. This is scheduled for November 2014.

  - Incident 19912 will create new functionality within NJ SPIRIT that captures the specific day to day work being done by the Interstate Service Unit. This requires modifications to NJ SPIRIT to allow us to incorporate forms that are currently being used outside of the system. The addition of this added functionality will allow for Interstate Service staff to document work directly into NJ SPIRIT, it will also provide automated alerts to ensure that the necessary work is completed in the required time frames. Once the data is housed within NJ SPIRIT it will also allow

for reports to be generated for quality control purposes and for use as daily management tools. This is scheduled for November 2014.

Refresh of the NJ SPIRIT Environment

This joint equipment refresh with the NJ Department of Human Services and NJ Office of Information Technology (OIT) was designed to reduce costs and improve system performance. Hardware purchases to support the refresh of the production, development, user acceptance testing, and disaster recovery were completed this reporting period.

The next phase of this project consisted of the migration process from the existing environments to this new hardware. This was a concerted effort by the three departments (DCF, OIT, and DHS) involved in the support, maintenance, and shared use of the new equipment. The successful completion of this portion of the project was achieved in September 2013.

DCF has begun to develop an updated Disaster Recovery plan that will govern the actual test, which is scheduled to take place by the end of state fiscal year 2014. Again this will rely on continued coordination with the three departments to ensure a comprehensive and successful test.

Addition of Report Audio within NJ SPIRIT case file

In an effort to enhance the current intake module to better support practice, NJ SPIRIT now contains a link to the actual audio of the reporter making the call. This new feature is available to field staff that is responsible for investigating allegations. This added feature allows staff to gather further insight into the report and allegations. The 'case use' for this enhancement is made below. Statewide Central Registry (SCR) worker clicks into the SCR Calls tab during the documentation of the Intake and enter parameters into the fields in the Search Criteria group box. They then click the Search button and review the results in the Calls Returned group box. The SCR worker identifies the appropriate call(s) for the Intake based on documentation noted during the call (time, duration, order of calls) and can if needed listen to the call or part of the call to confirm it was the correct call(s). Clicking Select next to the call will add to the Selected Calls queue. Multiple calls can be selected, including incoming and outgoing calls that are recorded. The SCR worker then clicks Continue and the selected calls will populate the SCR Calls group box. The calls can again be played for confirmation and deleted if added in error. Additional searches can be completed and additional calls added if they were not present in the first search (i.e., search by Agent ID completed and multiple agents received calls on the same Intake).

The SCR worker will then continue with their documentation of the Intake. On the Decision tab SCR workers currently identify the Reporter and note the method of contact to SCR. If "Phone" is selected for this method of contact, at least one call must be added under the SCR Calls tab unless the "Entry Override" check box is checked. If any other method is selected, calls are able to be added but are not required.

Once the Intake Decision is complete and the Intake locked, no additional calls can be added or deleted. Additional calls can be documented on another Intake (called a Related Information)

which is in line with the current SCR protocols. The Delete option in the SCR calls group box would no longer be available and the Search Criteria and Calls returned group boxes would be removed.

Local office staff with appropriate security clearance is able to view the SCR Calls group box under the SCR Calls tab and click on the hyperlink for individual calls. This hyperlink will open a media player on their computer and allow them to listen to the calls associated with the Intake. Design and testing concluded during this reporting period and this enhancement went into production as of June 2013.

Investigative Findings Four Tier Model

From 2005 to 2013, a two tiered model of child abuse and neglect investigative findings (substantiated & unfounded) had been in use, however, the model has been challenging in both practice and effect. These challenges were reflected within the New Jersey Child Abuse Registry, the Child Abuse Record Information (CARI) system as well as the Appeal processes available to substantiated perpetrators. In striving for more accurate ways of labeling reported incidents of child abuse and neglect, the New Jersey Child Welfare community devised a four tier model to include flexibility in investigative findings through a more nuanced analysis of evidence. Ultimately, this use of critical thinking in the determination of findings will help insure the safety of the State's most vulnerable children and their families.

Beginning April 1, 2013, DCF moved from a Two Tier Child Abuse and Neglect Investigative Findings Model to a new Four Tier Model. Training to introduce and familiarize Division of Child Protection & Permanency (formerly DYFS) caseworkers and their leadership to the regulations, policies and practices surrounding the new 'Child Abuse and Neglect Investigative Findings Four Tier Model' was conducted from October, 2012 through April, 2013.

The NJ SPIRIT enhancements and testing for this Model concluded during this reporting period and it was released into production on time in April 2013.

Mobilization of NJ SPIRIT

The initial phase of this initiative, dating back to 2011, used multiple federal grant/funding streams to enable remote access to the NJ SPIRIT application. This access was used to support several grant specific case practice functions.

- The Caseworker Visitation Grant originally provided DCF the opportunity to purchase 376 smart phones (and accessories) for case aides to utilize while in the field to enter supervised parent/child visit activities directly through their phones. This is done via the NJ SPIRIT extension which allows NJ SPIRIT access over the internet. The extension utilizes a combined web and application server protected by its own firewall. Through the extension, this information is entered directly into the NJ SPIRIT Production application

data base and into the child's case record. Parent/child visit activities are then immediately available for review by the caseworker.

DCF successfully worked with NJ OIT to implement this solution. Although network security and Mobile Management software issues proved challenging, DCF completed implementation of this portion of the Mobile solution by the beginning of calendar year 2014.

The original Caseworker Visitation Grant also provided DCF the opportunity to purchase 200 iPad 2s (accessories & licenses) to further support casework staff in documenting parent/child visits in a timely manner. Workers use the "Go to my PC" software to access their desktop computer and enter information directly into NJ SPIRIT.

DCF successfully implemented the training and roll out of all 200 iPads to identified staff across the state in multiple offices and regions within 2012. In what can be considered phase two of the initiative, DCF received a subsequent Caseworker Visitation Grant in FY 2012. DCF purchase an additional 330 iPads 2s (accessories & licenses). This phase was fully implemented by summer 2013.

Subsequently, DCF receive phase three funding from the same Caseworker Visitation Grant this reporting period. This allowed for further expansion of the current mobile solution in addition to offsetting some of the recurring costs of prior year's mobile purchases (i.e. software maintenance renewals). DCF purchased 270 more iPads and is scheduled to have them fully implemented by spring 2014.

- The State also originally received a Children's Justice Act Grant which provided an opportunity for a mobile solution for SPRU workers. Many of the SPRU investigators' tasks are completed in the field with families and away from the secure DCF network. This presents a delay in workers accessibility to information within NJ Spirit as well as a barrier to immediate documentation of investigative work completed while in the field.

  The Children's Justice Act Grant enabled DCF to purchase 163 iPad 2s (and accessories & licenses) for our Special Response Unit (SPRU) investigators, which respond to abuse and neglect referrals made after hours. Using the "Go to my PC" software, these investigators have immediate direct access to critical information available in NJ Spirit. It also allows for prompt entry of the investigation documentation and findings into NJ Spirit avoiding duplicate data entry.

  DCF successfully implemented the training and roll out of all 163 iPads to identified staff across the state in multiple offices and regions within 2012.

- The State also originally received Chafee Grant funding which provided an opportunity for a mobile solution for work with adolescents. With this funding DCF was able to purchase 67 iPad 2s and "Go to my PC" software to provide casework staff with mobile access to the internet so they may work directly with youth and caregivers to complete the independent living assessment during home visits. This also allows for the completion of

the outcomes survey required by the National Youth in Transition Database (NYTD) via iPad.

DCF successfully implemented the training and roll out of all 67 iPads to identified staff across the state in multiple offices and regions within 2012.

The NJ SPIRIT help desk has taken over as the gateway to accessing support for these devices. Local Office field support staff now provides on-site technical support and re-provisioning services.

Once all phases of this solution are implemented this year, DCF will have 1030 iPads and 376 smart phones (over 1,400 mobile devices) operational and in the hands of front line staff. Routine surveys are sent out to users to gauge the progress of the initiative and allow for appropriate distribution of equipment.

Systems Maintenance – Enhancements

Releases are more structured and routine as NJ SPIRIT has moved to a more systematic release schedule. The priority of releases has gone from a reactive mode (i.e. fixing bugs and "putting out fires") to a proactive mode (i.e. developing functionality to meet our changing business practice and federal requirements).

Highlighted achievements of individual releases are identified below. These do not represent a comprehensive listing of all the work comprised in each release.

Release 4.7 (November 2012)

Multi-Selection for Contact Activity Notes

Allows the user to document multiple contact activity note types on a single contact activity note in NJ Spirit. This new functionality simplified the contact note documentation process for workers by eliminating duplicative data entry. Select contact types such as, Worker Visit with Parent, Sibling Visit and Parent Child Visit will be available for multiple-selection. Safe Measures will be updated to reflect this change.

New Support Service for Child in a Hospital

A new "Child in Hospital (DCF)" Support Service is available for selection in NJ Spirit. This service is to be used for children who are not yet ready to be discharged from a hospital setting, but require Medicaid Services.

Improved Search & Display Features

The NJS Resource ID associated with each IAIU case will now be displayed along with the case information on the NJ SPIRIT Desktop and Search windows.

SCR Screeners will now be able to search by NJS Case Id on the Intake Inquiry window. This new feature will help streamline the intake process by allowing the screener to search existing information relating to the family.

Staff will now be able to view the NJS Intake ID and launch the Intake window from all search windows in NJS.

SAFE Home Study Report developed in NJSPIRIT

Resource Family workers are now able to complete the SAFE Home Study Report directly in NJ SPIRIT.

Service Array Survey

Workers now have an opportunity to provide feedback on our service array by completing surveys during service creation and service ending. Additionally, supervisors will be able to provide feedback upon case closure.

Enhanced Intake case assignment functionality

Institutional Abuse Investigative Unit (IAIU) and SCR staff now has the ability to move a CPSIAIU or a CPS-Other intake from an incorrect resource to the appropriate resource.

AFCARS Program Improvement Plan (PIP)

Specific changes in response to the AFCARS review findings were completed:

- Unduplicated the race values in the ethnicity fields
- Added new legal action and hearing type values to record CPRB and court hearing.
- Modified system to notify users at determined intervals to update the race when it is
- "unable to determine"
- Adjusted foster care file submission to more accurately report foster parent structure
- Improved data entry for foster care element 44 by adding value of 'unknown'

Release 4.8 (February 2013)

Local Office Manager Override

New functionality has been added to NJ Spirit that gives Local Office Managers the ability to make authorized changes to an approved investigation providing the case is open.

Credit Check Window

A new window has been added to NJ Spirit, which enables Adolescent Workers to document required credit report information for youth aged 16-21 in an out-of-home placement.

Clothing Added to Payment Request Window

The Payment Request window in NJ Spirit has now been enhanced to include clothing.

Resource by Service Search by Medicaid Paid Programs (MPP)

An enhanced search feature has been added under the "Additional Search Criteria" section of the Resource by Service, Placement, Support Service, Placement Request, and on demand Search windows in NJ Spirit. This new search option gives workers the ability to limit their search results to Medicaid Paid Programs (MPP).

KLG Support Service End Reason

A new support service End Reason of “Kinship Legal Guardianship Finalized” has been added on the Support Service window in NJ Spirit.

Independent Living Window Enhancement

The Independent Living window in NJ Spirit has been enhanced to give workers the ability to document Independent Living Assessment information within an approved Case Plan.

Release 4.9 (March 2013)

The newly adopted Child Abuse and Neglect Investigative Findings Four Tier Model were made available in NJ SPIRIT.

- New Investigation Finding values of Established and Not Established now appear on the Investigation Allegation Tab and Results Tab in NJ SPIRIT.
- New Investigation Findings are only available for intakes received after 3/31/2013.
- For intakes received after 3/31/2013, the "Substantiated Perp Unknown'" value is no longer available as an allegation within the investigation findings dropdown list.
- New Appeal Status values of Final Agency Decision-Established and Final Agency Decision-Not Established are available for selection on the Appeals window.
- Only those persons with a Substantiated allegation investigation finding appear in the Perpetrator Search results.
-

The Tickler Deletion window in NJ SPIRIT was enhanced to give supervisors the ability to delete all case ticklers when appropriate. AFCARS and Expunction ticklers remain unchanged.

The size of the narrative fields on the Investigation window was increased in order to allow workers to enter a more detailed narrative.

A new "Unknown" selection box was added to the Intake Participant and the Person Management windows in NJ SPIRIT. This new selection helps identify when a participant's name has not been confirmed. In addition, workers now receive a reminder to update the name upon the completion of an Investigation and/or CWS Assessment.

The Resource by Service search function located on the Placement Request, Placement, Support Service, and on demand Search windows has been enhanced. In addition, the Help content has been updated to assist users in defining how each search field can be used.

Blank signature lines on many of the forms in NJ Spirit no longer display when approvals are applied through NJ SPIRIT. Instead, "Electronically Approved By: [worker name] (worker title) on [date and time]" appear at the bottom of the document for each level of approval applied. If the form requires an actual signature, such as a SAR, those signatures lines will display.

NJ Spirit now requires that workers complete a Family Risk Re-assessment before closing an in-home case if one has not already been completed within the last 30 days. Workers now receive an error message if a Family Risk Re-Assessment has not been completed within 30 days of attempting to close an in-home case.

Qualifying youth 16-17 years of age in an independent living placement and youth 18 to 21 receiving independent living services are eligible for the Rent, Food and Incidental Stipend(s). The maximum financial assistance allowed is $240 monthly for food, $100 for incidentals and an increased rate of $600 monthly for rent.

- NEW - A new LOBA Sub-service Component selection of Independent Living Incidentals has been added to the NJ Spirit Payment Request window.

New functionality giving staff the ability to listen to SCR call recordings was released in NJ SPIRIT. To listen, users simply click on the call identification hyperlink located on the "SCR Calls" tab of the Intake window in NJ SPIRIT to begin playing the linked call.

New NJ SPIRIT Reports

The R-FM03C_06_TRUST_ACCOUNT_OBLIGATIO_INTERFACE_REPORT. This new report documents Obligation Interface Processing results. It became available in November 2012. The report is used to display a list all errors and warning messages regarding obligation and address data processing into NJS.

FM07-11 Trust Account Child Support Benefit. This report is used to display the details of all Ledgers posted or updated in NJSPIRIT for all CSP Benefits for the prior month. It became available in January 2013. The report is used to display a detail list of Child Support Trust Accounts that have all CSP Benefits received for the prior month or for dates entered.

R-FM03c_07_Trust_Account_Obligation_Batch_Processing_Report. The report is used to list all activities occurred during the Trust Account Obligation Batch run. It became available in January 2013.

R-FM03C-05 CSP Interface Processing Report. This report is used to list any exceptions occurred during the interface run of Child Support Payments interface for trust accounts. The interface originator is DFD. It became available in January 2013. The report is used to display a list of child support payments that had problems in processing into NJS or require attention to actions taken by the interface (like automatically opening accounts). It also provides interface processing summary for the run: CSP not posted due to error, CSP posted, and total CSP (posted and not posted) for the run.

Help Desk Activities

Staff Support

The Help Desk staff continued to provide support to field and administrative staff concerning NJ SPIRIT, providing information and receiving 26,016 tickets during FFY 2013. 56% of these tickets were closed within one day or less.

Training:

The Help Desk offered targeted trainings and one-on-one support across the department, including trainings to:

- NJ SPIRIT/New Contact Note Multi-Selection Training (November, 2012) -NJ SPIRIT Help Desk representatives conducted training for DCF Policy Unit to introduce new functionality added to NJ Spirit that enables workers to document multiple contact activity note types on a single contact activity note.

- NJ SPIRIT and Safe Measures Overview – (December 2012) - NJ SPIRIT Help Desk representatives conducted an NJ Spirit overview for the DCF Director of Research, Evaluation, and Reporting.

- NJ SPIRIT/New Investigation Override Training (December, 2012) - NJ SPIRIT Help Desk representatives conducted training for new functionality added to NJ Spirit that enables Local Office Managers to make authorized changes to an approved investigation. This training was delivered during the DCF Statewide Managers Meeting.

- NJ SPIRIT Training Review – Division Contract Provider (January , 2013) - A Help Desk representative conducted an NJ Spirit on-site training review for the Cape May Counseling contracted provider agency. The curriculum included a review of how to document supervised visitations via contact activity notes directly in NJ SPIRIT.

- NJ SPIRIT/Safe Measures Overview – (April, 2013) - NJ SPIRIT Help Desk representatives conducted an on-site NJ Spirit/Safe Measures overview for Camden Central LO staff.

Help Desk Newsletters

The Help Desk publishes newsletters to update field staff about changes to NJ SPIRIT and its associated systems (e.g., Safe Measures). The newsletters use a colorful and succinct format to convey critical information. Twelve monthly newsletters and supplements were published between October 2012 and September 2013. The newsletters are published on a monthly basis (or more frequently if necessary).

Other Related Activities

Update to Manage by Data Initiative

The Manage by Data Initiative was designed to be an innovative approach to change the culture of the agency to one that uses the data that is already being collected to improve decision-making. DCF's Manage by Data Fellows Project started a second cohort that runs from October 2012 through June 2013. This cohort moved the project out of a pilot stage and into project sustainability stage by building on the good work that was done in the first cohort. The curriculum and the scheduling of sessions were slightly modified based on feedback and need. In addition, "graduate" fellows were added to the model. The graduate fellows were selected from the original cohort and are to be used as mentors/coaches inside and outside of the classroom. For the second cohort, 40 mid-level staff was accepted along with 25 "graduate" fellows. This provided an opportunity for

continuous learning that encourages cross-teamed learning and sharing of findings and resources with the end result of sharing these finding with leadership so that informed decisions can be made.

Implementation of new IT Service Management solution

DCF transitioned from outdated and unsupported software used by the NJ SPIRIT helpdesk to track service tickets. DCF implemented Alloy Navigator 6.0 as there IT Service Management solution. This provides a powerful business process automation engine that equips DCF with the tools to streamline and improve the efficiency of IT operations, including incident and problem management, service level management, IT asset management, and more. It offers an intuitive, comprehensive, easy-to-use approach to managing the Service Desk, IT assets (inventory), task assignments and other routine activities in throughout our department.

Data Sharing with Department of Agriculture and Department of Education

DCF is exploring the sharing of data with the Department of Agriculture and Department of Education. The desired outcomes would be to improve the 'free lunch program' effectiveness in serving children in foster care and gain greater insight to educational data/measures to help focus resources to the appropriate services and populations.

The Department of Agriculture would use NJ SPIRIT data on children in foster care to better identify the population deserving of the free lunch benefits. Along with household income, one eligibly component is whether child is in foster care. By sharing this data between departments it ensures the greatest program efficiency and effectiveness.

In the summer of 2013, a Memorandum of Understanding (MOU) was reached between DCF and Department of Agriculture (DOA). This MOU established the procedures and methods by which DCF will provide the Data to DOA for matching purposes so that Local Education Agencies can directly certify foster children eligible for free meals. Additionally, this MOU is intended to protect the confidentiality of the Data disclosed by DCF to DOA and ensure that it will be used by DOA and Local Education Agencies approved users as specified in this MOU and as authorized under the National School Lunch Act.

In sharing data with the Department of Education (DOE) a greater understanding can be gained concerning the educational needs of our children in foster care and those in families we serve. This more comprehensive look as these children's education status will help both the DOE and DCF better serve and meet the needs of these children and families.

At this time, discussions are ongoing with DOE in determining the type and amount of data that is to be shared. The developing Data Mart will provide the vehicle in which reports and outcomes can be used by all parties.

Office of Licensing (OOL) Eform Project

DCF Office of Information Technology and NJ OIT partnered with the DCF Office of Licensing (OOL) to develop the current Inspection/Violation Report as an e-form. This enables inspectors to complete the report on a tablet on-site at the time of the inspection, print it through a mobile printer, and provide the inspection results promptly to the center administrator.

OIT developed a data base to collect the data from the e-form. This allows for general reporting and will meets the ultimate project goal which is to publish the child care center inspection results on the web for public access.

Inspectors began piloting the e-form in February 2012. As this project evolved there have been some changes to the licensing regulations governing inspections which impacted the implementation schedule.

OOL successfully procured the necessary upgraded hardware (tablets) and rolled out the revised Inspection/Violation report e-form to all inspectors within the calendar year 2013. An increased in the funding stream (Race the Top grant) has allowed OOL to revisit the original scope of this project and plans are being discussed on how to grow and integrate this solution with other IT needs within OOL.

Current Activities

NJ SPIRIT Disaster Recovery

DCF began preparations to complete a full Disaster Recovery exercise on the newly upgraded NJ SPIRIT environment.

Direct Deposit / Debit Card enhancement

With the advent of electronic banking, DCF has taking steps to become more environmentally conscious while improving the fiscal reimbursement experience for those providing out of home placement for our children.

DCF will be moving away from paper checks for all resource providers, adoptive families, and kinship families by summer 2014. These families will be given the choice of having their monthly board payments directly deposited into their bank account or provided a debit card. This enhancement is design to provide a more immediate and convenient payment process for those resources that provide such a vital service to our children and families. Starting the spring of 2014, DCF will engage in an outreach to inform and prepare families for this upcoming improvement.

Specialized Worker Search & Improved work flow functionality

In efforts to better support the day to day job responsibilities of supervising front line staff, the following enhancements are being developed. Once complete, NJ SPIRIT will provide supervisors easier access to their staff's pending work; and will allow them to reroute work from one convenient location. Additionally, improvements are being made to the auto-recall functionality in NJ Spirit, which should better assist Supervisors in moving work through the approval process without delay.

This will be accomplished by:

- NEW – NJ SPIRIT Specialized Worker Search - A new Specialized Worker Search is being added to NJ SPIRIT, which will give supervisors the ability to search for and access an individual staff member's pending work.

- IMPROVED - Re-route Work Functionality -The "re-route work" functionality in NJ SPIRIT is being enhanced to give supervisors the ability to reroute pieces of work from one worker to another. In addition, the worker selection dropdown will be limited to only active workers.

- IMPROVED – NJ SPIRIT Auto-Recall Functionality - The "auto-recall" functionality is being enhanced to prohibit the recall of work to an inactive worker. Supervisors will now receive a message indicating if a worker is inactive and will direct them to reroute the piece of work to an active worker. Workers receiving this message will be required to reroute the pending work to a supervisor, who in turn may reroute to the appropriate worker.

System Enhancements

Release 5.0 (October 2013)

The State made numerous modifications and enhancements within Release 5.0. The major objectives are detailed below:

A New disclaimer message was added to the NJ SPIRIT Login screen. Users now are required to acknowledge they have read and understand the confidentiality disclaimer before being granted access to NJ SPIRIT.
Improved Resource Services Selection Options were made available. A new Inactive Services expando was added to the search results display. This new feature allows workers to view and select an inactive service with the condition the service was in an active status when it was provided. The following fields were also added to the results display:

- Service Date Start
- Service Date End

- Service Rate
- Service Payment Method

Improved CWS Assessment/Contact Activity notes were made available. Contact Activity Notes generated from within a CWS Assessment in NJ SPIRIT now automatically associate with the correct CWS Assessment regardless of how many CWS Assessments are in pending.

In an effort to improve the search functionality in NJ Spirit, NEW features were added to the Case and Resource Non-Restrictive Search window:

- My Cases / My Resources Option - Displays all cases or Resources currently checked out by the user.
- Select All - Selects all Cases and/or Resources displayed under the My Cases or My Resources view.
- Unselect All - Deselects all Cases and/or Resources displayed under the My Cases or My Resources view.
- Ability to select individual or multiple Cases/Resources for check-in.

Person Merge was made easier. Local Office merge liaisons complete a Person Merge for duplicate person records in NJ SPIRIT. NJ SPIRIT was enhanced to allow the merge to proceed, even if the merged person is on an investigation; granted the investigation is fully approved.

A NEW Medical/Mental Health Type category of Psychiatric Activity was added to the Medical History window. In addition, values for Psychiatric Evaluation, Medication Monitoring and Other are now also available in the Activity drop down for selection.

A NEW DCP&P Contract Expired placement end reason is now available as a selection in the NJ SPIRIT Placement window.

The Placement and Service Ending window in NJ SPIRIT was enhanced to give supervisors the ability to override a Birthday Batch placement end reason when appropriate.

Various fields on the Allegation tab of the Investigation window in NJ SPIRIT have been expanded to display more text.

The LOBA check limit was increased from $500 to $600 to accommodate the recent increase in Independent Living Rent allowance.

Upon investigation approval, staff now receives a reminder to complete an Early Intervention System Services referral for children under the age of three years old involved in a substantiated or an Established investigation. In addition, staff is required to document the referral information on the Medical History Tab of the Medical Mental Health Window in NJ Spirit.

The Auto-recall functionality was enhanced to prohibit the recall of work to an inactive worker. Supervisors now have the ability to reroute the pending work to an active worker, while workers are able to reroute the pending work to a supervisor, who in turn may reroute to the appropriate worker.

Enhancements made to address:

- To ensure the accuracy of address information, NJ Spirit no longer automatically updates resource members address when a change is made to a Resource Primary/Physical Address. Address information for individual members, with the exception of Primary Caregiver, may be updated by staff when appropriate.
- Staff now receive message asking them to accept the USPS standardized address when creating/editing a person or resource mailing address in NJ Spirit. Accepting the U.S. Postal Service standardized address will help to ensure the accurate and timely delivery of mail.

Release 5.1 (November 2013)

The State made numerous modifications and enhancements within Release 5.1. The major objectives are detailed below:

NJ Spirit has been enhanced to accept either a completed Family Risk Assessment or a Family Risk Re-assessment to satisfy the requirement that one be completed within 30 days before closing an in-home case.

Changes were made to Institutional Abuse Investigative Units online summary and forms to better support case practice.

Human Trafficking values were added to Intakes for CPS and CWS.

Release 5.2 (January 2013)

The State's main focus for this release dealt with modifications and enhancements surrounding the Affordable Care Act.

NJ SPIRIT now allows for the extension of Medicaid coverage for qualifying young adults between the age of 18 and 26. Qualified candidates with existing DCF Medicaid in NJ SPIRIT

will automatically be transferred to the new Federal Medicaid program in their 18th or 21st birthday month. NJ SPIRIT will automatically terminate this Medicaid at the end of the young adult's 26th birthday month. Enrollment and termination of new Medicaid will be administered through the DCF Office of Child and Family Health.

The Years Ahead

DCF plans the following activities in FY 2014 – FY 2015:

- Enhancements to NJ Spirit will continue in order to support case practice and to make the system more user-friendly for staff. Some areas scheduled to be modified during the upcoming reporting period are:
    - Enhance current interfaces to accommodate changes to CASS, which will be replacing older DHS systems we currently share data.
    - 23
    - Improvements and further refinement to the trust account functionality.
    - Enhancements to the NCANDS file to accommodate the change to the 4 tier finding system.
    - Allow direct electronic billing and processing of K-100 vendor payments.
    - Redesign of Medical/Mental health screens to better capture relevant information and comply with AIP.
- The State is scheduled to mitigate 13 SARR findings requiring system enhancements by completing 16 incidents within calendar year 2014 (see Appendix 4).
- A Data Sharing initiative between DCF and the Department of Education & Department of Agriculture to achieve better outcomes for children.
- The State will continue to work on system enhancements to comply with the AFCARS Improvement Plan (AIP).
- Implement the 'Direct Deposit/Debit Card' solution that will allow for a more streamlined and convenient payment method for our resource providers. This is scheduled for completion by summer 2014.
- Implement the Specialized Worker Search enhancement within calendar year 2014.
- In the spring of 2014, DCF will be turning off the Archive functionality in NJ SPIRIT. The concept for the original design was necessary back when storage was a cost issue, which is no longer the case. The decision to turn off this functionality is based on the fact that maintaining this functionality has proven to be an operational burden. For every release developers and analysts spend time making changes to the Archive program, which then need to be tested, even though we do not intend on ever having a need to use it. It is under this pretense and the verbal approval received by ACF that DCF will be eliminating this developed functionality.
- Completion of full Disaster Recovery exercise.
- DCF anticipates expanding the department's ability to work away from the office by providing mobile devices to all units within every office. The specific solution has yet to be determined.
- New additional State of New Jersey OIT mobility staff to join the current Development Team. The need for additional staff (1 release manager, 3 developers, 2 analysts) is conveyed below:
    - Since OIT took over from CGI, NJ SPIRIT development, the team does not have a Release Manager which is a vital position for a Development team. Due to increased pressure by the business process to develop parallel releases, it has

become increasingly complex for the Development team to fill in this gap using current Developers. Moreover, the chances of codes getting mixed up are extremely high, which may cause inadvertent errors in production.

- NJ SPIRIT's STRUTS framework is almost 10 to 12 years old and needs an upgrade. Since the way the consultants who wrote this application have written the code closely intertwined with the framework, a framework upgrade will require most of the programs to be changed and retested, which is a massive and risky undertaking. In order to preserve the value of the software and to increase the lifespan of this software to another 5 to 8 years, this has to be done.

Accomplishments

NJ SPIRIT involved six years of planning and obtaining the necessary funding and resources. This was followed by four years of intensive development. The result has been the implementation of the NJ SPIRIT system through a series of releases:

- Release 1 (November 2004) provided the staff of the State Central Registry (SCR), the 24-hour call center, with a system for recording reports of child abuse and neglect and requests for child welfare services. The system then forwarded the reports electronically to the appropriate local office for further action. In addition, this release interfaced with the legacy system to automatically store the reports and the initial assignment in SIS, thereby avoiding dual data entry.

- Release 1.4 (November 2005) provided the Statewide Central Registry (SCR) with an enhanced system that provided flexibility to their screening decisions at any time during a call. The release also allowed screeners to change the call type designation after a review with a supervisor in a seamless manner.

- Release 2 - Phase 1 (June 2006) provided limited functionality to all 7,000 users of the NJ SPIRIT system. This release permitted staff to become familiar with the application while permitting technical staff to assign security to all staff members. It also provided staff with electronic access to forty forms and legal documents, as well as the electronic version of the policy manual.

- Release 2 – Phase 2 (August 2007) represented the implementation of the NJ SPIRIT system statewide, including all case management, reporting and financial systems. With the inclusion of the fiscal components of the system in this release, interfaces with other agencies (Department of Human Services, Medicaid and Treasury) became operational and reliable.

- Release 3 – (September 2008) completed the development and implementation of the NJ SPIRIT system. This release enhanced NJ SPIRIT with administrative, productivity and usability functionality. Specifically, it included functionality to archive, audit, expunge records, close cases online, merge resource records, upload templates for use as forms, and provide a visual navigation path to assist the workers and Help Desk staff to resolve problems with the system.

SafeMeasures Update 2013

Usage

The use of SafeMeasures continues to grow amongst DCF staff. Data from SafeMeasures shows an upward trend in the number of times SafeMeasures screens were viewed by staff. This increase ranges between 11% and 15% a year and is more significantly noted amongst supervisors.

Access

SafeMeasures is used by staff at all different levels of the organization. Among the users are caseload carrying workers, supervisors and Local Office Managers, Area Directors, Assistant Area Directors, CQI staff and Case Practice Specialists and other Central Office staff. SafeMeasures is also used by executive management to track and monitor targeted measures and outcomes. SafeMeasures also continues to be used by the DCF Fellows to help them track, monitor and analyze trends in case practice in their own local areas using quantitative data .

DCF continues to develop and enhance existing screens. The following reports were added in SafeMeasures in 2012 and 2013:

- *Pre and Post Response Conferences:* This screen helps staff track all Pre and Post response conferences completed during an investigation/assessment.

- *Initial Mental Health Screening*: This screen tracks children in placement who have/do not have an initial mental health screening completed within 30 days of their removal.

- *Ongoing Mental Health Screening:* This screen tracks children in placement who have/do not have a subsequent mental health screening every six months that they are in placement.

- *Mental Health Assessment:* This screen tracks children with a suspected mental health need who have/do not have a completed mental health assessment within 45 days of their suspected mental health need screening.

- N*YTD Follow-Up Population screen:* This screen tracks youth age 19, who require a follow up survey as a result of their participation in FFY2010 Baseline.

- Initial Independent Living Assessment: This screen tracks youth in placement ages 14-21 who require an initial assessment completed within 60 days of removal.

- Annual Independent Living Assessment: This screen tracks youth in placement ages 14-21 who require annual assessment while in placement.

Section 6B

Office of Performance Management and Accountability

Case Practice Model Longitudinal Study

QA/CQI Status Update

Office of Performance Management and Accountability

In November of 2011, the Office of Continuous Quality Improvement was renamed the Office of Performance Management and Accountability (OPMA). OPMA is focused on**:**

- Ensuring the integrity and quality of DCF's system of care
- Ensuring that services are informed by outcomes and aligned with community needs and the DCF mission to promote healthy, safe and stable children and families
- Using data outcomes to inform decision making and to support DCF as a Learning Organization, self-correcting as needed
- Fostering transparency and accountability
- Continuing to improve the significant progress made by DCF under the Modified Settlement Agreement
- Sustaining and enhancing system reform through self-directed initiatives that support the Department's vision and mission

During the Federal Fiscal Year, October 1, 2012 through September 30, 2013, OPMA continued to manage the Office of Quality, the Child Death Review Team, the Administrative Review Unit, Risk Management, Institutional Abuse Investigation Unit, the Office of Licensing and the Office of Research, Evaluation and Reporting. OPMA also provides staffing to support the Domestic Violence Fatality and Near Fatality Review Board and the Child Fatality Near Fatality Review Board.

DCF utilizes Continuous Quality Improvement (CQI) to identify and analyze strengths and areas needing improvement, and then to evaluate, implement, learn from, and revise solutions designed to improve the quality of services. DCF's CQI activities are coordinated through OPMA and executed across the Department.

The following activities comprise the DCF Quality System:

The Qualitative Review (QR) Process is managed through the Office of Quality and involves intensive week long, county based reviews as required by the Modified Settlement Agreement and the Child and Family Services Review (CFSR). The review team consists of 12 reviewers or 6 teams consisting of DCF staff and at times community stakeholders who have been trained and mentored in the process. The QR process assesses system performance and identifies strengths and areas needing improvement to support positive outcomes for children and families. The QR examines the status of the child and family in several indicators around safety, stability, permanency and well-being. The QR also examines key practice performance indicators such as engagement, teaming, assessment and case planning. The QR reviews 16 counties annually with a sample size of 12 children (8 out of home and 4 in home) which results in a review of 192 families annually. In calendar year 2013, 16 counties participated in the QR. Final reports are issued by the Office of Quality which outline key themes from each review, noting the specific strengths and areas needing improvement that were identified in the review process. All data is maintained by the Office of Quality and submitted as part of the Modified Settlement Agreement. Each county develops a Program Improvement Plan (PIP) to address identified areas needing improvement and submits them to the Office of Quality.

- ChildStat, a process of self-assessment and diagnosis by area offices, was developed and rolled out in September 2010. In September 2011, it was enhanced in order to focus on our current investigative practice. OPMA randomly selects an active investigation that has been open between 31 and 45 days. The selected case is a new referral on a closed case which previously had an unfounded allegation within the last 12 months. The OPMA provides data which is used to identify trends and patterns and is utilized by local leadership to identify strengths, areas of need and to fully understand the functioning of troubled practice areas. Using this case conferencing model is seen as an opportunity to look carefully at practice, policy and procedure from a systems perspective. It helps identify specifically what steps can be taken to enhance practice with the case presented and help identify themes statewide. During FFY October 1, 2012 through September 30, 2013, 16 local offices presented cases that have highlighted a range of practice challenges and 21 local offices have presented updates on their past ChildStat presentations.
- Key Performance Indicator (KPI) calls are a CQI process to track and monitor performance across a range of measures. Implemented in January of 2013, they consist of a member of the Commissioner's Office walking through screens in our data management system, SafeMeasures, with staff from CP&P Local and Area Offices. They identify data entry errors and barriers, help plan for upcoming work and increase accountability.
- Modified Settlement Agreement - The performance measurement focus of the MSA continues to include the semi-annual production and analysis of more than 50 measures of system performance. These measures cover: screening and investigative practice; implementation of the Case Practice Model; placement of children in out-of-home care; repeat maltreatment and re-entry into care; permanency outcomes; health care; mental health care; services to families, and services to older youth. DCF's progress is closely monitored by a federal court judge and the court appointed monitor.
- CFSR process- The Office of Quality continued to be responsible for the federal CFSR process, as well as the APSR process.
- The Office of Research, Evaluation and Reporting continues to produce data regularly to enable performance reviews at all levels of the agency, to identify trends and areas needing improvement and to gauge progress. OPMA focus on quantitative and qualitative data, coordinating targeted reviews of specific areas of case practice, as well as managing the federal monitoring aspects.
- OPMA oversees the Child Death Review Team, which provides support to the Child Fatality and Near Fatality Review Board and its four Regional Review Teams in their work to assess practice and identify issues in cases that resulted in a child death or near fatality. OPMA also includes 2 Administrative Reviewers that review cases with critical incidents to learn about systemic and case practice issues.
- OPMA oversees Risk Management which consists of reviews and analysis of all unusual incidents within DCF's contracted facilities and the DCF Office of Education.
- DCF concluded its work as part of the NCIC project with the Final Evaluation being issued in September of 2013. The second cohort of the Manage by Data: DCF Fellows Program was initiated in September of 2013 as well with a smaller number of DCF staff participating as Grad Fellows in Training (FIT) to support the learning of the fellows program and the first step in implementing a sustainability plan that allows DCF to lead the program internally.

The Case Practice Model Longitudinal Study will be sent under separate header due to the size of the document.

Continuous Quality Improvement
Plan Implementation Update

New Jersey's Department of Children and Families (DCF) has made the development of a robust and fully functional Continuous Quality Improvement (CQI) system a priority through both its department-wide Strategic Plan for 2014-2016 as well as its Child and Family Services Plan (CFSP). DCF has laid the groundwork to ensure the integrity and quality of DCF's CQI system of care is measurable and informs internal and external stakeholders of the results and outcomes achieved. The goal is to make CQI a seamless part of the way DCF works each day.

The DCF has embraced the five key components of the CQI system and is actively designing, planning and implementing an array of activities in order to have a fully functioning system in the near future. For example, one of our first steps is to engage the leadership and raise basic awareness of CQI activities occurring at DCF while simultaneously continuing to strengthen the foundation of CQI within the department.

In this update each of the five components will be addressed to provide an update of the DCF's identified strengths, concerns and enhancements.

I. Foundational Administrative Structure:

Goal: Administrative structure requires that every CQI system have a strong administrative oversight to ensure that its CQI system is functioning effectively and consistently, and is adhering to the process established by its leadership. There is a systemic approach to review, modify, and implement any validated CQI process. Additionally, it requires that the state has established written CQI standards, approved training process for CQI, written policies, procedures, and practices and has resources to sustain an ongoing process.

- **Strengths**
  - New Jersey has established the Office of Performance Management and Accountability (OPMA) as the foundational structure having oversight, coordination and guidance of numerous CQI activities statewide. OPMA has 12 staff members dedicated to CQI projects which encourages sustainability of initiatives as well as gives the agency personnel resources to assist with implementation of new or existing projects.

- **Needs**
  - New Jersey is in the process of developing policies and procedure guidance that will ensure consistency and uniformity across the state for CQI activities. New Jersey recently posted all of their policies and administrative orders on its public website to encourage transparency.

Once completed, the CQI policies will be available in the same format.

- New Jersey currently does not have uniform training for staff members that engage in CQI activities. There is specialized training for staff who participate in the case record reviews, Qualitative Reviews (QR), which consists of initial training and a certification process. New Jersey intends to build upon some of the elements of the QR training for other training focused on developing CQI team members locally. New Jersey is also able to offer training for reviewers participating in targeted reviews prior to the review that covers elements of the review tool and other processes related to the review.

II. Quality Data Collection:

Goal: Quality data collection is the collecting of both quantitative and qualitative data from a variety of sources and is the foundation of CQI systems. The data must be accurate complete and timely and must be used and defined consistently across the state. Quality data collection can identify areas of strengths, concerns, establish targeted strategies for improvement.

❖ Strengths

- New Jersey has the ability to input, extract and submit quality and timely data as required by federal reports such as NYTD, AFCARS and NCANDS.
- New Jersey has accurate data which can be used to identify strengths and areas for improvement across systems. New Jersey SPIRIT (NJS) (SACWIS) and SafeMeasures ensures data can be reported in a timely manner. SafeMeasures also allows staff and management to track workflow and workload in order to assist staff in prioritizing their work.
- New Jersey utilizes federal guidelines and tool to ensure its data is quality.
- New Jersey has a mechanism for tracking staff training that includes an electronic transcript available and staff and supervisor electronic notifications of class related information.

❖ Needs

- New Jersey continues to work on steps to improve data accuracy through ongoing training, oversight, and incorporation into CQI process. In particular, New Jersey is piloting a process to engage front line staff in a learning opportunity aimed at improving documentation and the overall quality of data input.
- New Jersey is developing a sustainable process for internal audit process.

- New Jersey is in process of completing the AFCARS and SACWIS Program Improvement Plans. The PIPs inform areas the need more attention or development and can be leveraged to improve data quality system-wide.

III. Case Record Review and Data Process

A CQI system that has ongoing case review components that includes reading case files that are served by the agency under the title IV-B and IV-E plans and interviewing parties involved in the cases is present. Case reviews help states understand what is behind the safety, permanency and well-being numbers in terms of day to day practice in the field and how the practice is impacting child and family functioning and outcomes.

❖ Strengths

- New Jersey operates a case review process called the Qualitative Review (QR). The largest metro area is reviewed annually in through the QR.
- New Jersey finds consistent themes in strengths and areas needing improvement across multiple years through the QR. Sixteen of the twenty-one counties are reviewed annually. Quality performance on prior QRs is one element used to determine which counties are reviewed annually.
- New Jersey has detailed procedures and processes in place related to the QR. Procedures are reviewed and updated annually. There is a manual for the QR which is posted on the DCF internet. Internal forms and tools are also posted on the intranet to encourage transparency and consistency. There is training and a certification process for all QR reviewers and Team Leads from PMA who lead the review process and perform quality assurance processes during the review. Reviewers are also paired to provide mentorship to less experienced reviewers as well as to provide inter-rater reliability.
- New Jersey conducts multiple targeted reviews and audits and uses the result to inform and enhance practice and child and family outcomes. For example, New Jersey has reviewed its practice with older adolescents to see what that process outcomes are achieved with this population. Results are disseminated broadly.

❖ Needs

- New Jersey will work to develop specific plan for Title IV-E and Title IV-B sampling and a have continuous training for Title IV-E and Title IV-B staff.
- New Jersey continues to improve the standards for an ongoing CQI case review process which can collect specific data that provides context and address agency performance, to detect the quality of service, to focus on

how children and families are functioning related to the services provided.
- New Jersey continues to assess the case review process as part of the CSFR and how it relates to the QR process in existence.
- New Jersey is working on policies to clarify areas like reviewer conflicts of interest.
- New Jersey continues to develop capacity to conduct targeted reviews on a variety of practice areas. Currently, staff resources are a combination of PMA and local field staff with expertise in the area of review. Such a practice has been beneficial in dissemination of lessons learned quickly. This process needs further refinement to ensure expectations are clear and targeted reviewer staff can translate their experience into CQI activities on a local level.

IV. Analysis and Dissemination of Quality Data

The state should have the ability to collect data from various sources, and have varying capacities to track, organize, process and regularly analyze information and results. The state should have a consistent and well defined mechanism in place for collecting and analyzing data.

❖ Strengths

- New Jersey's QR has a consistent mechanism in place for gathering, organizing and tracking information and results regarding safety, permanency, and well-being through its SACWIS system and through its Safe Measures system. Those systems provide information for AFCARS, NYTD, NCANDS and CFSR among other federal reporting requirements. The systems also provide staff the ability to track their work, plan for upcoming work and for supervisors to monitor workload.
- New Jersey has an Office of Research, Evaluation and Reporting (RER) within the PMA. The 16 staff in this office conduct analyses of the data. They also manage the contract for Hornby Zeller Associates, the vendor who produces longitudinal outcome reports.
- New Jersey is committed to improving stakeholder engagement through the regular posting on the DCF internet page of reports. These reports are used to guide decision-making as well as to manage workloads. Reports have been well received by stakeholders. Examples of reports include the Commissioner's Data Dashboard which covers a range of areas and is available monthly.

❖ Needs

- New Jersey acknowledges there is still work to be done to help stakeholders use the available data for analysis as well as to make more data available.
- New Jersey makes reports and recommendations from targeted reviews available on the internet and more work is needed to improve the timeliness of the dissemination of the reports.

f. **Feedback to Stakeholders**

Goal: A functioning CQI system demonstrates the state's ability to share critical information and data collected with stakeholders, and agency staff. This is a critical component to driving change within the organization. Such collaborative efforts are critical to improving outcomes for children and families.

❖ **Strengths**

- New Jersey is committed to sharing results of its assessment processes publically with internal and external stakeholders. For example, results from the QR process, prior CFSR rounds and targeted reviews are shared with staff and the results are placed on the DCF website in an effort to help inform all of strengths and areas of improvement.
- New Jersey has successfully piloted monthly conference calls with local leadership and staff from PMA to track and monitor key areas of performance to improve outcomes. On-going work is reviewed, upcoming work is anticipated and barriers to performance are identified through the calls.
- Using a SharePoint site, monthly reports are routinely posted for local leadership to access. Reports have recently included data on local data on child key child welfare outcomes.
- Stakeholders are invited to participate in a range of CQI activities including development of local QR PIPs, attendance and participation at ChildStat as well as providing input and feedback on the DCF Strategic Plan.
- New Jersey also has implemented a process by which resource (foster) parents can offer feedback on the system on an annual basis through a survey. The survey is analyzed and actionable next steps are formulated.

❖ **Needs**

- DCF will introduce leadership to CQI and receive critical feedback via focus groups and survey monkey. This will enhance planning, collaboration and buy-in and implementation.
- New Jersey will use ChildStat forums to offer training and technical assistance to staff on how data results link to practice change. The goal is to help staff understand the meaning behind the data as well as the larger outcomes that are the most meaningful.

2013 Qualitative Review Report is available at:

http://nj.gov/dcf/about/divisions/opma/

Section 7

State Court Improvement Program Self-Assessment Report

State Court Improvement Program 2013 Annual Self-Assessment Report

State:
New Jersey

Name and Title of Individual Completing the Assessment:
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1. **Provide a bulleted list of the workgroups, committees or planning groups your CIP currently participates in with the child welfare agency, tribes, and other important partners. Concisely summarize the purpose of each group and the role of the CIP in that group.**

   Children In Court Improvement Committee (CICIC) is the statewide task force mandated by the program instructions of the Court Improvement Grants. The committee monitors the use of Court Improvement Program (CIP) grant funding and is responsible for continuous quality improvement (CQI) efforts. The committee is the foundation of the CIP in New Jersey.

   The membership of the committee includes:
   - Children In Court (CIC) judges
   - CIC court staff,
   - the child welfare agency [Department of Children and Families' (DCF) Division of Child Protection & Permanency (DCP&P)]
   - the Division of Children's System of Care (CSC)
   - attorneys for the child welfare agency
   - attorneys for children
   - attorneys for parents
   - Court Appointed Special Advocates of New Jersey (CASA of NJ)
   - Child Placement Advisory Committee (CPAC)
   - Juvenile Justice Commission (JJC)
   - Department of Education
   - Surrogate

- Former Foster Youth
- Community Partners
  - Advocates for Children of New Jersey (ACNJ)
  - Medical doctor
  - Addiction Specialist
  - Legal Services of New Jersey (LSNJ)
  - Rutgers University Child Advocacy Clinic
  - Rutgers University Education and Health Law Clinic
  - Care Management Organization (CMO)

Several subcommittees of the CICIC have been formed to address specific aspects of court improvement while improving outcomes for children involved with the child welfare system. Current subcommittees include:

Visitation Subcommittee: the purpose of this subcommittee is to explore methods by which the courts could improve the consistency and quality of visitation for children and families in New Jersey. Thus far, the subcommittee has developed a Bench Card to be used by CIC Judges and other child welfare stakeholders to ensure that considerations are being made related to visitation.

Youth Participation in Court Subcommittee: the purpose of this subcommittee is to encourage the appearance and participation of children at court hearings. A protocol was developed to determine logistics for youth participation in permanency hearings. In 2014, with the help of the American Bar Association Center on Children and the Law, the protocol will be piloted in three counties.

Disproportionality Subcommittee: the purpose of this subcommittee is to examine and address the issue of disproportionality in child welfare cases. The focus of the subcommittee has been to identify training needs, develop trainings and determine what data is available to better define the issues.

Aging Out Youth Guide Subcommittee: the purpose of this subcommittee is to develop and maintain a resource guide for youth who are in the process of aging out of the child welfare system. The guide provides information about New Jersey resources, including education, employment, housing, financial literacy and health, and how to access those resources. It also gives guidance regarding time frames for making decisions about one's future and provides space for the youth to keep important information. The guide is updated as information changes, but also based on feedback from youth who utilize the guide.

Training Event Planning Committees: The CIP is also responsible for the trainings developed with the use of Deficit Reduction Training Grant funds. A subgroup of the CICIC, including the child welfare agency, is formed in order to develop and execute each training event.

2. **List all projects that involved assessments or evaluations completed in federal FY 2013 (Oct 2012-September 2013). Briefly explain: 1) the purpose of each evaluation or assessment; 2) action steps taken; 3) data collected or generated; and 4) how the information will be used to inform continuous quality improvement.**
CIC Business Analysis 2012-2013 (Completed)

Within Fiscal Year 2013, New Jersey completed an analysis of court business processing. The analysis has identified areas in practice and procedure requiring clarification and improved documentation (e.g., the procedure to change venue between counties, the procedure to transition from the child abuse litigation to termination of parental rights and the procedure to provide notices to litigants for court hearings). The analysis also informed the development of a new case and document management system. Through the analysis, case processing from each of the vicinages was compiled and compared to determine: 1) if any current vicinage practices were inefficient or contradicted court rules, 2) if there were any practices which were determined to be useful statewide, and 3) the necessary components of the new case management system.

The analysis team, which included representatives from the Family Practice Division, the Information Technology Office and the Automated Trial Court Systems Unit, found that, for the most part, court processing was fairly consistent around the state. Also, issues which arose consistently across the state are being addressed through policy changes and integrated into the new case management system. Innovative ideas for file and case organization and calendaring found in the vicinages have also been considered and integrated into the new system.

The new system is intended to be user friendly and intuitive, and while users are excited for a new and easier system, there is some concern in staff dealing with the change and learning a new system. The existing case management system, referred to as the Family Automated Case Tracking System or FACTS, is the only system familiar to court staff users. We anticipate the new system being piloted and implemented statewide through the use of CIP grant funding in the end of 2017.

CPR Evaluation (Ongoing)

In March 2010, Directive #04-10 revised the Child Placement Review (CPR) process in New Jersey. CPR Boards now review litigated child welfare cases only at 45 days after placement, completing an enhanced and more comprehensive checklist at that time. The New Jersey Judiciary is currently compiling data for its evaluation of the CPR process.

The goal of this evaluation is to assess the implementation of the directive, the efficacy of CPR Boards' current function and future training needs. The evaluation team, consisting of Administrative Office of the Courts (AOC) staff and Child Placement Advisory Council (CPAC) Executive Board Members, has developed a five phased evaluation plan including data collection, surveys, document review, county visits and focus groups.

The data collection for the five phases of the evaluation were completed in October 2013 and the final report is being drafted. Throughout the course of this evaluation, CQI efforts have been made to ensure the most effective evaluation possible. Results of the evaluation will guide future trainings and practices.

2013 CIC Conference (Ongoing)

In April of 2013, the New Jersey Judiciary held its annual Family Education Conference. One day of this three day training was focused on CIC related permanency issues as determined by New Jersey's most recent Children and Families Service Review (CFSR). That full day training included workshops on: Kinship Legal Guardianship (KLG), Another Planned Permanent Living Arrangement (APPLA), properly granting Termination of Parental Rights (TPR) Extension, and DCP&P. The afternoon plenary session was used to present a facilitated mock permanency hearing. The day ended with an ethics session. We also provided all attendees, laminated "At-A-Glance" resource documents for all workshop topics. The feedback regarding this resource has been very positive.

Our evaluation efforts included pre and post-quizzes and an evaluation form. Attendees were asked to complete a pre-quiz at the time of registration and were sent a post-quiz six months after the training event. The quizzes included the same questions so that results could be compared to determine if there was improvement in and maintenance of knowledge. The post-quiz also included a question that asked attendees to describe how their practice has changed as a result of the training. Analysis of the quizzes is ongoing. An evaluation form was sent out immediately following the training. Generally, attendees felt the workshops were very beneficial but did not feel the mock permanency hearing was useful especially with such a large group.

3. **Identify and describe any projects currently underway that are utilizing child welfare administrative data (i.e., SACWIS, AFCARS, NCANDS, NYTD, or other data reports that may be provided by the title IV-B/IV-E agency).**

The Judiciary has collaborated with the New Jersey Department of Children and Families (DCF) in order to automatically create Child Placement (FC) cases in the court's current case management system (FACTS) from Notice of Placement (NOP) data sent from the state agency. As a part of this project, the state agency's data system (NJSpirit) will transfer NOP data to the Judiciary's FTP server. A process has been instituted by which the FTP server will send a copy of this data to FACTS. This process will automate the initiation of the court's child placement cases and create reports that will be used to assist in identifying all of New Jersey's children in placement, efficient case processing and timeliness.

4. **Summarize your current capacity on the below technology and data topics. With respect to the required timeliness measures, please explain how the measures are or will be used by your statewide multi-disciplinary task force to promote CQI:**

a. **the required timeliness (toolkit) measures;**

Below please find NJ's timeliness measures for 2010 and 2011. The numbers show that NJ is meeting required timeframes. Our intention is to continue discussions regarding

these measures at CICIC meetings. We intend to consider this data while developing future projects and establishing CQI efforts. The CIC Business Analysis has resulted in recommendations to further improve these measures. The new case management system will include a timeline to alert court staff of appropriate timeframes. Also, the system will alert court staff when required documents are overdue.

4G. Time to First Permanency Hearing*	YR: 2010 Sample Size: 2375 Median: 349 days	YR: 2011 Sample Size: 2520 Median: 349 days
Time to Subsequent Permanency Hearings*	YR: 2010 Sample Size: 1592 Median: 283 days	YR: 2011 Sample Size: 1744 Median: 231 days
4A. Time to Permanent Placement*	YR: 2010 Sample Size: 5169 Median: 459 days	YR: 2011 Sample Size: 5441 Median: 424 days
4H. Time to Termination of Parental Rights Petition	YR: 2010 Sample Size: 998 Median: 431 Days	YR: 2011 Sample Size: 862 Median: 426 days
4I. Time to Termination of Parental Rights	YR: 2010 Sample Size: 1007 Median: 721 days	YR: 2011 Sample Size: 1050 Median: 747 days

*NOTE: For the first three items, we used the date of the notice of placement (NOP) instead of DCP&P's complaint filing date (FN or child abuse and neglect docket) because: 1) not all FN matters will result in placement and therefore no permanency hearings will be held, and 2) permanency hearings are tracked by child (FC or child placement docket) not by the abuse/neglect case (FN docket).

b. **data sharing and data exchange between the child welfare agency and the courts, the department of education, or other relevant stakeholders (where applicable list any regular data reports that are run for interested parties and how those reports are used);**

New Jersey continues to have limited data exchange with other state government entities. The state agencies continue to collaborate to improve the system by which electronic filing of Notices of Placement (NOP) and Notices of Change (NOC) are shared.

This data sharing fosters the accuracy and timeliness of basic information that DCF provides to the courts. Automated reports are generated on a daily basis from the courts to DCF at the Local Office level. These reports electronically identify case establishment confirmation of the placement to the originator. To further the concept that "no child is lost," vicinage court staff and DCP&P staff can run "compare" reports. These compare reports identify: 1) coding issues (e.g., one minor has multiple identifiers), 2) placement lines that are incorrectly open in DCF's case management system, and 3) Family Court cases that are still open in FACTS that DCF has terminated.

Through the CICIC, the different state agencies will share data when addressing issues related to child welfare.

c. **data accessibility and interpretation (include efforts to make data more useful to decision-makers, including efforts to make dashboards, graphics and other data displays);**

New Jersey continues to provide over 50 reports to judges, court staff and child welfare stakeholders on a regular basis as well as providing on-demand reports accessible to Judiciary employees. Dashboards are available for an increasing number of data elements. Users can manipulate the data with graphics to make these reports as meaningful as possible. The reports are modified as needed (adding a field, changing a sort order, etc.) based upon user requests to ensure that the information is meaningful.

Secure access has been provided to DCF to permit staff to directly link to the Family Court's web reports. It is here that dynamic inquiries for specific children, histograms, bar charts and drill-downs are available. Data from these reports can be expressed in HTML, PDF or EXCEL formats allowing the user to manipulate and chart the data in their own unique way.

d. **additional toolkit measures, child well-being measures, or other process or quality indicators your program has or is working to implement.**

1. Through the CourtSmart Project, we will have the ability to capture the appearance and participation of each parent, defendant, minor and attorney in our case management system. Not only is each court proceeding digitally recorded, but information concerning the participants at each of those court events is being electronically recorded, as well. This information will be compiled and stored so that statistical reports can be generated to determine the level of parental participation and child participation in New Jersey's court proceedings.

2. The Judiciary has developed reports to identify child welfare mediations, their results and the integrity of the data entered. See the attached Mediation Coding Chart for items being recorded and reported.

3. The Judiciary has developed reports to identify children who are placed by DCP&P where child support obligations and/or other benefits should be redirected to DCP&P because it has custody of the child. This data is being reviewed in order to address issues and develop policies and protocols to ensure that the obligations are properly directed.

5. Identify and describe your efforts to implement CQI to ensure measurable outcomes in the below areas, including a description of methodologies used, instruments developed, and any relevant performance measurements:

Each of the projects outlined below include a component of data collection that will enable us to identify both individual and systematic issues and areas that need improvement. These projects have been developed with a focus on CQI in order to measure outcomes, the specifics of which are defined below.

a. **timely, thorough, and complete court hearings;**

This past year, we have undertaken projects which will improve the quality of court hearings while collecting and providing data to better focus our efforts.

1. The Youth Participation in Court Protocol was developed by a subcommittee of the CICIC to encourage youth participation in permanency hearings. It is our belief that youth appearing and participating in court will improve the quality of court hearings, and also provide the judge access to information directly from the youth. In addition, having a youth present will improve the practice of attorneys and increase engagement of the whole family in the child welfare process. With this protocol, there is an expectation that every child will attend their permanency hearings. We will be utilizing court orders, CourtSmart (the court's digital recording system), and project-specific surveys to collect data on the number of youth coming to court and the quality of the experience for the youth and stakeholders. With this information, we hope to continue to solve problems and improve the value of the hearing.

2. In July 2013, the Office of the Public Defender offered a Trial Advocacy Training for 80 attorneys representing children and 80 attorneys representing parents. This event was very well received and was found to have a positive impact on the litigation skills of attorneys practicing in child welfare. First, each attendee was assessed by a faculty member, an experienced attorney who was contracted to present and to provide one-on-one coaching. Trial skills of the attorneys in attendance were assessed before and after the three day event. In addition, each attendee completed a self-assessment before and after the training. Attendees will be asked to complete a second self-assessment six months after the training to evaluate whether there was a lasting impact on practice. The evaluation of the impact of this training is ongoing. In time, we intend to hold similar trainings as they provide meaningful feedback in the areas which can be further improved.

3. The FACTS Reengineering project is creating a new case management system for the CIC dockets. One of the many new features of the system is a timeline that will alert court staff as to important and required dates over the life of the case. Because timeliness will be monitored and tracked in this way, we will have the capacity to run reports to determine what areas need to be improved and where we have had success.

b. **high quality legal representation for parents, children and the title IV-B/IV-E agency;**

In 2013, trainings were funded by the CIP grants to improve the legal representation for parents, children and the child welfare agency. Training was assessed to determine its impact on knowledge and practice, as well as areas which required more focus in the future.

1. The main focus of the 2013 Office of the Public Defender's Trial Advocacy Training was to improve litigation skills of attorneys for children and parents. The assessment of this event continues through the use of post-quizzes. In time, we intend to

hold other trainings like this as they provide us meaningful feedback in the areas which can be further improved.

2. In April 2013, CIP funds were used to develop training focused on improving and increasing permanency options for children in foster care on CIC related permanency issues as determined by New Jersey's most recent Children and Families Service Review (CFSR). That full day training included workshops on: Kinship Legal Guardianship (KLG), Another Planned Permanent Living Arrangement (APPLA), properly granting Termination of Parental Rights (TPR) Extension, and DCP&P. All child welfare stakeholders, including parents' attorneys, children's attorneys, and the DCP&P staff were in attendance. Laminated "At-A-Glance" resource documents were provided to all attendees, which included the basic concepts that were presented in the workshops. Post-quizzes have been disseminated to participants in order to analyze whether the knowledge gained has had a lasting impact on practice. We are in the process of evaluating this data.

3. In the spring of 2013, we contracted with International Social Service, USA branch, to provide training to child welfare stakeholders on resources available for cases with an international component. Four half-day trainings took place and the evaluation on the impact of the training is currently being compiled. This training served to improve knowledge in this area for all attorney groups. ISS-USA also will provide technical assistance to answer questions about cases.

c. **engagement of the entire family in child welfare proceedings;**

Several efforts have been made in 2013 to increase engagement of families in child welfare proceedings. In addition, efforts are continuously made to ensure that projects are assessed and altered as needed. Evaluation of all projects is considered as efforts move forward.

1. The grant funded enhancements being made to CourtSmart will provide necessary data regarding the parties attending court hearings. The new system will allow court staff to mark whether the child, parent, attorney, CASA volunteer, or anyone else, appears and participates. This information will be able to be tracked giving us the ability to run reports. With this information, interventions to improve the engagement of the entire family in child welfare proceedings can be better focused.

2. The Youth Participation in Court Protocol, as outlined above, is to engage youth in child welfare proceedings, and to increase engagement of the whole family.

3. The trainings provided by International Social Service, USA Branch (ISS-USA), in the Spring of 2013, advised child welfare stakeholders of resources available for cases with an international component. One goal of the ISS-USA training is to foster family engagement regardless of where that family resides.

4. Each year, with the use of CIP grant funds, New Jersey updates and prints county specific calendars for birth parents in child welfare cases. The parent calendar contains county-specific information relating to housing, mental health, addiction and other services. It also contains useful information about child welfare, termination of parental

rights and how to find a lawyer. Parents can use the calendar to keep track of court dates, appointments and other important information. Court staff provides this document to parents at their first court appearance. New Jersey continues to make efforts to develop a mechanism for collecting feedback regarding the calendar usefulness and impact. Each year, the calendars are updated based on the responses received.

5. From September 2012 to June 2013, with the use of grant funding, Passaic County held eighteen Parent Training sessions. The objective of the program was to engage and educate birth parents on the court process and what to expect when attending court. It also provided information on the roles of child welfare stakeholders. The program was intended for parents with children who were in DCP&P custody with a goal of reunification. The content of the trainings was modified based on evaluations. The knowledge, understanding and comfort-level with each topic discussed was analyzed both before and after the training through the collection of data. The level of understanding was averaged and was found to be quite high after attending the program. Attendees benefited from the program, in that they were more engaged, more comfortable and more prepared for court.

d. physical, social and emotional well-being needs of children and youth;

1. The Youth Participation In Court Protocol that is outlined above also provides an opportunity for youth to have a voice and express their physical, social and emotional needs.

2. Using 2011-13 grant funds, CASA of Essex County piloted a Family Search and Connect (FSC) Program, a project developed in response to a call to action by the Essex County Model Court's Disproportionality Committee. The intent of this program was to locate family and/or kin connections that are not otherwise identified in the early stages of the child's case. Once the families have been identified, the goal is to help establish life-long connections between the family members and the child. Over the course of the two year grant cycle, 31 volunteers were recruited and trained. Of the 32 children served, a family history was provided to 16 children and a family connection was made for 8 children. Further assessment of the program is ongoing. This program was expanded to nine CASA affiliates across the state whose programs have just begun. Based on the findings in Essex, we believe that this will be a beneficial service for youth in care. Increasing the number of permanent connections in a child's life improves their well-being.

3. The goals of the CASA of Essex's Fostering Futures Program are: (a) to assist a youth to successfully transition from dependency in foster care to independent adulthood by the time he or she "ages out" and (b) to improve the outcome for "aging out" youth who are served by CASA Advocate/Mentors. This program is being evaluated with the use of the "Older Youth Needs and Resource Assessment" (OYNRA) tool, which provides for 65 tasks that the youth should master to be considered ready to transition to adulthood. For this CICIC grant period, as a group, the mentored teens in the case study are making positive continuous progress in all domains. They have shown the most progress (50% or more) in the areas of education, health, and housing.

4. Through the use of CIP funds, the Judiciary has made a commitment to continuously educate child welfare stakeholders on the impact of trauma on children. A workshop on this issue was presented to judges and court staff at the 2013 Family Education Conference and was very well received. Judge Constance Cohen of Iowa presented a workshop that received very positive reviews. Training videos are being developed in partnership with Advocates for Children of NJ to provide further information on this topic. The use of training videos allows judges and child welfare stakeholders to view these trainings at their convenience. ACNJ will assist in collecting data related to how effective the format is for participants and whether it should be used in the future. Additionally, a workshop on this topic is being planned for the 2014 Education Summit specifically discussing the impact of trauma on a child's behavior in school.

e. Indian Child Welfare Act (ICWA) compliance;

As a part of the CIC Business Analysis, Judiciary staff collected information from across the state with regard to issues in case processing. Through this analysis, it was found that judges and court staff could benefit from a reminder system that included items such as ICWA. In order to assist judges and court staff, this is being addressed as part of the new case management system to be developed using CIP funds. Additionally, the new case management system will create the ability to track accurate data regarding ICWA cases.

f. Interstate Compact on the Placement of Children (ICPC) work; and

The CIC Business Analysis and resulting case management system are addressing the need to assist judges and court staff in tracking cases that involve ICPC. As this system is developed, data will be collected and assessed.

The ISS-USA events in the Spring of 2013 provided judges, staff, and child welfare stakeholders with training on cases with an international component. In addition to the initial training, ISS-USA is providing technical assistance on international related issues such as ICPC.

g. Other CQI projects or activities not mentioned above that you would like to highlight.

In March 2010, Directive #04-10 revised the Child Placement Review (CPR) process in New Jersey. CPR Boards now review litigated child welfare cases only at 45 days after placement, completing an enhanced and more comprehensive checklist at that time.

In 2013, an evaluation to assess the implementation of the directive began, which will study the efficacy of CPR Boards' current function and future training needs. A working group, or evaluation team, consisting of AOC staff and CPAC Executive Board Members was formed to develop a five phased evaluation plan including data collection, surveys, document reviews, file reviews and focus groups.

A consultant was hired to facilitate focus group sessions, compile and analyze the information collected. A final report is in the process of being developed. Throughout the course of this evaluation, CQI efforts have been made to ensure the most effective evaluation possible. Results of the evaluation will guide future trainings and practices.

6. **Describe the methods you are using to evaluate the effectiveness of CIP training activities. Where possible, provide one specific example of an evaluation effort that was helpful in understanding the success of a training event.**

   At this time, trainings are usually assessed through the use of pre and post-quizzes and evaluation forms. The pre-quiz is completed by attendees at the time of registration or before the start of the training. Those results are compared to the results of the post-quizzes distributed 6 months following the training event. Our goal is to assess if knowledge gained at the training has been maintained. Recently, we have added a question to the post-quiz asking attendees how the training has impacted their practice. Our goal is to develop trainings that have a greater and more lasting impact.

   The evaluation form is distributed at the end of the training and includes general questions asking attendees to rate the overall effectiveness of the training, if the trainers seemed knowledgeable, and if they have a better understanding of the subject matter following the training. Attendees also rate the level of knowledge on specific training objectives they possessed before the training and then following the training.

   There are times when it is appropriate to conduct additional evaluation of trainings. For example, following training on topics related to ASFA and required findings on court orders, the Judiciary conducted an internal audit of court orders. If trainings are part of a larger project, such as the establishment of New Jersey's Child Welfare Mediation program, assessments of practice will take place and additional training needs will be determined from those results.

   New Jersey continues to seek out new and more comprehensive ways to assess training's impact on behaviors, practices and outcomes.

7. **Describe your largest challenges in implementing CQI into the overall approach of your statewide multi-disciplinary team and any particular challenges you may have experienced with CQI in specific projects or activities.**

   New Jersey is facing the following challenges in implementing CQI efforts:

   1. Members of CICIC are struggling to understand the fundamental concepts of CQI. The shift in the process to use data before implementing an intervention, developing training or other projects continues to be a struggle.
   2. The methods to track CQI efforts are not clear. We need direction from the Children's Bureau on the methodology that we must employ to track CQI efforts.
   3. New Jersey lacks real-time, bi-directional data exchange among government agencies.

8. Identify the types of technical assistance that would be most helpful in supporting your CQI efforts. Provide specific examples of projects or activities for which TA would be most helpful.

New Jersey would benefit from technical assistance in designing CQI-based projects and tracking CQI efforts.

Section 8

Supporting Information

Juvenile Justice Transfers
Inter-Country Adoption
Adoption Incentive Award
Child Welfare Demonstration Project
Timely Home Studies Reporting and Data
National Child Welfare Resource Center- Technical Assistance
Child Maltreatment Deaths
Services for Children Under Five

Supporting Information - Juvenile Justice Transfer

A total of 16 children that had been in placement under the legal authority of the Division of Youth and Family Services were transferred to the custody, termed "commitment" in New Jersey, of the Juvenile Justice Commission. This data was developed through the following steps:

- The Office of Information Technology and Reporting produced a special report identifying all children who had an episode closing during FFY October 1, 2012 – September 30, 2013 who were identified as having a placement ending code of "Conversion – Discharged to other Public Agency", as well as an episode ending code of "Conversion - discharged to other Agency."

- All names on the report were individually checked through electronic records to verify that the child had been committed to a Juvenile Justice Commission facility upon episode end.

Inter-Country Adoptions

In FFY13, There were two children who were adopted from another country that entered into State custody in New Jersey as a result of the disruption of a placement for adoption or the dissolution of an adoption. Children adopted internationally do not usually interface with the public system as the families interested in adopting children from other countries work in concert with the private adoption agencies.

Though the New Jersey Division of Child Protection and Permanency (DCP&P) is not involved in the initial adoption proceedings for children placed internationally, the agency funds a network of post adoption support services that any adoptive family in the state may utilize. Thus the Department of Children and Families (DCF) does make post-adoptive services accessible to any adoptive family living in New Jersey with a minor child, regardless of the source of the adoption.

New Jersey maintains a statewide Post Adoption Counseling (PAC) program that is administered locally by a network of contract agencies with adoption expertise. Through this program, adoptive families can access a variety of adoption-related supports. The PAC services are covered by contractual agreements between DCF and the specific agency and thus are offered to the adoptive family free-of-charge. The vast majority of program resources are devoted to a few core services: (1) in-home therapeutic services; (2) child and family counseling; (3) behavioral supports to adoptive families; (4) education, resource and referral services through an online adoption clearinghouse (www.NJARCH.org), as well as, a warm line for immediate support; and (5) family respite through structured child activity.
These services are directed towards:

- Preventing adoption disruption and dissolution
- Preventing the residential placement of adopted children
- Promoting the successful reunification of children to their adoptive families from residential placement
- Providing therapeutic support and guidance to adoptive families where dissolution or disruption is not a threat

Progress and Accomplishments:

- The Department of Children and Families' Office of Licensing has a process in place to identify the New Jersey adoption agencies that handle inter-country adoptions by New Jersey families. The agencies are required to maintain information regarding the number of their inter-country adoptions and the countries from which the children originate. This information is accessible by the Office of Licensing.
- Data on inter-country adopted children entering state custody was gathered by Area Quality Coordinators, inquiring of all DCP&P Local Office Managers whether any children in their office caseload met the criteria. The responses received indicated that only two children entered state custody.
- In the event of an inter-country adoption disruption, New Jersey will work with International Social Services (ISS) to determine if there is a kinship home in the child's country of origin. If so DCF will work with ISS to facilitate the placement.

Adoption Incentive Award

We currently do not have an Adoption Incentive Award.

Child Welfare Demonstration Projects

We currently do not have child welfare demonstration project.

Timely Home Studies Reporting and Data

In order to comply with Safe & Timely home study requirements, New Jersey took the following actions:

- In 2006, a Safe & Timely Interstate Home Study format was developed.
- In 2008, additional data fields were included in the Interstate Unit stand-alone database to assist in home study tracking. The data report groups home studies completions as follows:
- Category 1, completed in 30 days or less.
- Category 2, completed in over 30 and up to 60 days
- Category 3, completed in over 60 and up to 90 days
- Category 4, completed in over 90 days.
- In January, 2010, implemented a tickler system to assist in tracking timeliness
- In 2010, provided training to staff, legal representatives and agencies that included clarification between requests pursuant to the Safe and Timely requirements and full home study approvals.
- In January 2011, our Office case log was enhanced to include several additional fields in order to accurately obtain data for AAICPC and AAICAMA.
- In 2012, the Interstate caseworkers began to track Safe and Timely and inputting the information in their monthly reports until the Interstate Office can revamp the current database or information can be cooperated into NJ SPIRIT.
- As of May 2014, Interstate continues to manually track Safe and Timely and other data.

Data was manually obtained from the Interstate caseworkers' monthly reports for year 2013 (January 1 – December 31).

Interstate electronic logs and manual count revealed the following about the 1,252 home studies requests received:

- 142 were completed within 30 days or less.
- 531 were completed over 30 and up to 60 days
- 398 were completed in over 60 and up to 90 days
- 181 were completed in over 90 days

Although, it appears as though some progress has been made, the thematic issues that prompted the need for additional time continues to remain the same:

- Reluctance of the Resource to complete the process by failing to respond or withdrawing from the process.
- Administrative time delays in resolving issues, such as criminal history waivers.
- Prospective Resources not fully informed on pertinent elements of their potential role, e.g., financial or medical provisions.
- The assignment of cases sometimes involves staff at 2-3 levels before actually assigned.

New Jersey is taking the following action to address avoidable delays in processing home studies:

- Continue to address how we meet compliance with the requirements when the reason for the delay is beyond the control of the agency.
- Initiating the process of incorporating Interstate data into NJ SPIRIT, including the assignment of cases.
- To eventually participate in the NIECE Project, which was launched in November 2013. NIECE (National Electronic Interstate Compact Enterprise) is based on the electronic web-based Interstate Compact System (ICS) developed by the state of FL. The ICS system has significantly shortened processing times and reduced administrative costs for FL. Six states are currently participating in the pilot and the implementation is scheduled for summer 2014 through February 2015.

National Child Welfare Resource Center Technical Assistance

DCF continued to receive technical assistance from the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at Adopt Us Kids (NRCRRFAP) in the area of Market Segmentation. Market Segmentation is a market research tool used for targeted recruitment of resource families. It utilizes marketing techniques that assists in identifying households that can be targeted that are most "like" our current successful resource families. Market Segmentation is community based, data driven, culturally competent, creates the right message, and is retention obsessive. This tool is helping us to understand who our successful resource families are, how to best reach the families that we are targeting, and gives us the ability to know where to concentrate our message.

DCF is participating in a three year project with the NCIC to develop the skills of DYFS management and supervisors in the use of managing by data. This "Manage by Data" project has three essential components: the review of best practices of child welfare agencies across the country in managing with data; the development of a project plan to train, coach, and mentor

supervisory and management staff in understanding and using data to drive performance improvement; and the implementation of that plan. The Fellows completed Phase 2 of the project at the end of December 2011 and Phase 3 at the end of June 2012. With the goal of achieving sustainability, the 2012-2013 Fellows Program will be launched to build on the earlier 2010-12 initiative.

DCF began to receive technical assistance with the enhancement and implementation of programming for statewide Youth Advisory Boards (YAB). The primary function of the YABs is to provide input and feedback to DCF regarding New Jersey's plan to provide services under the John Chafee Foster Independence Program. The initial planning phase has begun with the goal of launching individual YAB's, training staff and leadership.

DCF received on-site assessment from the NRCDR to assist with improving support and retention efforts of licensed resource families which included review of the Case Practice Model and Rutgers Study. Next goal will be to develop a retention plan.

Going forward, New Jersey will request Technical Assistance in the following areas:

- The Staffing Oversight and Retention Subcommittee of the NJ Task Force on Child Abuse and Neglect Citizen Review Panel would like to conduct focus groups as well as staff survey as a follow up to a staff survey that was conducted previously. The area of focus will be to determine if the identified needs of caseload carrying staff are still prevalent.
- The Office of Performance Management and Accountability will be seeking assistance in enhancing CQI processes to align NJ with the five components of a fully functional CQI system as outlined by the Children's' Bureau IM ACYF-CB-IM-12-07 issued August 27, 2012.

Child Maltreatment Deaths

Child fatalities are reported to the NJ Department of Children and Families Child Death Review Unit by many different sources including, law enforcement agencies, medical personnel, family members, schools, offices of medical examiners and occasionally child death review teams. In addition the Bureau of Vital Statistics confirms all child fatalities and supplies the birth as well as death certificates when available. The DCP&P Director makes a determination as to whether the child fatality was a result of child maltreatment.

The State NCANDS liaison consults with the Child Death Review Unit Coordinator to insure that all child maltreatment fatalities are reported in the State NCANDS files.

The State SACWIS (New Jersey Spirit) is the primary source of reporting child fatalities in the NCANDS Child File. Specifically, child maltreatment deaths are reported in the NCANDS Child File in data element 34, Maltreatment Death, from data collected and recorded by Investigators in the Investigation and Person Management screens in the SACWIS.

Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Child Death Review Unit under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File in data element 4.1, Child Maltreatment Fatalities not reported in the Child File.

Services to Children under 5 in Out of Home Placements

The Department of Children and Families (DCF) is the state agency charged with servicing and safeguarding the most vulnerable children and families in the state. DCF's primary mission is focused on strengthening families and achieving safety, permanency and well-being for New Jersey's children. When out of home care is required due to safety and risk concerns, if reunification is not in a child's best interest, the objective is to place them safely with siblings, extended family, or a well-matched foster parent. In order to better meet the children's needs, DCF policy allows for no more than 6 children in a resource home with no more than 4 of them being foster children and no more than 2 being under the age of two. A waiver to this policy may be granted for specific circumstances.

Concurrent planning is required for all children in out of home placement. This practice provides planning for reunification while simultaneously implementing an alternative or back up permanency plan in the event that reunification is not successful or in the best interests of the child.

When out of home care is necessary, the case planning will offer opportunities to engage the family, identify relatives and friends who may provide support, and begin the formation of a team. Placement has a significant impact on parents and children. The identification of needs and strengths, as well as assessment and planning, especially concurrent planning, must begin immediately. The needs of the family and child are ascertained through the structured decision making tools, review of history and collateral information, engagement with the members of the family themselves, and sharing and understanding their story. At every stage of placement, there are decision points and discussions required between worker and supervisor, as well as tasks to ensure the health and well-being of the child. Throughout the course of the out of home placements, parents' strengths and needs are assessed in relation to the child's safety, permanency and well-being.

Following is a summary of procedures and time frames that are in place to reduce the length of time children in foster care under the age of five are without a permanent family:

Within Five Days of Placement

- 72 hour pre-placement conference with family
- Initial court hearing
- Initial MVR with child
- Family team meeting (FTM) prep
- Arrange and conduct 5 day parent/child visit and develop visitation plan

- Conduct safety assessment of out of home placement
- Request for home evaluation for relative providers

Within Thirty Days of Placement

- Initial FTM
- 30 day staffing between supervisor and caseworker
- Case plan developed
- MVR schedule reviewed
- Structured Decision Making Tools discussed
- Safety Assessment reviewed
- Prepare for the 45 day Child Placement Review Board enhanced review
- Review/Maintain visitation schedule

Within 90 Days of Placement

- First Quarterly FTM
- 90 Day staffing with Casework Supervisor, Supervisor and worker
- Update Family Agreement and Case Plan as necessary
- Maintain visitation schedule

Within Four to Eight Months in Placement

- 5 month enhanced review conducted by the Administrative Placement reviewer
- Update case plan
- Complete out of home safety assessment
- Completed the reunification assessment caregiver strength and needs assessment

Within 10 months of Placement

- Third Quarterly FTM
- Ten month Family Discussion
- Ten month Family Enhanced Review
- Pre-Permanency Hearing Litigation conference

At the tenth month, families with children in care are reaching a critical decision point. The progress of the parents and the ability of their team to support and sustain them may create circumstances where reunification is viable. Visitation, parenting supports, and other activities to ensure the long term safety and stability of the home are intensified to bolster the likelihood of successful reunification.

If a lack of progress has made continued placement likely, the ten month family discussion offers an opportunity to redouble reunification efforts or to look at formalizing the alternate permanency plans that are in place. The decision to seek termination of parental rights or an ASFA exception is made, and the preparation for completion of adoption or Kinship Legal Guardianship begins.

Through the practice of making the child's first placement, the best placement and the use of relative resources the child is able to maintain family and community connections. If reunification is not possible, many of our children are able to remain in their current placement and be adopted. If a child's goal is selected home adoption and there are no available homes, a child specific recruitment plan is developed. The goal is to have every child achieve adoption within 9 months of termination of parental rights.

Safe Measures screens track all children in out of home placement to ensure timeliness of case plans, family team meetings, five month enhanced reviews, ten month enhanced reviews ASFA compliance, recruitment plans, Structured Decision Making safety and risk assessments. Screens also capture contacts/visitation with parents and children.

Addressing the developmental needs of children under 5 in out of home placements

In order to evaluate a child's health care needs upon placement in an out of home setting, a pre-placement assessment is completed within 24 hours. The Child Health Unit (CHU) in each local office is notified of the placement and a nurse is assigned to provide health care management. Staff from the CHU schedules the child for a Comprehensive Medical Examination within 30 days of placement. A CME involves a comprehensive physical, including a developmental history and evaluation, and an initial mental health screening. Mental health screenings determine if a child has a suspected mental health need. In addition to the CME providers, the CHU and DCP&P casework staff is also required to routinely screen children for suspected mental health need. If a child is suspected to have a mental health need, a full mental health evaluation is then expected to be conducted. The CME medical practitioners provide DCP&P with a report identifying the child's medical history, current health issues and recommendations for follow-up treatment. The assigned nurse arranges for follow up treatment to meet the developmental and health needs of the child. In addition, the CHUs engage in nursing interventions in collaboration with DCP&P around coordinating specialty care, monitoring medications for chronic health conditions and behavioral health needs, and providing education and guidance to resource providers on how to meet the needs of children in their care. This includes preparing an initial health passport within 72 hours of placement and periodically updating the document as medical, mental health and developmental information becomes available. This document is prepared for every child in out of home placement and a copy is given to the care provider and the DCP&P worker.

Services to address the developmental needs of the under 5 population include referral to early intervention services as well as enrollment in a preschool program.

Numerous training courses are offered to resource families and DCF staff with respect to this population. Examples include:

Assessing Child Play and Behavior: This course teaches participants to understand and observe play as an essential and integral part of all children's healthy growth, development and learning across all ages, domains and cultures. Understanding children's play is a vital part of assessing their development as well as their sense of safety, stability, well-being and permanency.
Autism, Aspergers, and Obsessive Compulsive Disorder: This course enables participants to improve upon their assessment skills while engaging in open dialogue with families as well as

providers about the different diagnoses and overlapping symptoms. Participants will also strategize treatment planning options.

Understanding Child Development: Helping Children Become All They Can Be: This highly interactive online course employs a range of e-learning technology to explore the developmental journey children take, accomplishing necessary skills and abilities as they grow. It also looks at the important role resource parents play in facilitating the development of those skills and abilities and alerting others to developmental delays. The course focuses primarily on development from birth to age twelve.

Infant Trauma: Understanding and Responding to Exposure to Violence and Trauma through the Eyes of Infants and Young Children: This course reviews the impact of separation and exposure to violence in the lives of infants, toddlers, children and those who care for them. The developmental context of such exposure is reviewed, and the experience of removal and out of home placement for infants and young children are examined. An overview of visitation practices and the unique needs of infants and young children are reviewed and promising approaches to minimize adverse consequences will be described. Selected principles and strategies to guide interventions with infants and young children will be presented**.**

Fetal Alcohol Spectrum Disorder: This course will provide a comprehensive overview of fetal alcohol syndrome. The course will cover the impact on infants, children, and adults as well as, primary and secondary disabilities of individuals with FASD. The course will also re-conceptualize the behavior of individuals with FASD and examine key components of best practice models of intervention. Appropriate screening tools will be reviewed. Case studies will be used to support course objectives.

Child Traumatic Stress: The goal of this training is to provide current information on the impact of child traumatic stress, trauma assessment, and trauma-informed care and treatment Participants will be able to:

- Explain the term "child traumatic stress" and differentiate acute, chronic, and complex trauma
- Identify at least three types of experiences that may be traumatic for a child
- Discuss the impact of trauma on children, including domains of impairment in complex trauma and why PTSD is often missed in children
- Recognize how developmental stage and cultural context can affect how trauma is experienced and expressed
- Identify three major components of trauma-informed care
- Identify at least three purposes of trauma assessment
- Identify at least three components of evidence-supported trauma treatment

Developmental Tasks of Childhood and Adolescence: A basic introduction to child and adolescent development. Participants will be able to:

- Describe major themes in child development
- Identify normal developmental tasks for children, adolescents and emerging adults
- Recognize major developmental milestones from birth through adolescence in the areas of physical, cognitive, linguistic, personality, social and emotional development.

Additional courses offered through the Child Welfare Training Academy include:

- Sleep Disorders in Children
- Attachment Disorders and Children for PRIDE trainers only
- Attachment Disorders: Effective Strategies to Care for Children

- Interviewing Children
- The Social Emotional Foundations of Early Learning: An Infant Mental Health Approach
- Understanding and Responding to Exposure to Violence and Trauma through the Eyes of Infants and Young Children

Additional courses offered through Foster and Adoptive Family Services include:
Understanding Child Development
Autism Awareness
Prenatal Exposure to Alcohol
Skills training for Toddlers, Session One
Skills training for Toddlers, Session Two
Skills training for Toddlers, Session Three
Fetal Alcohol Spectrum Disorders – The Basics
Fetal Alcohol Spectrum Disorders and Practical Implications for Caregivers

Data of children under 5 in out of home placement

As of September 30, 2013, the last day of FFY 13, there were 7,542 children in out of home placement with 3,010 being under the age of 5.

DCF has built a strong and diverse network of child abuse prevention programs that strengthen families and communities across the state. Through its Family Success Centers, Home Visitation Programs, Strengthening Families Initiatives, DCF's goal is to reduce the risk of maltreatment that can lead to out of home placements. In addition, the recent grant that was awarded to NJ by the Help Me Grow National Center will improve screening, early identification, referral, and appropriate linkage to needed education and intervention services for families with infants and young children with developmental delays. With the implementation of the case practice model and additional prevention resources, New Jersey is confident that only the children at risk for maltreatment will be placed in out of home placements. However, the under 5 age group is particularly vulnerable to maltreatment due to their small physical size, lack of communication skill, early developmental status and their need for constant care. New Jersey projects that the number of children under 5 on out of home placement will remain constant.

Children in Placement
September 30, 2013

County	To 2 Yrs	3 to 4 Yrs	5 and Older	Total
Atlantic	139	67	193	399
Bergen	87	59	214	360
Burlington	121	62	292	475
Camden	183	103	465	751
Cape May	53	27	90	170
Cumberland	52	32	153	237
Essex	361	165	803	1,329
Gloucester	91	55	213	359
Hudson	140	87	349	576
Hunterdon	9	3	16	28
Mercer	101	45	204	350
Middlesex	103	45	238	386
Monmouth	82	39	235	356
Morris	45	26	103	174
Ocean	119	64	225	408
Passaic	90	52	193	335
Salem	28	12	61	101
Somerset	33	16	95	144
Sussex	21	15	59	95
Union	77	57	229	363
Warren	27	16	87	130
Non-County Based	0	1	15	16
Total	**1,962**	**1,048**	**4,532**	**7,542**
	26%	**14%**	**60%**	

Source: NJS Data Extracts October 7, 2013

Children in Placement Birth to Under 5 - September 30, 2013			
County	**To 2 Yrs**	**3 to 4 Yrs**	**Total**
Atlantic	139	67	206
Bergen	87	59	146
Burlington	121	62	183
Camden	183	103	286
Cape May	53	27	80
Cumberland	52	32	84
Essex	361	165	526
Gloucester	91	55	146
Hudson	140	87	227
Hunterdon	9	3	12
Mercer	101	45	146
Middlesex	103	45	148
Monmouth	82	39	121
Morris	45	26	71
Ocean	119	64	183
Passaic	90	52	142
Salem	28	12	40
Somerset	33	16	49
Sussex	21	15	36
Union	77	57	134
Warren	27	16	43
Non-County Based	0	1	1
Total	**1,962**	**1,048**	**3,010**
	65%	**35%**	

Source: NJS Data Extracts October 7, 2013

Children in Placement Birth to Under 5 - September 30, 2013

County	To 2 Yrs						
	Foster Care - unrelated	Foster Care - related	Residential Care	Group Home	Other*	Treatment Home	Total
Atlantic	93	42	3	0	0	1	139
Bergen	44	43	0	0	0	0	87
Burlington	65	53	2	0	0	1	121
Camden	89	93	0	1	0	0	183
Cape May	32	21	0	0	0	0	53
Cumberland	34	18	0	0	0	0	52
Essex	230	119	0	5	6	1	361
Gloucester	54	37	0	0	0	0	91
Hudson	72	62	0	4	2	0	140
Hunterdon	6	3	0	0	0	0	9

Mercer	79	16	1	0	1	4	101
Middlesex	52	49	1	0	0	1	103
Monmouth	45	35	1	0	0	1	82
Morris	26	19	0	0	0	0	45
Ocean	54	65	0	0	0	0	119
Passaic	47	42	0	1	0	0	90
Salem	12	16	0	0	0	0	28
Somerset	19	14	0	0	0	0	33
Sussex	13	7	0	1	0	0	21
Union	57	15	0	2	3	0	77
Warren	21	6	0	0	0	0	27
Non-County Based	0	0	0	0	0	0	0
Total	1,144	775	8	14	12	9	1,962
	58%	40%	0.4%	1%	1%	0.05%	65%

Source: NJS Data Extracts October 7, 2013

*Other: These children should have been listed in other categories as they were in mommy & me programs, mentor

Children in Placement Birth to Under 5 - September 30, 2013

County	3 to Under 5						
	Foster Care - unrelated	Foster Care - related	Residential Care	Group Home	Other*	Treatment Home	Total
Atlantic	40	27	0	0	0	0	67
Bergen	28	30	0	1	0	0	59
Burlington	32	29	0	0	0	1	62
Camden	49	51	1	1	1	0	103
Cape May	13	14	0	0	0	0	27
Cumberland	18	14	0	0	0	0	32
Essex	89	70	1	1	4	0	165
Gloucester	29	21	1	0	3	1	55
Hudson	47	38	0	0	1	1	87
Hunterdon	2	1	0	0	0	0	3

Mercer	32	11	0	0	0	2	45
Middlesex	19	26	0	0	0	0	45
Monmouth	20	19	0	0	0	0	39
Morris	14	11	1	0	0	0	26
Ocean	26	38	0	0	0	0	64
Passaic	34	18	0	0	0	0	52
Salem	0	12	0	0	0	0	12
Somerset	11	5	0	0	0	0	16
Sussex	10	5	0	0	0	0	15
Union	38	15	0	3	1	0	57
Warren	7	9	0	0	0	0	16
Non-County Based	1	0	0	0	0	0	1
Total	559	464	4	6	10	5	1,048
	53%	44%	0.2%	1%	1%	0.5%	35%

Source: NJS Data Extracts October 7, 2013

*Other: These children should have been listed in other categories as they were in mommy & me programs, mentor

Children in Placement Birth to Under 5 - September 30, 2013

County	Total						
	Foster Care - unrelated	Foster Care - related	Residential Care	Group Home	Other*	Treatment Home	Total
Atlantic	133	69	3	0	0	1	206
Bergen	72	73	0	1	0	0	146
Burlington	97	82	2	0	0	2	183
Camden	138	144	1	2	1	0	286
Cape May	45	35	0	0	0	0	80
Cumberland	52	32	0	0	0	0	84
Essex	319	189	1	6	10	1	526
Gloucester	83	58	1	0	3	1	146
Hudson	119	100	0	4	3	1	227
Hunterdon	8	4	0	0	0	0	12

Mercer	111	27	1	0	1	6	146
Middlesex	71	75	1	0	0	1	148
Monmouth	65	54	1	0	0	1	121
Morris	40	30	1	0	0	0	71
Ocean	80	103	0	0	0	0	183
Passaic	81	60	0	1	0	0	142
Salem	12	28	0	0	0	0	40
Somerset	30	19	0	0	0	0	49
Sussex	23	12	0	1	0	0	36
Union	95	30	0	5	4	0	134
Warren	28	15	0	0	0	0	43
Non-County Based	1	0	0	0	0	0	1
Total	1,703	1,239	12	20	22	14	3,010
	57%	41%	0.4%	1%	1%	0.5%	

Source: NJS Data Extracts October 7, 2013
*Other: These children should have been listed in other categories as they were in mommy & me programs, mentor

Children in Placement Birth to Under 5 - September 30, 2013			
Placement Type	Non Hispanic	Hispanic	Total
Foster Care - unrelated	1,354	349	1,703
Foster Care - related	984	255	1,239
Residential Care	12	0	12
Group Home	13	7	20
Other*	19	3	22
Treatment Home	10	4	14
Total	**2,362**	**618**	**3,010**
	79%	**21%**	

Source: NJS Data Extracts October 7, 2013

Children in Placement Birth to Under 5 - September 30, 2013			
Placement Type	To 2 Yrs	3 to Under 5	Total
Foster Care - unrelated	1,144	559	1,703
Foster Care - related	775	464	1,239
Residential Care	8	4	12
Group Home	14	6	20
Other*	12	10	22
Treatment Home	9	5	14
Total	**1,962**	**1,048**	**3,010**
	65%	**35%**	

Source: NJS Data Extracts October 7, 2013

Children in Placement Birth to Under 5 - September 30, 2013			
Placement Type	Female	Male	Total
Foster Care - unrelated	790	913	1,703
Foster Care - related	611	628	1,239
Residential Care	6	6	12
Group Home	9	11	20
Other*	11	11	22
Treatment Home	5	9	14
Total	**1,432**	**1,578**	**3,010**
	48%	**52%**	
Source: NJS Data Extracts October 7, 2013			

*Other: These children should have been listed in other categories as they were in mommy & me programs, mentor.

Children in Placement
Birth to Under 5 - September 30, 2013

Race	Foster Care - unrelated	Foster Care - related	Residential Care	Group Home	Other*	Treatment Home		Total
White Hispanic	204	144	0	5	3	1		357
White Non-Hispanic	401	455	6	2	2	0		866
Hispanic - No Race	76	48	0	1	0	2		127
Multiple Races Hispanic	23	16	0	0	0	0		39
Multiple Races Non-Hispanic	95	52	1	0	0	0		148
Native Hawaiian or Other Pacific Islander Non-Hispanic	1	0	0	0	0	0		1
Asian Hispanic	0	3	0	0	0	0		3
Asian Non-Hispanic	3	5	0	0	0	0		8
Black or African American Hispanic	46	44	0	1	0	1		92
Black or African American Non-Hispanic	732	358	4	8	16	9		1,127
Missing or Undetermined Non-Hispanic	122	114	1	3	1	1		242
Total	**1,703**	**1,239**	**12**	**20**	**22**	**14**		**3,010**
	57%	**41%**	**0.4%**	**1%**	**0.6%**	**0.5%**		

Source: NJS Data Extracts October 7, 2013

Children in Placement
Birth to Under 5 - September 30, 2013

Goal	Foster Care - unrelated	Foster Care - related	Residential Care	Group Home	Other*	Treatment Home		Total
Adoption - Family Friend	17	43	0	0	0	0		60
Adoption - Foster Home	497	29	1	1	0	0		528
Adoption - Relative	51	397	0	0	1	0		449
Adoption - Selected Home	78	3	2	3	0	2		88
Adoption - Type of Placement Not Yet Decided	12	1	1	2	0	0		16
Kinship Legal Guardianship With a Relative	0	12	0	0	0	0		12
Kinship Legal Guardianship With Foster Parent	2	0	0	0	0	1		3
Maintenance In Own Home - Family Stabilization	62	27	0	1	10	0		100
Other Long-Term Specialized Care	0	0	3	1	0	0		4
Reunification To Other Parent	18	11	0	0	0	0		29
Reunification With Family Friend From Whom Removed	49	21	0	1	0	0		71
Reunification With Parent From Whom Removed	785	587	5	11	9	8		1,405
Reunification With Relative From Whom Removed	109	95	0	0	0	2		206
Unable to Determine / Missing	23	13	0	0	2	1		39
Total	**1,703**	**1,239**	**12**	**20**	**22**	**14**		**3,010**
	57%	**41%**	**0.4%**	**1%**	**1%**	**0.5%**		

Source: NJS Data Extracts October 7, 2013
*Other: These children should have been listed in other categories as they were in mommy & me programs, mentor.

Children in Placement
Birth to Under 5 - September 30, 2013

Time in Placement	Foster Care - unrelated	Foster Care - related	Residential Care	Group Home	Other*	Treatment Home		Total
0 to 6 Months	583	425	5	9	10	5		1,037
7 to 12 Months	371	266	0	3	8	3		651
13 to 18 Months	285	212	3	1	3	2		506
19 to 24 Months	169	141	0	2	0	3		315
25 to 36 Months	196	150	1	3	1	1		352
37 Months or Greater	99	45	3	2	0	0		149
Total	**1,703**	**1,239**	**12**	**20**	**22**	**14**		**3,010**
	57%	**41%**	**0.4%**	**0.7%**	**0.7%**	**0.5%**		

Source: NJS Data Extracts October 7, 2013
*Other: These children should have been listed in other categories as they were in mommy & me programs, mentor.

Section 9

Tribal Consultation

Tribal Consultation - Indian Child Welfare Act (ICWA)

New Jersey has no federally recognized tribes, but three State-recognized tribes. The Ramapough Mountain, Nanticoke-Lenape, and Powhatan-Renape, as well as Inter-tribal peoples who lack a formal tribal affiliation reside here. The Department of Children and Families may provide services to children who are members of one of our State-recognized tribes, as well as to children who currently reside in New Jersey but are members of, or eligible for membership in, tribes outside of New Jersey. New Jersey seeks to appropriately serve Indian children within the requirements and spirit of the Indian Child Welfare Act, regardless of their tribal affiliation. In an ongoing effort to build collaborative relationships with the community throughout New Jersey, DCF has solicited feedback from the Commission on Indian Affairs, which is administered through the New Jersey Department of State.

The number of Indian children who come into services through DCP&P is small. DCP&P has developed policies and procedures to address the provisions of ICWA relative to identifying a child as of Indian heritage; addressing removal and placement; and selection of a resource home, including an adoptive home. Our work in this area has included outreach to the Commission, which continues to provide advice on a case specific basis, as well as consultative services in order to meet the requirements set forth.

All new adoption workers are trained on the rules and guidelines of ICWA. With this, an integrated practice guide is available to assist staff in appropriately identifying any tribal affiliations of youth within the first five days of placement. Concurrent planners also regularly discuss a child's possible tribal affiliation to ensure staff is continually following up on the issue and appropriately collaborating or transferring cases to tribes when necessary.

The Administrative Office of the Courts also has worked to strengthen its protocol to handle cases under ICWA. In ongoing practice, the courts and the Deputies Attorney General apply the provisions of the Indian Child Welfare Act successfully. They require that tribal affiliations be included in all final adoption papers. Matters which must be transferred to tribal jurisdiction are handled appropriately, focus on the law, and their interactions with staff are maintained as necessary.

As a part of the CIC Business Analysis, Judiciary staff collected information from across the state with regard to issues in case processing. Through this analysis, it was found that judges and court staff could benefit from a reminder system that included items such as ICWA. In order to assist judges and court staff, this is being addressed as part of the new case management system to be developed using CIP funds. Additionally, the new case management system will create the ability to track accurate data regarding ICWA cases.

In discussion with the Commission about ICWA, the following feedback was received:

- While ICWA addresses Federally-recognized tribes, it is important to abide the intent relative to State-recognized tribes so that Indian children are provided culturally appropriate services.

- The Commission has developed a web-site that provides information to all state departments and the general public about issues of concern to the tribes, background on tribal origins and important events.

- The Division's case practice reform efforts continue to expand throughout the state, offering opportunity to address two ongoing concerns about the identification of tribal members and the provision of culturally sensitive services to families with a tribal affiliation. Key components of this initiative are the engagement of families and their ability to share their own background and history. The model of practice focuses on services customized for the family's needs, the use of self-selected family supports and community resources, and the use of family meetings as a planning mechanism. All offer tribal members a means to keep children within their communities and enable them to receive supports that fit their needs. DCF has presented information regarding these reforms, and on the process of relatives and kin becoming caregivers to tribal leaders and the larger community.

- The Commission continues to be available to help the child welfare agency to resolve a child's status.

- Commission representatives have been involved in the CFSR process, participating in discussion groups as part of the Statewide Assessment process focusing on Systemic Factor F, Agency Response to the Community, and were invited to participate in the on-site stakeholder interviews. Their input will continue to be sought in child welfare processes.

Section 10

Caseworker Visits

Caseworker Visits with Children in Foster Care

Standard:

Policy regarding caseworker visitation was revised in September of 2009 to increase contact between worker/child/parent especially immediately following placement in order to minimize the anxiety and fear that a child may be experiencing. The assigned worker must have an in person face to face visit with the child, his or her parent and the resource family within 5 days of removing the child. During the first two months of an initial or subsequent placement, each child will receive at least two in person visits per month with at least one visit occurring in the home of the out-of-home placement provider. After the first two months of placement, the caseworker must visit the child at least once a month in their out of home placement. When a child is placed in a treatment based out of home placement program further than 50 miles from the New Jersey state boarder, the Division representative shall speak with the child by telephone within five working days of the child's placement unless contraindicated by the individual treatment plan for the child. The Division representative shall visit the child and attend the conference to develop the child's treatment plan within 30 calendar days of placement. Thereafter, at least four face to face visits with the child at the facility are required per year by the Division's representative or a representative from the local State CPS agency of the state in which the child is located. The Local Office Manager may give written approval of an in-person visitation schedule of once every three months when a child resides in an out of state resource family home further than 50 miles of the New Jersey State border, that precludes in person visitation more frequently than once every three months. The supervising agency in the other state continues to provide quarterly reports based on its in person visits on behalf of the Division. Caseworker visits serve several purposes:

- to determine whether the child is receiving appropriate care and is safe from harm;
- to ensure that the permanency plan has been developed;
- to assess whether case plan objectives are being met;
- to learn of progress that is being made toward achieving the case goal(s); and
- to determine whether barriers to achieving the case goal(s) are being alleviated.

Qualitative processes to monitor standard compliance:

The quality of caseworker visits is assured primarily through active supervision of the worker through activities that include monitoring safe measures data, reviewing worker documentation, accompanying workers in the field, and conducting individual supervision and case conferences to review assessments, as well as case goals and plans. Specifically, by policy, I F 207-210, the supervisor:

- Is to monitor contact sheets to prepare for case conferencing and to ensure workers have taken appropriate steps to reduce risk and to achieve case goals. The contacts sheets are reviewed every 30 days at a minimum.
- Is to monitor and review each assessment and subsequent reassessments to ensure accuracy and completeness, and guide and support workers in addressing case issues.
- Is to assist the caseworker to set, review, and update written case goals within 60 calendar days of assignment of the CPS report or the CWS referral, or within 30 calendar days of a child's out-of-home placement.
- Is to conduct subsequent supervisory reviews of case goals for children in placement at thirty days, and in coordination with the 90-day, 5th month, and 10th month internal placement conferences. The supervisor assists the caseworker in setting case goals as part

of their effort to ensure the appropriate actions will be carried out in each case under supervision and to guide and support workers in addressing case issues

Procedure to Track and Report Caseworker Visit Data

Prior to FFY 2008, New Jersey was utilizing SafeMeasures to report on caseworker visit data to Health and Human Services (HHS). SafeMeasures was later enhanced to capture the visits in the child's residence and to refine information collected on contacts with children placed out-of-state.

DCF now utilizes NJSPIRIT, its SACWIS system, as its source for reporting Monthly Caseworker Visits and Visits-In-Home. The calculations for this requirement are done in compliance with the Federal methodology to provide the aggregate number of children served in foster care, the number and percentage of child contacts made with children in foster care for each reporting month, and the total number of visit months in which at least one visit occurred in the child's residence. The procedure for reporting on monthly visit compliance is to archive the data after a selected period and to use that data for compilation.

In addition to data from NJSPIRIT, New Jersey uses SafeMeasures as a reporting tool to track numerous outcome measures. This allows DCF to track and report on compliance in several outcome measures at various points and at different levels of the organization – worker, supervisor, Local Office, Area Office and statewide.

SafeMeasures reports for complete months. The compliance rating is based on having a contact in the selected month with children who are in care. Children without contacts who have exited care during the selected month, or who entered care during the selected month in conjunction with the opening of a new case, are not included in the compliance reporting for that month.

New Jersey data reveals that for FFY13, **98%** of children in placement were visited monthly, and **96%** of those contacts occurred in the child's residence. As evidenced by New Jersey's data, the overwhelming majority of casework contacts with children in placement do occur in the residence of the child.

Targets:

New Jersey evaluates compliance by achieving the target level in a reporting period and/or sustaining the achievement over consecutive periods. As DCF learned through its CFSR experience, using a cumulative annual total can obscure actual improvement achieved because it continues to count earlier performance results that cannot be altered. When the goal is to achieve 'x' level, the appropriate measure is consecutive periods of performance at 'x' level.

Please refer to the accompanying chart and narrative that discusses New Jersey Monthly Caseworker Visit Data for APSR and contains information about our target levels.

New Jersey Monthly Caseworker Visit Data

In compliance with the Federal requirement *for Monthly Caseworker Visits*, New Jersey has set a target of 30% for MVC for FFY08, 50% for FFY09, 65% for FFY10 and 90% for FFY11. During this period of time, NJ targeted VIH compliance at 85%.

During FFY11, New Jersey did not meet its target of 90% for Monthly Caseworker Visits. New Jersey's compliance level of 81.5% for FFY11 was partly due to the challenges that we had in the months of August and September 2011 as a result of the impact of Hurricane Irene. New Jersey, however, exceeded its target of 85% for Visits-in-Home. The percentage of visits that occurred in the child's residence during FFY11 was 96.8%.

During FFY12, New Jersey's compliance level of 96% exceeded the federal Monthly Caseworker Visits Target of 90% for FFY2012. New Jersey's compliance level of 96% also exceeded the federal Visits- in Home Target of 50% for FFY2012.

During FFY13, New Jersey's compliance level of 98% exceeded the federal MCV Target of 90% for FFY2013. New Jersey's compliance level of 96% also exceeded the federal VIH Target of 50% for FFY2013.

Below is the data for Monthly Caseworker Visits with children in placement and Visits in-Home for FFY2013:

MCV and VIH data for FFY13		
1	Aggregate number of children in the Data Reporting population	10,301
2	Total number of monthly caseworker visits made to children in the reporting population	77,379
3	Total number of complete calendar months children in the reporting period spent in care	79,271
4	Total number of monthly visit made to children in the reporting population that occurred in the child's residence	74,206
5	**MCV** - Percent of Monthly Caseworker Visits Made to children in the reporting population	**98%**
6	**VIH** - Percentage of monthly visits made to children in the reporting population that occurred in the Child's residence	**96%**
	MCV TARGETS	90%
	VIH TARGETS	50%

Plan to increase caseworker contacts:

New Jersey's plan to improve monthly casework contacts with children in placement is consistent with the Child and Family Services Plan strategies of implementing the Case Practice Model, workforce development, and data and accountability. DCF is satisfied with its progress against FFY 2013 targets and intends to continue these efforts. Specifically, activities linked with gains in the level of casework contact are:

- Full implementation of the Case Practice Model: New Jersey's practice supports the involvement of parents in planning for their families to increase safety and stability. It emphasizes permanency and the needs of children in care. The training modules presented, and the mentoring/coaching provided to staff, continue to improve productivity and focus on caseworker visits as a key element in helping children and families succeed. DCF launched the immersion process in its final local offices in October 2011, and completed the training in mid-2012. It has expanded the number of implementation specialists who do the work of coaching and mentoring to ten.

- Family engagement: Casework and supervisory staff have been equipped with tools designed to reinforce this core element of practice. These include a revised Observation Tool, which supervisors may use when accompanying workers on field visits. Such tools reinforce learning and practice across a variety of office and field venues, support planful preparation, and improve case contacts and their focus on engagement. Initiatives around school stability and adolescent planning for independence have been fully implemented and have created opportunities for staff to help children maintain connections and advocate for what is in the child's best interest. As a result, caseworker visits continue to be more productive and generate better outcomes.

- Managing caseload size: New Jersey has been largely successful in achieving and sustaining caseload levels at established targets. The majority of staff meet caseload standards in all areas: intake, permanency, and adoption. Continued vigilance of caseloads and management of resources is critical to allow time for productive casework contacts. Offices track the data, particularly in intake units, to be sure that caseload standards are maintained.

- Improving recording accuracy: NJ SPIRIT and SafeMeasures systems are designed to register qualifying caseworker contacts recorded in NJ SPIRIT for the purposes of evaluating visit compliance. DCF's Office of Information Technology and Reporting works closely with staff to assure that recording is accurate and complete so that contacts may be counted. A multi select drop down box has been developed in NJSPIRIT so that all activities including visitation will be captured in the data system. Ongoing efforts by supervisors and training to improve the quality of information provided are expected to produce ongoing improvement.

- Quality Efforts: DCF has a well-established quality review process which includes regular Quality Reviews (QR), as well as ChildStat. The results generated by the QR and ChildStat are used to develop a program improvement plan in the areas of practice identified for each individual office. These allow managers and area directors to focus and

present on key areas of practice, and have helped staff at all levels understand their strengths and challenges. In addition, routine monitoring through systems such as SafeMeasures and record reviews in specific practice areas have offered opportunities to understand and address barriers to regular contact and follow-up for children in care.

Funding to Support Casework Visits

The Caseworker Visitation Grant provided DCF the opportunity to purchase 330 iPad 2s (accessories & licenses) to further support casework staff in documenting parent/child visits in a timely manner. Workers will use the "Go to my PC" software to access their desktop computer and enter information directly into NJ SPIRIT.

Section 11A

Health Care

Health Care Services Update

Engaging and Consulting Physicians and Medical Professionals

The Department of Children and Families (DCF) Office of Child and Family Health (OCFH) is charged with providing support, guidance and leadership across DCF on child and family health related matters. A major focus of the OCFH has been the implementation and monitoring of DCF' C*oordinated Health Care Plan for Children in Out of Home Placement (2007*). To support the implementation and expansion of the 2007 plan, OCFH partners with internal and external stakeholders to improve practice and enhance service delivery to children. This includes partnering with physicians and other medical professionals.

An array of medical professionals employed by and contracted for DCF work actively across the organization on child health related matters. DCF employs a full time pediatrician who serves as the Division of Child Protection and Permanency (DCP&P) Medical Officer. The DCF Medical Officer is on-call 24 hours a day, seven days a week, and is available to the field to consult on individual medical cases. In addition, the Medical Officer assists DCP&P by conducting medical chart reviews; strategizes with DCP&P Case Work staff and the Child Health Unit nurses on addressing care for children with particularly complex health issues; and provides guidance around consenting for non-routine medical procedures. The Medical Officer also serves as a liaison between health care providers and DCP&P local offices to address emergent issues and concerns.

In the summer of 2008, DCF contracted for the services of a Child/Adolescent Psychiatrist who has been with DCF full time as of July 1, 2009. Recent work of the DCF Child/Adolescent Psychiatrist has included providing leadership around quality assurance efforts in the area of psychotropic medication utilization; development of the DCP&P Mental Health Screening Program; and ongoing efforts to strengthen DCF's psychotropic medication policy. The DCF Child/Adolescent Psychiatrist is also available for conducting medical chart reviews and provides guidance and support to DCP&P Local Office staff through a case consultation process on a day to day basis.

As of September 2011, DCF was actively pursuing a contract for a full time Pediatric Neuropsychologist Consultant. The Pediatric Neuropsychologist will be available to the Department to provide leadership around learning, behavior and the association with the development of brain structures and systems. The consultant will participate in case reviews of the child's record and may follow the child over time to adjust recommendations to the child's changing needs. When appropriate, the neuropsychologist will serve as an advocate to the schools or other organizations in order for the child to receive the services they need. Formal testing and interpretation of test results of abilities such as memory, problem solving, and cognitive skills can be conducted by the neuropsychologist when needed, and can provide recommendations for therapy and education in many settings.

DCF allocates State funds for services provided by the State's four Regional Diagnostic and Treatment Centers (RDTC)[1]. DCP&P staff, in addition to medical personnel from the State's

[1] **The State's four RDTCS are legislatively mandated to provide diagnostic and treatment services to children believed to be victims of physical abuse and neglect or sexual abuse. DCP&P refers children it**

RDTC and law enforcement, participate in county based Multi-Disciplinary Treatment (MDT) teams charged with reviewing individual children's cases and determining how to meet the child victim's needs.

DCF contracts with health care sites to provide Comprehensive Medical Exams (CME) for children in out-of-home placements. The CME creates a "snapshot" of a child's physical, behavioral, and developmental health. The CME medical practitioners provide DCP&P with a report identifying the child's medical history, current health issues and recommendations for follow-up treatment.

In the fall of 2009, DCF convened a Policy Advisory Group on Psychotropic Medication (Chaired by the Director of the Division of Child Behavioral Health (now known as the Children's System of Care) and DCF's Child/Adolescent Psychiatrist) to assist the Department with efforts around strengthening psychotropic policy and practices for children in the care of DCF. The Advisory Group is an inter-disciplinary group of experts (psychiatrists, other medical doctors, social workers, psychologists, Advanced Practice Nurses, and DCF professional staff). This group provides ongoing consultation and support to the Department around key implementation issues and works with DCF to update prescribing parameters and medication monitoring guidelines on an ongoing basis.

In February 2011, the Policy Advisory Group on Psychotropic Medication met and reviewed existing policy and made recommendations regarding the current prescribing parameters. Recommendations included expanding the prescribing parameters to include more medications, common off-label use, and to reflect the FDA black box warning and other warnings and precautions.

On May 9, 2011, DCF organized a psychotropic medication provider forum, inviting outside stakeholders representing various services providers. This opportunity allowed DCF to formally present its policy on psychotropic medication prescribing parameters and medication monitoring guidelines to the various parties that provide services to children and youth in DCF's care and receive feedback regarding implementation and challenges.

In January 2012, DCF contracted a full time Pediatric Neuropsychologist, Carol A. Friedman, Ph.D., who has expertise in how learning and behavior can be related to the functioning of a child's brain. She has experience working with children with medical, behavioral, and developmental disorders. Dr. Friedman has been providing leadership around learning, behavior and the association with the development of brain structures and systems, through brief trainings within the Local DCP&P offices. Dr. Friedman also supports DCP&P caseworkers with consultations on cases where they need clarification about a child's behavioral or educational needs.

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believes have suffered abuse or neglect to the RDTC for evaluation and treatment and DCP&P utilizes RDTC reports as one component of its investigations into allegations of abuse and neglect.

Health Care Services Plan
DCF's commitment to child health has been operationalized though a strategic investment in child health resources grounded in the Department's child health values; leveraging existing relationships and developing new partnerships; and strengthening policy and practice.

In the spring of 2007, DCF issued the *Coordinated Health Care Plan for Children in Out of Home Placement*. DCF articulated child health values including care is provided in a manner sensitive to the child; continuity of care; healthcare access; healthcare quality; integration of child health and well-being into case practice is essential; and partnership with the recognition that DCF cannot do this work alone. At the same time, DCF made a philosophical commitment to leveraging existing health care resources and relationships as part of an overarching effort to meet the healthcare needs of children in foster care.

The *Coordinated Health Care Plan for Children in Out-of-Home Placement (2007)* outlined DCF's commitment to build capacity to provide strong coordination of children's health care needs and services within the 47 DCP&P local offices. To accomplish the goals set forth in the plan, DCF partnered with the Francois-Xavier Bagnoud Center (FXBC)and the School of Nursing at the University of Medicine and Dentistry of New Jersey (UMDNJ) to implement a robust Child Health Program (CHP). The CHP relies on a Child Health Unit based model of care coordination. Each Local DCP&P Office includes a Child Health Unit (CHU), led by nurses charged with ensuring timely, quality health care for children in DCP&P custody. Each child in DCP&P out of home placement is assigned to a nurse for case management. The CHU model calls for one nurse health administrator per fifty children in out-of-home placement and one administrative support person per one hundred children in placement.

In close coordination with DCP&P management and casework staff, the primary focus of the CHP has been to ensure that core health indicators are achieved for all DCP&P children in out of home placement. The CHP goals and objectives are based on the healthcare recommendations of the American Academy of Pediatrics and the Child Welfare League of America for children and adolescents in out-of-home care and include healthcare specific to children coming into care, such as a Comprehensive Medical Exam within 30 days as well as preventative and ongoing healthcare that is recommended for the general pediatric population including: well child care; immunizations; and semiannual dental exams. The CHU staff are responsible for ensuring that health information is documented and shared as appropriate with the child's case worker, resource family, and biological family.

In addition to coordinating the healthcare mentioned above, the CHUs engage in nursing interventions in collaboration with DCP&P around coordinating specialty care, monitoring medications for chronic health conditions and behavioral health needs, and providing education and guidance to resource providers on how to meet the needs of children in their care. Nurses are also active participants in treatment team meetings for those children living in congregate care settings or in treatment homes. Nurses are regularly asked to participate in Family Team Meetings. The capacity of the CHU allows DCP&P case workers to focus on safety and permanency while the CHU's provide support and guidance around child well-being.

In 2012, the CHU will devise a Pediatric Health and Red Flags Tool Training Curriculum for Infancy and toddlers. The Goals of this training are to familiarize CP&P Staff and Child Health Unit (CHU) nurses with the new extended Red Flags Tool and its application in the field. This tool is intended to support and improve the assessment skills of DCP&P case workers and CHU nurses while guiding decision making for infants/toddlers and their families.

Psychotropic Policy Dissemination

DCF has developed a comprehensive policy concerning the prescribing, use and monitoring of psychotropic medication for DCF children who are in out of home placement and any child under DCP&P custody that was formerly adopted in January 2010 and revised in May 2011. DCF's goal has been to ensure the policy helps position the Department and its partners to promote good practice in the interest of better serving children and families.

- Key components of the policy include:
    - Psychotropic Medication Prescribing Parameters. These are medication parameters based largely on FDA guidelines and specify for each medication listed what indications it can be prescribed for; for what ages; the approved dose range; and, what to look for and monitor in terms of side effects.
    - DCF's Psychotropic Medication Monitoring Guidelines are to be used in conjunction with the prescribing parameters to ensure that children and youth, who are prescribed psychotropic medications as part of an approved treatment plan, are monitored appropriately.
    - Informed Consent. Medication management requires the informed consent of the child's parent(s) or guardian(s) and must address risks and benefits of pharmacological treatment, the potential side effects, the availability of alternatives to medication, the child's prognosis with proposed medication treatment and without medication treatment, and the potential for drug interactions.
    - Treatment Plan. Children are prescribed psychotropic medication only as part of a treatment plan which is the culmination of the treatment team's work to identify the problem, specify target symptoms and treatment goals, develop interventions that are realistic for the child and family, and provide for reassessment.

To support DCP&P with implementation of the policy, DCF's Child/Adolescent Psychiatrist held seminars during the spring of 2010 in each DCP&P Area for managers, supervisory staff, and Child Health Unit staff on the psychopharmacology and the role of medication in treatment.

In May 2011, DCF's psychotropic medication policy and prescribing parameters were expanded to include more medications, common off-label use, and to reflect the FDA black box warning and other warnings and precautions. DCFs' Advisory Group on Psychotropic Medications provided technical assistance with the updates.

In 2012, The DCF Policy Advisory Group on Psychotropic Medication continued to meet bi-annually and provided input and technical assistance on psychotropic medication policy and prescribing parameters. The Office of Child and Family Health will participate in CHCS's Psychotropic Medication Quality Improvement Collaborative to ensure psychotropic medication policy compliance and review the progress of individual children/youth as well as at-risk cohorts on psychotropic medications. Children in out of home placement, who are taking three or more psychotropic medications, are being monitored by the CHP and OCFH.

DCP&P Mental Health Screening Program

In August 2011, DCF implemented the DCP&P Mental Health Screening Program to assist with identification of children with a suspected mental health need. DCF intent is to strengthen the capacity among frontline staff to recognize children with a suspected mental health need. For children in out of home care, DCF utilizes three avenues of mental health screening to facilitate targeted mental health assessments at the time that children and youth are experiencing symptoms. DCP&P Case Workers, CHU nurses, and CME providers each play a role in the mental health screening program.

DCF's robust mental health screening program offers the benefit of not relying on a point in time evaluation and will help ensure that children identified as having a suspected mental health need *throughout* their time in placement receive an appropriate assessment and follow up. Children who are currently receiving mental or behavioral health services will not be candidates for the screening tools. In addition, children entering placement with mental health histories (not currently in treatment); children with a history of physical and sexual abuse (not currently in treatment); children whose primary care taker has a history of mental illness; children with a history of multiple changes in placement; and, children with a history of running away from placements will be referred directly for a mental health evaluation.

- **Child Health Unit Nurses**. The Child Health Program is administering a mental health screening tool as part of their initial health assessment for children (age 2 years and up) who are in out of home placement as they are opened for health care case management and periodically after that. The Bright Futures Pediatric Symptom Checklist (PSC, Y-PSC) is a psychosocial screening tool designed to facilitate the recognition of cognitive, emotional and behavioral problems. The PSC obtains the parent's report of the child's behavioral/emotional problems, and the Y-PSC obtains the child's/adolescent's report of their own behavioral/emotional problems. The screening tool helps ensure that appropriate mental health intervention is initiated for a child as early as possible.

- **DCP&P: Case Workers**. Under leadership and direction of DCF's Child/Adolescent Psychiatrist, DCF has identified, adapted and piloted a mental health screening tool that is now used by DCP&P caseworkers to engage in mental health screening of children on their caseloads as indicated. The NJ MHST is an observational tool and will be completed by the DCP&P caseworker. Curriculum was drafted in 2010 and staff training was implemented in August of 2011. The screening tool is expressly not a mental health assessment tool, but an instrument to help identify children who have a greater need for assessment. Children who fit within certain criteria (ie family history of mental illness) will continue to be referred directly for a mental health assessment.

- **Comprehensive Medical Exam Providers**: As part of DCF's Comprehensive Medical Exam program for children in DCP&P out of home placement, providers are required to conduct a mental health screen on children as part of the exam.

The MHST has been offered in every local office throughout New Jersey. The Mental Health Screening Tool Training will continue to be provided to DCP&P staff. A Mental Health assessment will be completed on all children in out of home placement and any child who presents with a mental health need.

Adolescents and Health Care

Effective September 2010, DCF enacted new policy and practice whereby youth aging out of foster care will receive additional instruction related to their health care needs. This policy requires that youth, as they approach their 18th birthday, are provided with instruction regarding the importance of selecting a health care proxy and are provided with the option to execute such a document, as well as information regarding health insurance and health related resources. The instruction takes place in coordination with development of youth-directed Transition Plans. This instruction augments other State efforts to build life skills competencies with youth as they age into adulthood. Tools developed to assist casework staff and Child Health Unit nurses include: a tri-fold pamphlet, medical proxy form, revised Transitional Plan for Adolescents, descriptive policy, and an updated health services section of DCF's Adolescent Services Guide. Ongoing tracking of the practice is done through supervisory review of the transitional and case plans.

In July 2011, the Child Health Unit began tracking engagement with young adults ages 18 -20. Nurse engagement includes an assessment of the young adult's ability to engage and navigate the health care system. The nurse provides the youth with ongoing health education and guidance to improve their ability to independently navigate the healthcare system once they leave the system of care.

The Office of Child and Family Health continue to review cases of adolescents, who are in placement on their 18th birthday, for medical insurance eligibility.

Section 11B

2015-2019

Health Care Oversight and Coordination Plan

Health Care Oversight and Coordination Plan for 2015 – 2019

The Department of Children and Families (DCF) Office of Child and Family Health (OCFH) is charged with providing support, guidance and leadership across DCF on child and family health related matters. DCF's commitment to child health has been operationalized though a strategic investment in child health resources grounded in the Department's child health values; leveraging existing relationships and developing new partnerships; and strengthening policy and practice.

In the spring of 2007, DCF issued the Coordinated Health Care Plan for Children in Out of Home Placement. DCF articulated child health values including: care is provided in a manner sensitive to the child; continuity of care; healthcare access; healthcare quality; integration of child health and well-being into case practice is essential; and partnership with the recognition that DCF cannot do this work alone.

This plan has directed the majority of the efforts during the past 7 years in building and maintaining a strong program to ensure the medical needs of children in foster care are identified and met. The outline developed in the plan has been accomplished and is being maintained and enhanced. It is anticipated that within the next two years, an revised/updated Coordinated Health Care Plan for Children in Out of Home Placement will be developed.

Child Health Program

In order to achieve the goal of providing strong coordination of children's health care needs and services on a local level, within the 46 DCP&P local offices, DCF partnered with the Rutgers University School of Nursing (formerly UMDNJ School of Nursing) Francois-Xavier Bagnoud Center (FXBC) to develop and implement a robust Child Health Program (CHP). The CHP relies on a Child Health Unit based model of care coordination. Each Local DCP&P Office includes a Child Health Unit (CHU), led by nurses charged with ensuring timely, quality health care for children in DCP&P custody. Each child in DCP&P out of home placement is assigned to a nurse for case management. The CHU model calls for one nurse health administrator per fifty children in out-of-home placement and one administrative support person per one hundred children in placement.

In close coordination with DCP&P management and casework staff, the primary focus of the CHP has been to ensure that core health indicators are achieved for all DCP&P children in out of home placement. The CHP goals and objectives are based on the healthcare recommendations of the American Academy of Pediatrics and the Child Welfare League of America for children and adolescents in out-of-home care and include healthcare recommendations specific to children coming into care, such as a Comprehensive Medical Exam within 30 days, as well as preventative

and ongoing healthcare that is recommended for the general pediatric population including: well child care; immunizations; and semiannual dental exams. The CHU staff are responsible for ensuring that health information is documented and shared as appropriate with the child's case worker, HMO care manager, resource family, and biological family.

In addition to coordinating the healthcare mentioned above, the CHUs engage in nursing interventions in collaboration with DCP&P around coordinating specialty care, monitoring medications for chronic health conditions and behavioral health needs, and providing education and guidance to resource providers on how to meet the needs of children in their care. Nurses are also active participants in treatment team meetings for those children living in congregate care settings or in treatment homes. Nurses are regularly asked to participate in Family Team Meetings. The capacity of the CHU allows DCP&P case workers to focus on safety and permanency while the CHU's provide support and guidance around child well-being.

Schedule for Initial and Follow-up Health Screenings that Meet Reasonable Standards of Medical Practice

The continuum of health care for children in out of home placement includes the following components:

Pre-placement Assessment (PPA) Every child entering placement for the first time in an episode must receive a PPA prior to placement or no later than 24 hours after placement. The purpose of the pre-placement evaluation is to:

- Ensure that the child is free of communicable disease
- Identify and address any immediate physical and mental health care needs
- Document the presence of any injuries or markings that are present
- Identify any non-urgent unmet health needs
- Provide necessary referrals for additional services
- Provide documentation of the child's current health status
- Identify the presence of any serious medical conditions that might require the caseworker to obtain a specialized foster placement for the child

This can be performed by CP&P CHU nurse in the Local Office; Child's Primary Physician; a community provider who has a PPA agreement with CP&P; and, **by exception only,** in the ER.

Child's Health and Medical Examination Record, known as the Medical or Health Passport In April, 2011 CP&P adopted use of the Health Passport and Placement Assessment. The form documents a child's health history and follows a child throughout placement. The form is updated to document new health information while a child is in placement and the updated

version is distributed to the resource parent or residential placement provider. It is utilized by the Division in making a safe placement decision and to alert the child's health care practitioner to the child's health history. The form is also provided to an adolescent who is exiting care at or beyond age 18. This form is completed by a Child Health Unit nurse at the request of the case manager. It is to be completed within 72 hours, and given to the resource parent within 5 days of placement. It is to be updated and delivered within the same time parameters to each new caregiver. Form is available on the CP&P SACWIS system, NJ SPIRIT. It is completed and updated on line as needed.

The following information is collected and reflected in the form: birth history, history of hospitalizations, injuries and/or illnesses, significant childhood diseases, developmental history, education classification, current counseling services, special transportation needs, family medical history, current health problems/illnesses/conditions, allergies, dental health, current medications, all medical providers, testing, summary, acuity level, care giver requirements, and health plan.

Comprehensive Medical Exam (CME) Within 30 days of a new placement episode, every child must have a comprehensive medical exam. As long as the criteria are met, this can be done by one of the CP&P partnered/contracted sites, including the Regional Diagnostic and Treatment Centers (RDTCs); or by the child's primary MD as an EPSTD new child well visit, which is the exam that meets criteria. (Through a partnership with the Division of Medical Assistance and Health Services (DMAHS), the state Medicaid agency, contracted providers are entitled to receive an enhanced rate from Medicaid and are required to complete two forms, an Initial Report at the time of the visit, and the Final Report within 14 days. If a non-contracted primary MD is used, the Initial Form is given to the provider at the time of the visit, with a request it be completed and returned to CP&P as soon as possible.)

Mental Health Screening Every child entering placement is to receive a mental Health screening. CME's performed at a contracted site are required to utilize the Pediatric Symptoms Checklist. LO nurses may also utilize this tool. In all cases where it is recommended or need is indicated, child is to receive a Comprehensive Mental Health Exam as soon as possible. RDTC's, contracted CME Mental Health sites, or other community resources may be used for this purpose.

Dental Children in placement over the age of three are required to have a dental exam every 6 months; children under age 3 are to receive a dental screening as part of their EPSDT well child visits, according to periodicity schedule.

Immunizations Every child entering placement is to have an immunization status assessment. Any child who is not up to date with immunizations must have a plan for achieving up to date status developed.

EPSDT Children are required to have well child doctor visits in accordance with EPSDT periodicity schedule: 2 weeks, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, then annually until age 18.

Monitoring and Treating Health Needs Identified Through Screenings, Including Emotional Trauma Associated With a Child's Maltreatment and Removal from Home

In NJ, the delivery model for Medicaid is Managed Care. Every Medicaid recipient, which includes all children in CP&P foster care, is enrolled in a Managed Care Organization. Through their contract with DMAHS, each HMO is required to provide care management for every child in CP&P foster care. The Child Health Unit (CHU) nurses have the prime responsibility for Health Care Case Management for children in foster care through CP&P. They work closely with the assigned HMO care manager to ensure that appropriate resources are identified and any barriers to service are addressed and resolved.

Each child who enters DCP&P out of home placement is assigned to a nurse for case management. The assigned nurse:

- Prepares a Health Passport with all (though often limited) available information within 72 hours and provides it to the resource (foster) parent within 5 days. A copy is shared with the child's HMO care manager.
- Visits the child and resource parent in the foster home within two weeks, and documents visit in NJ SPIRIT on a Pediatric Nursing Report (PNR).
- Assigns an acuity level to every child that enters foster care; there is a schedule of time frames for required visits based on this acuity level.
- Works with the CHU Staff Assistant to request/obtain medical records from previous providers, to schedule the child's CME within 30 days, and to send all available pertinent materials to the provider prior to the scheduled CME.
- Receives the report, including Findings and Recommendations, from the CME provider. A copy of the Findings and Recommendations section only of the report is shared with the resource family, the CP&P case manager, the HMO care manager, the child's PCP when identified. Information is also discussed with the biological family as appropriate.
- Continues to work closely with the resource family to follow up on all recommendations and ensure they are resolved.

Every six months a statistically valid random sample of all children in CP&P out-of-home placement is generated by DCF IT. Case reviews are conducted on all sample cases, and results to survey questions for each case are recorded on Survey Monkey. The Health Care Case Record Review is designed to assess the health care experience of children entering out-of-home placement. The components reviewed and measured are the number/percentage of children who:

- received follow-up care subsequent to CMEs;

- received a mental health screening;

- had a suspected mental health need and received a mental health assessment
- had identified follow-up care and treatment needs and received needed treatment and/or had appointments scheduled.; and
- had evidence of health information given to resource family in a timely fashion (i.e. the Health Passport Form);

Additionally, every six months the following measures are analyzed and reported:

- Children entering an initial placement episode who:
  --Received a PPA within the prescribed time frames.
  --Received a PPA in the ER, distinguishing between those that were justified, and that were not.
  --Received a CME within 30 days; within 60 days; greater than 60 days, with explanation for delay; not done, with explanation.
- EPSDT compliance children ages 12-24 months
- EPSDT compliance for children 25 months of age and above
- Immunization: number/percentage of children in foster care with up to date immunizations, and that do not, with evidence of a corrective action plan
- Dental: number/percentage of children in foster care with evidence in NJ SPIRIT of a semi-annual dental exam; with an annual dental exam.

Updating and Appropriately Sharing Medical Information

The Local Office Child Health Unit nurses are responsible for maintaining the health care record for every child in CP&P foster care. The Health Passport is maintained in NJ SPIRIT and updated any time there is a change – in location, provider, medication, other. Every time a passport is updated it is shared with the resource family and the Medicaid HMO care manager, as well as with the child's CP&P caseworker. Nurses also participate in Family Team Meetings to share information. When appropriate, the nurses work with the birth parent as part of CP&P

Family Engagement and in anticipation of child's reunification with family. Nurse conducts a transition visit with the family when child is returned.

Ensuring Continuity of Health Care Services (Which May Include Establishing a medical home for every child in care)

Establishing a medical home for every child in placement is an on-going consideration within DCF and OCFH. Various barriers have been identified for which resolutions have not yet been identified. However, efforts are made to provide for continuity of care to the extent possible.

- Primary Care Physician: when feasible, child's care continues to be provided by PCP prior to placement. Barriers: proximity of child's placement, logistical needs of the resource family, child's need for protection.
- HMO: when PCP needs to be changed, an effort is made to maintain child in same HMO, for continuity of care
- Services: identified services are continued as needed, through same provider whenever possible
- Communication: between and among CHU, CP&P case manager, HMO care manager, resource family, biological family.
- Health Passport: Maintained and updated. Resource families are encouraged to take passport to every medical visit for the child, for provider's information and to assist with continuity

Psychotropic Medication Policy and Mental Health Initiatives

Oversight of Prescription Medicines, Including Protocols for the Appropriate Use and Monitoring of Psychotropic Medications

DCF has developed a comprehensive policy concerning the prescribing, use and monitoring of psychotropic medication for DCF children who are in out of home placement and any child under DCP&P custody. Policy was formally adopted in January 2010 and revised in May 2011. DCF's goal has been to ensure the policy helps position the Department and its partners to promote good practice in the interest of better serving children and families. Key components of the policy include Psychotropic Medication Prescribing Parameters; Psychotropic Medication Monitoring Guidelines; Informed Consent; and Treatment Plan.

Policy Advisory Group on Psychotropic Medication continues to provide consultation and support to the Department around key implementation issues and to work with DCF to update prescribing parameters and medication monitoring guidelines on an ongoing basis. Recent activities regarding the Psychotropic Policy included seminars for DCP&P and Child Health Unit staff on the psychopharmacology and the role of medication in treatment; expansion of policy and

prescribing parameters to include more medications, common off-label use, and to reflect the FDA black box warning and other warnings and precautions.
DCFs' Advisory Group on Psychotropic Medications will be providing direction, support and technical assistance as policy and prescribing parameters are revised I 2014-2015 to reflect the new DSM.

The Office of Child and Family Health is participating in CHCS's **Psychotropic Medication Quality Improvement Collaborative** to ensure psychotropic medication policy compliance and review the progress of individual children/youth as well as at-risk cohorts on psychotropic medications. Children in out of home placement, who are taking three or more psychotropic medications, are being monitored by the CHP and OCFH.

Trackers: CHU nurses maintain a tracker of all children in foster care on Psychotropic Medications including detailed info on each medication, the diagnosis for which it is prescribed, the presence of a signed consent for each and verification of a treatment plan with interventions in addition to pharmacology. Children are tracked by age and number of prescribed psychotropic medications. Trackers are submitted to DCF OCFH quarterly for quality review by Child and Adolescent Psychiatrist, and the Child Health Program APN for Child Behavioral Health. All children under age 6, and those on
more than three medications are reviewed individually.

Training for workers to build their knowledge base on psychotropic medications and enhance their capacity to empower parents to ask appropriate questions regarding this topic, was developed by University Behavioral HealthCare (UBHC). This curriculum will be implemented in the training of CP&P and CSOC/CMO staff.

Engagement of Community Medical and non-Medical Professionals

Engagement With Physicians or Other Appropriate Medical or Non-medical Professionals in Assessing the Health and Well-being of Children in Foster Care and in Determining Appropriate Medical Treatment for the Children

In the 2007 Coordinated Health Care Plan for Children in Out of Home Placement, DCF made a philosophical commitment to leveraging existing health care resources and relationships as part of an overarching effort to meet the healthcare needs of children in foster care. DCF employs/contracts with an array of medical professionals who work actively across the organization on child health related matters, including:

Pediatricians: effective July 1, 2014, DCF changed from employing a full time pediatrician to serve as the CP&P Medical Director, to contracting the services of two pediatricians, one in the northern are of the state, one in the south who, working through one of the RDTCs, are available to assist DCP&P by conducting medical chart reviews; strategize with DCP&P Case Work staff

and the Child Health Unit nurses on addressing care for children with particularly complex health issues; and provide guidance around consenting for non-routine medical procedures; and serve as liaison between health care providers and DCP&P local offices to address emergent issues and concerns. Additionally they will provide 24/7 phone access to CP&P field staff and the screening center.

Child/Adolescent Psychiatrist: works with CP&P field staff, CHU nurses, and DCF/CP&P leadership; provides leadership around quality assurance efforts in the area of psychotropic medication utilization; provides oversight of the DCP&P Mental Health Screening Program; works to maintain and strengthen DCF's psychotropic medication policy; provides guidance and training on the identification, evaluation, diagnosis and treatment of children and youth with mental health needs; conducts medical chart reviews; engages in dialogue with providers regarding specific children and the appropriate treatment plan; and provides guidance and support to DCP&P Local Office staff through case consultation on a day to day basis.

Pediatric Neuropsychologist: utilizes knowledge of learning, behavior and the association with the development of brain structures and systems in all aspects of work as the Pediatric Neuropsychologist Consultant; provides training about typical development and specific behavioral and psychological disorders such as ADHD, Autism Spectrum Disorder, and PTSD (These trainings are available to all LOs and occur on an on-going basis, as requested. An LO may also request a specific topic not on training menu but of interest to that particular LO, based on a case); engages in dialogue with educators and others regarding the treatment for specific children; conducts evaluations when appropriate; and supports DCP&P caseworkers with consultations on cases where clarification is needed about a child's behavioral or educational needs.

Regional Diagnostic and Treatment Centers (RDTC) receive funding from DCF for Child Abuse and Child Sexual Abuse, serve as legislatively mandated Centers of Excellence in this area, prepare reports and testify at court proceedings as necessary. These centers are also contracted to conduct Comprehensive Medical Exams (CME) and Comprehensive Mental Health Exams.

County based Multi-Disciplinary Treatment (MDT) teams: DCP&P staff, in addition to medical personnel from the State's RDTC and law enforcement, participate in MDT teams charged with reviewing individual children's cases and determining how to meet the child victim's needs.

DCF contracts with **health care sites to provide Comprehensive Medical Exams (CME)** for children in out-of-home placements. The CME medical practitioners provide DCP&P with a report identifying the child's medical history, current health issues and recommendations for follow-up treatment.

Policy Advisory Group on Psychotropic Medication, convened by DCF and co-chaired by the DCF's Child/Adolescent Psychiatrist and the Director of the DCF Children's System of Care to assist the Department with efforts around strengthening psychotropic policy and practices for children in the care of DCF. The Advisory Group is an inter-disciplinary group of experts (psychiatrists, other medical doctors, social workers, psychologists, Advanced Practice Nurses, and DCF professional staff). This group provides ongoing consultation and support to the Department around key implementation issues and works with DCF to update prescribing parameters and medication monitoring guidelines on an ongoing basis.

Contracted Psychologists: In November 2012 **Guidelines for Expert Evaluations: Child Welfare/Child Abuse and Neglect Forensic Assessments (Mental Health)**, the Department's first comprehensive effort to address the use of expert evaluations in child welfare and child protective services proceedings, was adopted as policy. The guidelines lay out best practices for forensic evaluations and assessments that may be needed during child welfare/child abuse/neglect investigations or to assist with permanency planning, and are intended to improve the quality of expert forensic evaluations provided for DCP&P and the courts, as well as the ability of stakeholders involved in child welfare proceedings and child protective service matters to make better use of them. Following the release of the Guidelines, DCF issued a Request for Qualifications for Forensic Evaluation Services by Psychologists in December 2012 as a means of expanding our existing pool of psychologists who perform forensic (mental health) examinations. The RFQ was designed to not only increase the number of resources available to CP&P but also to improve upon the quality of psychologists by establishing some minimum standards those psychologists must meet. From July 1, 2014, all agencies and/or individuals under contract with DCF to perform forensic evaluations are to achieve initial compliance with the Guidelines as well as demonstrate compliance with additional requirements set forth in the RFQ as of June 30, 2014 and every two years thereafter.

Ensuring Health Care Needs of Youth Aging out of Foster Care, Including the Requirements to Include Options for Health Insurance, Information about a Health Care Power of Attorney, Health Care Proxy, and to Provide the Child with the Option to Execute such a Document, Are Met

Effective September 2010, DCF enacted new policy and practice whereby youth aging out of foster care will receive additional instruction related to their health care needs. This policy requires that youth, as they approach their 18th birthday, are provided with instruction regarding the importance of selecting a health care proxy and are provided with the option to execute such a document, as well as information regarding health insurance and health related resources. The instruction takes place in coordination with development of youth-directed Transition Plans. This instruction augments other State efforts to build life skills competencies with youth as they age into adulthood. Tools developed to assist casework staff and Child Health Unit nurses include: a tri-fold pamphlet, medical proxy form, revised Transitional Plan for Adolescents, descriptive

policy, and an updated health services section of DCF's Adolescent Services Guide. Ongoing tracking of the practice is done through supervisory review of the transitional and case plans.

CHU nurses engage with youth ages 18-20 with open CP&P cases who are receiving services, whether or not they are in placement. Nurse engagement includes an assessment of the young adult's ability to engage and navigate the health care system. The nurse provides the youth with ongoing health education and guidance to improve their ability to independently navigate the healthcare system once they leave the system of care.

The Office of Child and Family Health has administered the Medicaid Extension for Young Adults or MEYA, for 18-21 year olds since 2001, based on the Chafee Act. With the advent of the new Federal Health Care Law effective January 1, 2014, this program was collaboratively adjusted to provide for Medicaid for eligible former foster youth through age 26. The DCF OCFH took the lead in designing the program and developing the plan for implementation. Efforts involved a high level degree of cooperation with various units within the DHS Division of Medical Assistance and Health Services (NJ's single state agency for Medicaid), as well as the DCF Office of Information Technology, the DCF Office of Adolescent Services, and CP&P. This program subsumes the former "Chafee" eligible youth ages 18-21, and the entire program, for 18 to 26 year olds, is known in NJ as MEYA. As part of the project, informational materials were developed, and efforts to familiarize youth and entities serving these youth were begun. Also in FFY 13, the development of a Red Flags Tool module on Adolescents, the final section of the tool was begun.

Section 12

Financial and Statistical Information

Attachment F

Annual Reporting of Education and Training Vouchers Awarded

Name of State: New Jersey

	Total ETVs Awarded	**Number of New ETVs**
Final Number: **2012-2013 School Year** (July 1, 2012 to June 30, 2013)	218	103
2013-2014 School Year* (July 1, 2013 to June 30, 2014)	225	110

Comments:

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV	
Fiscal Year 2015, October 1, 2014 through September 30, 2015	
1. State or Indian Tribal Organization (ITO): New Jersey	**2. EIN: 1-216000928**
3. Address: 20 West State Street, 4th Floor, Trenton, NJ 08625	**4. Submission:**
	[X] New
	[ ] Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	$5,256,844
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	$525,684
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	$4,922,118
a) Total Family Preservation Services	$1,136,919
b) Total Family Support Services	$1,131,619
c) Total Time-Limited Family Reunification Services	$1,269,035
d) Total Adoption Promotion and Support Services	$1,384,545
e) Total for Other Service Related Activities (e.g. planning)	$0
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)	$0
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	$309,810
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	$30,018
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS $_____0_____, PSSF $_____0_____, and/or MCV(States only)$_____0_____.	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $525,684; PSSF $492,212 and/or MCV(States only)$30,981.	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match	
required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	$662,372
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	$2,297,848

a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$613,916
11. Estimated Education and Training Voucher (ETV) funds	$734,795
12. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	$0
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	$0
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	$229,785
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	$73,480
13. Certification by State Agency and/or Indian Tribal Organization.	
The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.	
Signature and Title of State/Tribal Agency Official NJ Dept. of Children and Families Chief Administrator	**Signature and Title of Central Office Official**

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services												
State or Indian Tribal Organization (ITO) New Jersey For FFY OCTOBER 1 ,2014 TO SEPTEMBER 30, 2015												
	TITLE IV-B			(d)	(e)	(f)	(g)	(h)	(i)		(j)	(k)
				CAPTA*	CFCIP	ETV	TITLE IV-E	STATE, LOCAL, & DONATED FUNDS	NUMBER TO BE SERVED		POPULATION TO BE SERVED	GEOG. AREA TO BE SERVED
SERVICES/ACTIVITIES	(a) Subpart I-CWS	(b) Subpart II-PSSF	(c) Subpart II-MCV *						Individuals	Families		
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	2,277,000	1,131,619		662,372				111,460,071	154,169		Vunerable Children & Families	Statewide
2.) PROTECTIVE SERVICES	2,277,000							91,325,000	7,333		Children in out of home care	Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)		1,136,919						1,239,947	195	79	Eligible Children & Families	Statewide
4.)TIME-LIMITED FAMILY REUNIFICATION SERVICES		1,269,035						1,115,434	297	118	Eligible Children & Families	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		1,384,545						1,509,727	1,323	196	Eligible Children & Families	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)												
7.) FOSTER CARE MAINTENANCE:							22,213,585	43,759,624	6,120		All children in Foster Care	Statewide
(a) FOSTER FAMILY & RELATIVE FOSTER CARE												

(b) GROUP/INST CARE							5,756,945	10,171,055	178			Statewide
8.) ADOPTION SUBSIDY PMTS.	177,000						40,639,772	94,262,228	13,942		All eligible Adopted Children	Statewide
9.) GUARDIANSHIP ASSIST. PMTS.							731,192	23,631,808	2,074			Statewide
10.) INDEPENDENT LIVING SERVICES					2,297,848		169,516	6,385,636	813		All eligible Children	Statewide
11.) EDUCATION AND TRAINING VOUCHERS						734,795		622,351	236		All eligible Children	Statewide
12.) ADMINISTRATIVE COSTS	525,684		30,981				75,926,709	206,345,809				
13.) STAFF & EXTERNAL PARTNERS TRAINING							5,146,929	7,084,791				
14.) FOSTER PARENT RECRUITMENT & TRAINING							2,083,451	5,565,048				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING							2,325,763	5,050,587				
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING							802,330				All eligible Children	Statewide
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			278,829									
18.) TOTAL	5,256,684	4,922,118	309,810	662,372	2,297,848	734,795	155,796,192	609,529,116	186,680			
*** States Only, Indian Tribes are not required to include information on these programs**												

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2012: October 1, 2011 through September 30, 2012						
1. State or Indian Tribal Organization (ITO): New Jersey	2. EIN: 216000928	3. Address: 20 West State Street, 4th Floor, Trenton, NJ 08625				
4. Submission: [X] New [ ] Revision						
Description of Funds	***Estimated Expenditures***	***Actual Expenditures***	***Number served***		***Population served***	***Geographic area served***
			Individuals	*Families*		
5. Total title IV-B, subpart 1 funds	$5,952,204	$5,469,036	1,432		Eligible Children & Families	Statewide
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	$595,220	$546,903				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	$4,963,915	$4,751,687	6,044	2,967	Eligible Children & Families	Statewide
a) Family Preservation Services	$1,172,155	$1,139,919				
b) Family Support Services	$1,297,304	$1,210.945				
c) Time-Limited Family Reunification Services	$1,034,355	$1,019,278				
d) Adoption Promotion and Support Services	$1,461,789	$1,384,545				
e) Other Service Related Activities (e.g. planning)	$0	$0				
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	$0	$0				

7. Total Monthly Caseworker Visit Funds (STATE ONLY)	$300,189	$300,189				
a) Administrative Costs (not to exceed 10% of MCV allotment)	$30,018	$0				
8. Total Chafee Foster Care Independence Program (CFCIP) funds	$2,463,536	$2,297,848				
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$481,363	$613,916	99		Eligible Youth under age 21	Statewide
9. Total Education and Training Voucher (ETV) funds	$821,504	$751,313	218		Eligible Youth under age 23	Statewide
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.						
Signature and Title of State/Tribal Agency Official NJ Dept. of Children and Families Chief Administrator	***Date***	***Signature and Title of Central Office Official***				***Date***

CFS-101 ADDENDUM

Title IV-B Subpart 1 – Payment Limitations

The amount of FY2005 Title IV-B, subpart 1, funds New Jersey expended for child care, foster care maintenance, and adoption assistance payments totaled $724,011.

The amount of non-federal funds expended by New Jersey for foster care maintenance payments and used as part of the Title IV-B, subpart 1 state match for FY2005 was $0.

Title IV-B Subpart 2 – Non-supplantation Requirement

The 1992 base year amount of state expenditures for the purposes of Title IV-B, subpart 2 totaled $31,021,000.

The FY2012 amount of state expenditures for the purposes of Title IV-B, subpart 2 totaled $73,214,000.

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2015, October 1, 2014 through September 30, 2015

1. State or Indian Tribal Organization (ITO): New Jersey	**2. EIN: 216000928**
3. Address: 20 West State Street, 4th Floor, Trenton, NJ 08625	**4. Submission:** [X] New [ ] Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	$5,256,844
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	$525,684
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	$4,922,118
a) Total Family Preservation Services	$1,136,919
b) Total Family Support Services	$1,131,619
c) Total Time-Limited Family Reunification Services	$1,269,035
d) Total Adoption Promotion and Support Services	$1,384,545
e) Total for Other Service Related Activities (e.g. planning)	$0
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)	$0
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	$309,810
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	$30,981
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS $ 0 , PSSF $ 0 , and/or MCV(States only)$ 0 .	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $525,684 , PSSF $492,212 , and/or MCV(States only)$ 30,981 .	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	$662,372
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	$2,297,848
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$613,916
11. Estimated Education and Training Voucher (ETV) funds	$734,795
12. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	$0
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	$0
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	$229,785
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	$73,480
13. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.	
Signature and Title of State/Tribal Agency Official: Chief Administrator, Business Operations Dori Wendell JD	**Signature and Title of Central Office Official**

CFS-101, Part II
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0960-0047
Approved through October 31, 2014

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO) New Jersey

For FFY OCTOBER 1 ,2014 TO SEPTEMBER 30, 2015

SERVICES/ACTIVITIES	TITLE IV-B (a) Subpart I-CWS	TITLE IV-B (b) Subpart II-PSSF	TITLE IV-B (c) Subpart II-MCV *	(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E**	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED Individuals	(i) NUMBER TO BE SERVED Families	(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	2,277,000	1,131,619		662,372				111,460,071	154,169		Vulnerable Children & Families	Statewide
2.) PROTECTIVE SERVICES	2,277,000							91,325,000	7,333		Children in out of home care	Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)		1,136,919						1,239,947	195	79	Eligible Children & Families	Statewide
4.)TIME-LIMITED FAMILY REUNIFICATION SERVICES		1,269,035						1,115,434	297	118	Eligible Children & Families	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		1,384,545						1,509,727	1,323	196	Eligible Children & Families	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)		0										Statewide
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE							22,213,585	40,759,624	6,120		All children in Foster Care	Statewide
(b) GROUP/INST CARE							5,756,945	10,171,055	178			Statewide
8.) ADOPTION SUBSIDY PMTS.	177,000						40,639,772	94,262,228	13,942		Adopted Children	Statewide
9.) GUARDIANSHIP ASSIST. PMTS.							731,192	23,631,808	2,074			Statewide
10.) INDEPENDENT LIVING SERVICES					2,297,848		169,516	6,385,636	813		children	Statewide
11.) EDUCATION AND TRAINING VOUCHERS						734,795		622,351	236		All eligible children	Statewide
12.) ADMINISTRATIVE COSTS	525,684		30,981				75,926,709	206,345,809				
13.) STAFF & EXTERNAL PARTNERS TRAINING							5,146,929	7,084,791				
14.) FOSTER PARENT RECRUITMENT & TRAINING							2,083,451	5,565,048				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING							2,325,763	5,050,587				
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING							802,330				All eligible children	Statewide
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			278,829									
18.) TOTAL	5,256,684	4,922,118	309,810	662,372	2,297,848	734,795	155,796,192	609,529,116	186,680			

* These columns are for States only; Indian Tribes are not required to include information on these programs.
** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.

CFS-101, Part III
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0980-0047
Approved through October 31, 2014

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2012: October 1, 2011 through September 30, 2012

1. State or Indian Tribal Organization (ITO): New Jersey	2. EIN: 216000928	3. Address: 20 West State Street, 4th Floor, Trenton, NJ 08625				
4. Submission: [X] New [ ] Revision						
Description of Funds	***Estimated Expenditures***	***Actual Expenditures***	***Number served*** *Individuals*	*Families*	***Population served***	***Geographic area served***
5. Total title IV-B, subpart 1 funds	$5,952,204	$5,469,036	1,432		Eligible Children & Families	Statewide
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	$595,220	$546,903				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	4,963,915	$4,751,687	6,044	2,967	Eligible Children & Families	Statewide
a) Family Preservation Services	$1,172,155	$1,136,919				
b) Family Support Services	$1,297,304	$1,210,945				
c) Time-Limited Family Reunification Services	$1,034,355	$1,019,278				
d) Adoption Promotion and Support Services	$1,461,789	$1,384,545				
e) Other Service Related Activities (e.g. planning)	$0	$0				
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	$0	$0				
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	$300,189	$300,189				
a) Administrative Costs (not to exceed 10% of MCV allotment)	$30,018	$0				
8. Total Chafee Foster Care Independence Program (CFCIP) funds	$2,463,536	$2,297,848				
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$481,363	$613,916	99		Eligible youth under age 21	Statewide
9. Total Education and Training Voucher (ETV) funds	$821,504	$751,313	218		Eligible youth under age 23	Statewide
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.						
Signature and Title of State/Tribal Agency Official *Chief Administrator, Business Operations* Dori Wnek (JD)	***Date*** 6/19/14	***Signature and Title of Central Office Official***				***Date***

Section 13

Disaster Preparedness Plan

DCF

(Department of Children and Families)

DISASTER PREPAREDNESS PLAN

2014

January 2014

State of New Jersey

Office of Emergency Management
Department of Children and Families

SECTION 1.

Introductory Materials

Table of Contents

Statement of Approval

The all hazards Department of Children and Families' (DCF) Disaster Preparedness Plan for the State of New Jersey is approved by the Office of the Chief of Staff DCF and by the Office of the Commissioner DCF.

This plan supersedes any prior emergency response plans.

_____ _____

Chief of Staff DCF Date

_____ _____

Commissioner DCF Date

Record of Distribution (Internal)

The all hazards Department of Children and Families' (DCF) Disaster Preparedness Plan for the State of New Jersey will be distributed internally to all DCF Executive Managers as follows:

_____ Office of the Commissioner, DCF

_____ Office of the Chief of Staff, DCF

_____ Office of the Assistant Commissioner, Performance Management and Accountability

_____ Office of the Director of Administration and Legal Affairs, DCF

_____ Assistant Commissioner Child Protection and Permanency, DCF

_____ Family & Community Partnerships, DCF

_____ Office of the Director of Communications and Public Affairs, DCF

_____ Office of the Assistant Commissioner, Legal, Regulatory and Legislative Affairs

_____ Office of the Director of Children's System of Care, DCF

_____ Office of the Director, Adolescent Services

_____ Office of the Chief Administrator, DCF

_____ Office of the Director, Office of Information, Technology

_____ Office of the Director, Office of Emergency Management, DCF

_____ Office of the Director, Office of Auditing & Contract Negotiation, DCF

_____ State Central Registry, DCF

_____ Director, Division of Women

Record of Distribution (External)

The All Hazards Department of Children and Families' (DCF) Disaster Preparedness Plan for the State of New Jersey will be distributed externally to the following persons/agencies:

_____ Office of the Commissioner, NJDHS

_____ Office of the Asst. Commissioner NJDMHS

_____ Office of Facilities Management, NJDHS

_____ NJ Office of Emergency Management (NJOEM)

_____ NJ Office of Homeland Security & Preparedness

_____ Office of the Commissioner, NJDHS

_____ Division of Mental Health Services, Director of the Disaster and Terrorism Branch

_____ Other Public and Private Emergency Response Organizations

_____ American Red Cross

_____ Salvation Army

_____ United Way

_____ ACF Region II

Record of Changes

The following table will record all changes to the All Hazards Department of Children and Families' Disaster Preparedness Plan after approval. These changes will be incorporated into the next revision of this plan.

Changes Made By:	Page number	Date
DCF OEM	Addition of COOP plan annex	January 2012
DCF OEM	9	6/5/08
DCF OEM Asst. Director	4,5	4/7/09
DCF OEM Asst. Director	1,8,9,11,14, 17, 18,19, 22,24,25,26, 27,28	4/13,14,15,16/ 09.1/2012
DCF OEM Asst. Director	1,2,8,11,15,24, 25,28	8/2/2012
DCF OEM	10,15,16,26	7/24/13
DCF OEM	7,11,20,21,27	2/7/14
DCF OEM	20, 25, 26	5/16/2014

Section 2.
Mission Statement

The mission of the Department of Children & Families Disaster Preparedness, Response and Recovery Plan is to provide a framework for organizational response to emergencies encompassing all hazards in an organized, efficient manner in order to best serve N.J. children and families. The plan will facilitate and guide the efforts of DCF components to a comprehensive model of business continuity. It will utilize the

Incident Command System and be National Incident Management System (NIMS) compliant. The plan must support the ongoing provision of child protection and child welfare services to all the children of New Jersey, and to ensure continuity of operations for the ongoing safety, wellbeing and permanency of children in care and custody and those that will need such as a result of an emergency situation. The plan will define DCF's role as an NJOEM identified support agency to NJDHS in their role as the state coordinating agency for ESF #6. 1

Section 3.
Executive Summary
The Department of Children and Families (DCF) was established by legislation July 1, 2006. The DCF maintains approximately 84 work sites around the state including 10 Area and 47 Local Child Protection and Permanency offices, and 16 regional schools. As of June 30, 2013, 51,864 children were under DCF supervision with 7,361 of them in out-of-home placements.

The need for formal planning and practice in anticipation of possible critical events in a system this size is apparent. Evacuation centers, transportation, education, staffing, and medical care are all services which would be required post-crisis. The need to practice drills for potential emergencies is necessary. In addition, post Hurricanes Katrina and Sandy, comprehensive emergency preparedness plans are necessary to ensure the safety and protection of the children and families we serve.

1. Emergency Support Functions (ESFs) are primary mechanisms at the operational level used to organize and provide assistance. (ESF) #6 – Mass Care, Emergency Assistance, Housing, and Human Services coordinates the delivery of mass care, emergency assistance, housing, and human services when local response and recovery needs exceed their capabilities.

The DCF Disaster Preparedness Plan, (DPP) based on the National Response Framework model, emphasizes a comprehensive collaborative response following a disaster. The plan will include the coordination and on-going provision of child protection and child welfare services and continuity of business operations. The DCF Office of Emergency Management has initiated and established connections with the NJ Office of Homeland Security & Preparedness (OHS&P), NJOEM, DOH, DMHS and DHS to ensure coordination.

The process for revising this plan will involve entities from all DCF components. Utilizing the National Incident Management System (NIMS) and Incident Command System (ICS) an all hazards approach, the plan will require the integration of the following 4 critical elements – (1) planning and preparedness, (2) mitigation, (3) response and (4) recovery.

Further planning efforts will be coordinated with state, county and local emergency management entities. Essential functions and notification and activation procedures will be identified. Activation of this plan may be for a localized event (one jurisdiction), regional (multiple-counties) or statewide catastrophic disaster.

The disaster plan and more specifically, the DCF Continuity of Operations Plan (COOP) will clearly delineate the delegations of authority, order of succession and the assignment of responsibility in the event of an emergency. It identifies the essential functions of the DCF as well as the essential employees who will sustain those functions. This will ensure adherence to planned activities in a coordinated manner to minimize disruption of operations. As a part of plan implementation, all DCF entities will participate in on-going training, drills and exercises.
This plan is intended to be a fluid, ever-changing document subject to annual review and revision based on identified areas requiring improvement. The DCF Office of Emergency Management will coordinate updates and maintenance of the plan and documents.

Section 4.

Purpose

- Enhance emergency management functions, responsibilities, policy and guidance.
- Support the actions of NJDHS regarding coordination of ESF#6 activities as requested.
- Ensure DCF business continuity and coordination with NJ Office of Homeland Security and Preparedness and NJ Office of Emergency Management.
- Provide immediate systematic and coordinated response and subsequent recovery from any unplanned interruption impacting normal standard operating procedures.
- Documentation of strategies, resources and procedures that will be utilized to respond to any interruption.
- Reduction of possible impact.
- Define assumptions and policies.
- Facilitate cooperative relationships for emergency response at the state, county and local level.
- Ensure the provision of essential child protection and child welfare services to children and families of New Jersey within established NJ OEM protocols, executive orders and state plans.
- Establish interoperable communications system. Facilitate communication with DCF staff, Providers and families.
- Protection of records and information systems.

Section 5.
Assumptions and Situations
Assumptions

The New Jersey Department of Children and Families (DCF) is the state agency charged with the provision of child protective and child welfare services to all children in the state of New Jersey. As the designated provider of these services, the DCF is the recognized authority responsible for the coordination of child protective and child welfare services disaster preparedness, response, mitigation and recovery. In the event of a disaster in New Jersey the DCF must coordinate the child protective and welfare services response to those individuals affected by the disaster.
The following planning assumptions can be made for the emergency DCF child preparedness and welfare response.

- As directed in State of NJ Executive Order #5 (Governor Jon S. Corzine) DCF is required to cooperate with the Office of Homeland Security and Preparedness in response to any incident/disaster.

- As dictated in State of NJ Executive Order #50 (Acting Governor Richard J. Codey) all DCF senior staff and other staff members with emergency response responsibility shall have completed the NIMS Awareness Course: National Incident Management System (NIMS), An Introduction.
- DCF will act as a support agency to NJDHS regarding coordination of ESF#6 as requested.
- This plan is to be used to provide direction to the child protection and welfare response statewide, regionally or locally depending upon the scope and location of the incident/disaster.
- Incidents are typically managed at the lowest possible geographic, organizational and jurisdictional level.
- Each DCF worksite location shall have a completed site evacuation plan.
- Each DCF functional component shall have a designated order of succession.
- The plan supports the ongoing 24 hour operation of the State Centralized registry and call center. (1-877-NJABUSE)
- The plan supports the ongoing off hour's operation of the DCF SPRU system.
- The plan supports the ongoing 24 hour operation of the State Domestic Violence hotline system.
- The plan supports the emergency provision of education services to all students of the DCF Office of Education.
- Documentation of the occurrence of an incident with the potential to disrupt or impact the functional operation of a DCF component will be completed.
- Emergency notification of implementation of a response to an incident/disaster will be provided.
- Preservation of essential case management records will be provided through the NJSpirit system.
- Provision of emergency mental health services required and requested for the support of the child protection and child welfare system will be as delineated in the Children's System of Care.
- The plan supports the ongoing operation of all DCF Administrative, Area and Local offices which remain safe, accessible and operational in support of the provision of child protection and welfare services.
- The plan provides for the use of all DCF facilities; State owned and leased, on a flexible and extended hours of operation basis in support of the provision of child protection and welfare services.
- The plan provides for the use of flexible and extended work hours, including staggered shifts and alternate worksites, in support of the provision of child protection and welfare services.
- Agencies contracted, funded by and/or licensed by DCF are valuable partners in support of the provision of child protection and child welfare services in the event of a disaster.
- Volunteer organizations such as the American Red Cross, the Salvation Army and other agencies are valuable partners in support of child protection and child welfare services in the event of a disaster.

Situations

New Jersey is the nation's most developed and densely populated state, vulnerable to a wide variety of natural / accidental hazards and terrorist events. This plan is based around emergency functions usable for a number of emergency types with specific types of events that merit special consideration.

The Department of Children and Families (DCF) is the state agency providing child protection and child welfare services to all children and families in the state of New Jersey. DCF currently supervises in excess of 51,864 children. Approximately 7,361 children in the custody of DCF's Division of Child Protection & Permanency live in out of home placements. These children range in age from newborns up to the age of 21. Approximately 10% of the children living outside of their homes live in group residential settings. The remainder other than the 2% that live independently, live in resource family or kinship homes. Natural disasters, man-made crises or medical events can affect the way that child welfare agencies serve children, youth and families. The state of New Jersey is susceptible to these events; the protection of a vulnerable population such as abused and neglected children and victims of domestic violence requires preparedness for them. Safety, permanency and wellbeing outcomes must be provided for within the existing New Jersey family welfare structure. That structure can benefit from the improvements recommended and made in the course of disaster preparedness planning.

Disaster Definition (FEDERAL)
An occurrence of such severity and magnitude that normally results in deaths, injuries and property damage and that cannot be managed through the routine procedures and resources of government. It requires immediate, coordinated, and effective response by multiple government and private sector organizations to meet human needs and speed recovery. (Federal Emergency Management Agency)

Any hurricane, tornado, storm, flood, high water, wind-driven water, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, drought, fire, explosion, or other catastrophe, natural or man-made, in any part of the United States that, in the determination of the President, causes a large-scale community incident and damage of sufficient severity and magnitude to warrant (under the Stafford Act)2 major disaster assistance, above and beyond emergency services by the Federal government, to supplement the efforts and resources of States, local governments and disaster relief organizations.

Disasters (hazards) can be categorized as natural, accidental, and manmade. Natural disasters can include hurricanes, floods, and tornadoes, certain categories of fires, earthquakes, and severe storms. Accidental disasters can include chemical spills, gas explosions, airplane crashes, automobile or boating accidents. Manmade disasters can include war, assault, sabotage, hostage situations, arson, murder and acts of terrorism that can be chemical, biological, nuclear/radiological, explosive, cyber, and may occur concurrently.

Although community incidents may be insufficient in scope or magnitude to activate a presidential declaration, they may still impact the affected community. A community incident damages the bonds linking people together and impairs the prevailing sense of community. This type of event strikes at the vulnerabilities of people who are going about their normal routines. An example of a community incident, that does not trigger a disaster declaration, could be a shooting in a public facility.

Disaster Definition (STATE)

The State of New Jersey defines a disaster as a community incident in New Jersey that in the determination of the Governor causes damage of sufficient severity and magnitude, to warrant activation of the State Emergency Operations Plan.

An event is considered traumatic if it is so stressful to many of those affected that, if the crisis was left unresolved, ongoing psychological disturbance would impair emotional, social, physical or vocational functioning.

The crisis is caused by the stresses of either a natural, accidental or manmade emergency/disaster the scope, nature and unexpectedness of which overwhelms normal defenses, social supports and sense of security.

2. The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) is a United States federal law designed to bring an orderly and systemic means of federal natural disaster assistance for state and local governments in carrying out their responsibilities to aid citizens. It created the system in place today by which a presidential disaster declaration of an emergency triggers financial and physical assistance through the Federal Emergency Management Agency (FEMA). The Act gives FEMA the responsibility for coordinating government-wide relief efforts.

To reduce the effect of emergency/disaster related stress on individuals, appropriate anticipatory guidance and crisis counseling must be provided as soon as possible following the event. Crisis counseling services should also be coordinated with the services of the first line public and private agencies responsible for the health and safety of New Jersey's citizens.

Additional Hazard-Specific Categories:
All of the following categories would be assessed in light of specific events of medium or high probability in the state. These events would vary from region to region –

- Air transportation incidents and serious transportation accidents
- Civil Disturbances/Contractual Disputes
- Coastal hazards
- Communicable Disease Outbreaks/Epidemics
- Drought
- Earthquake
- Fires and Explosions (structural, wildfires)
- Floods and flash floods (coastal inland)
- Forest fires and wildfires
- Hailstorms
- Hurricanes and NorEasters
- Hazardous materials (any release of)
- Heat waves
- Nuclear power plant incidents
- Operational issues including government shutdown
- Technological Emergencies/Manmade accidents
- Terrorism
- Tornadoes and severe thunderstorms
- Unexpected utility failures

- Winter storms
- Structural collapses

Categories of need would be examined in light of less probable but potentially more catastrophic events, such as the effects of bioterrorism or nuclear attack.

Terrorism:

Terrorism is the unlawful use of force or violence against people or property to intimidate a government or civilian population in the furthering of political or social objectives. The State of NJ is vulnerable to the effects of terrorist events in the form of chemical, biological, nuclear or cyber-attack, weapons and firearms, fusion, weapons of mass destruction and animal disease. Potential targets include schools, shopping centers, healthcare facilities, airports, nuclear power plants, transportation infrastructure, metro chemicals, pharmaceuticals and major public events of various venues. Intentional contamination is also a factor via intentional contamination of agriculture and livestock by Foreign Animal Diseases (FAD's) The NJ Office of Emergency Management (NJ OEM) has noted potential terrorist targets in the State Emergency Operations Plan. The NJ OEM has also identified potential areas for the release of hazardous materials and biological agents. The priority of securing the safety of the children and families we serve will be inherent in protecting our critical infrastructure, key resources and assets. This will be accomplished by the establishment and maintenance of effective communication and coordination between DCF and the various state and private partners with the goal of a reduction in vulnerability and rapid recovery from a disaster. DCF/OEM will follow all command protocols and procedures designated by the NJ OEM in the event of a terrorist event.

Section 6.

Concept of Operations

The Department of Children and Families (DCF) was created by legislation enacted in July 2006 in response to calls for reform of NJ's child welfare system. The department is staffed by over 6,600 state child welfare employees whose focus is child protection and welfare, education and permanency, child behavioral health and abuse prevention.

Divisions in DCF operate sixteen regional schools, a training academy for newly hired and existing personnel and numerous area and local offices providing child protective and welfare services as well as investigative response capability throughout the state. DCF maintains a 24 hour a day call center the State Centralized Registry (SCR) for the reporting of allegations of child abuse and neglect and contracts, licenses and/or funds a variety of child placement and child and family support services through many private agencies within this state and others.

The DCF is the state agency responsible for the maintenance of child protection and welfare services to all children and families receiving services from the DCF in the event of any declared disaster. This responsibility will be met by working cooperatively with the NJ Office of Emergency Management, the NJ Office of Homeland Security and other State departments, Divisions, Bureaus and offices. It will also be carried out in cooperation with and assisted by a variety of county and local offices of emergency response and many private and volunteer human services and emergency response agencies. DCF is identified as a support agency to NJDHS regarding the coordination of ESF#6 if necessary.

Child protection and welfare actions taken in response to Federal and State level disasters will initiate from the DCF Office of Emergency Management in cooperation with the aforementioned entities.

The DCF disaster preparedness, response and recovery plan will specify how assigned responsibilities will be implemented. The plan will be reviewed and updated annually.

The planning and preparedness phase activities will include identification of essential functions, assessment, plan development and participation in exercises and drills. Response and mobilization will involve activation of the DCF emergency notification protocol as well as briefing, assignment and deployment of staff. Response may involve the provision of assistance to local emergency response entities, support of agencies contracted to or licensed by DCF, accessing disaster mental health services coordination of the movement of children and re-deployment of staff, utilization of alternate work and residential facilities and expansion or modification of work hours. The recovery phase will initiate upon DCF's return to normal operations. Continued access to disaster mental health services or a move to provision of long term crisis counseling may be required. An evaluation of planning, preparedness and response activities will be completed during this phase of the process.

Planning and Preparedness Phase

The planning and preparedness phase is critical to ensure the capability exists to continue essential functions and operations across a variety of potential emergencies or disasters. DCF OEM is responsible to assist in the development of unit or office specific plans to include – evaluation, compilation, technical assistance, and approval. These plans will be incorporated into the DCF overall plan. Preparedness objectives are as follows:

- Continued performance of essential functions and operations.
- The protection of individual and facility records and IT systems/information.
- Minimize operational disruption.
- Minimize the damage and loss of resources.
- Mitigate the effects of the emergency.
- Minimize the crisis response time.
- Efficient plan activation and continuity of operations.

The preparedness phase encompasses the time frame before a disaster. Preparedness activities include:

- Plan development.
- Identification of alternate work sites.
- Establishment of designations of authority and orders of succession.
- Establish interoperable communications.
- Identify and designate emergency relocation personnel.
- Ensure on-going staff training in disaster preparedness.
- Develop and update resource inventory and directory.
- Comprehensive review of plan with all staff
- Annual update and revisions of the plan.
- Educate all staff as to the need for personal preparedness.

- Establishment of memorandums of understanding and mutual aid agreements.
- Participation in trainings, exercises, drills, testing of plans.

Mitigation actions reduce or eliminate long-term risk to DCF staff, children, families, facilities and environment from all hazards with a goal of maximized disaster resistance. DCF OEM will take proactive measures to identify, develop, implement and evaluate strategies to reduce Department wide vulnerability to all hazards by organizing resources, assessing risks, developing a mitigation plan, implementing the plan and monitoring progress.

Response Phase

Response actions will be taken immediately before, during or after an emergency occurs to ensure effective maintenance of essential functions. Specific response activities based upon the function referenced will be identified as part of a unit, facility, office or agency specific disaster response plan as well as those activities identified for the DCF in its overall disaster response plan. DCF activities will be delineated in the Organization and Assignment of Responsibility portion of this plan. Actions to be taken by entities participating in the DCF response will be delineated in plans developed by those entities, some of which may be appended to this plan.

Response activities include:

- Development of an Action Plan outlining the flow of activation and how the Department would continue to operate.
- Notification and activation.
- Confirm or establish communication capabilities and test communication links.
- Assessment of workforce and workplace availability.
- Manage and/or coordinate the response.
- Manage Emergency Support Function responsibility.
- Deployment of personnel.
- Initiation of alternate facility process, as needed.
- Deploy transportation resources, as needed.
- Implement internal/external communications protocol.
- Evaluate performance and back up of IT systems.
- Documentation of response actions taken.
- Document response costs.
- Implement public information protocol.
- Implement staff support protocols.

Recovery Phase

Integration of response and recovery activity is the desired state of affairs as recovery from an event begins. Implementation of a comprehensive disaster recovery and business resumption strategy will initiate a return to minimum operating standards. Additional activities will be identified which can hasten return to normal and encourage improved levels of operations. Establishment of short and long term recovery goals and objectives must be accomplished.

Short-term recovery goals may include:

- Continue provision of essential services to all affected.
- Establish priorities for reinstatement of various systems and operations.
- Establish timeframes for acceptable reinstatement of system and operational levels.
- Identification of resources necessary to restore operations.
- Continue established communication and staff support protocols.

Long-term recovery goals may include:

- Strategic planning and mitigation including how we change our processes.
- Management and coordination of recovery activities.
- Assess response and recovery costs.
- Develop and implement mitigation goals/activities
- Debrief and capture lessons learned.
- Staff recognition.
- Build new system with improved response and strengthened infrastructure.

Section 7.
Authority:

Various Federal statutory authorities, presidential directives and State of NJ executive orders provide the basis for the DCF Disaster Preparedness Plan. The Plan is developed, promulgated and maintained pursuant to the following:

- Public Law 93-288, The Disaster Relief Act of 1974, as amended by Public Law 100-707, The Robert T. Stafford Disaster Relief and Emergency Assistance Act.
- Public Law 109-171, Deficit Reduction Act of 2005.
- Social Security Act, Title IV Parts B & E, as amended by the Child and Family Services Improvement Act, 2006.
- Public Law 107-296, The Homeland Security Act of 2002.
- Homeland Security Presidential Directive #5 (HSPD#5)
- Homeland Security Presidential Directive #8 (HSPD#8)
- State of NJ Executive Order #50 , Acting Governor Richard J. Codey
- State of NJ Executive Order #5, Governor Jon S. Corzine
- Federal Child and Family Services Improvement Act of 2006

Section 8.
Organization and assignment of responsibilities:
Administration:

The DCF table of organization reflects a direct reporting relationship between the Office of the Commissioner and the following components; the Office of the Chief of Staff, Assistant Commissioner Performance Management and Accountability, Adolescent Services, Child Protection and Permanency, Children's System of Care, Assistant Commissioner, Family and Community Partnerships, Women, Chief Administrator, and Assistant Commissioner Legal, Regulatory and Legislative Affairs. In the event of an emergency requiring activation of the State EOC, this leadership team will organize and respond from the Commissioner's conference room on the 4th floor 20 West State Street. Unless specifically called to the State EOC, the Commissioner will lead efforts to maintain essential functions of the DCF and will be provided ongoing information relative to response efforts and any NJOEM requirements of the DCF. Information will be provided by the DCF/OEM personnel assigned to the State EOC.

Residential services:
Disaster preparedness, response and recovery for agency operated residential programs licensed, contracted and/or funded by DCF will be provided as outlined in the agency wide emergency response plan and agency site specific emergency response plans in cooperation with the DCF and county and local emergency response entities.

Disaster preparedness, response and recovery for DCF Resource Family Homes will be provided in accordance with the DCF Manual of Requirements for Resource Family Parents in cooperation with county and local emergency response entities. It will further be carried out as indicated in the DCF Resource Family Disaster Plan completed and maintained by the Resource Family Home.

Any event impacting a large area of the state and requiring the movement of large numbers of children under the care and supervision of the DCF will result in a DCF system wide assessment to determine the existence of any vacant residential beds which may be utilized in the disaster response effort. An event of this size and scope may also see DCF active in its role as a support agency to NJDHS for ESF#6.

All child residents of resource family homes shall receive age appropriate instruction in how to evacuate the home safely in the event of fire or other emergency.

It is the responsibility of the caregivers with whom a child resides at the time of an event to care for that child until such time as an appropriate alternate site and /or caregiver(s) are identified. It is also the caregiver's responsibility to assure that each child is provided with documentation of identity as well as any medical information, school records, immunization records, court orders and physician and agency contact information, if available. If it becomes necessary to transfer care of a child, it is imperative that the child continue to receive food, clothing, medication (if needed) and emotional support and supervision.

If the size, nature or location of an event is significant enough that any residential facility cannot continue to serve the children residing there, on site, the facility caregiver should immediately implement a use of alternate facility process. Alternate facility process for residential services can include the following choices of a course of action:

- Use of emergency shelters.
- Use of an alternate site vacancy within the same agency.
- Use of an alternate site vacancy, outside the current agency.
- Use of family or relative care giver, DCF approved.
- Resource family re-location.
- Use of alternate resource family.
- Temporary, emergency hotel residence.

It is incumbent upon the caregiver to communicate any change in location of residence or transfer of caregiver responsibility to the DCF via agreed upon method of communication. This may be via phone contact with a child's caseworker or other methods outlined in this or other emergency response plans. It is the obligation of the caregiver to seek out information pertaining to DCF

Operations during the tenure of the event via the DCF webpage, DCF corresponds, media or newspapers.
Any information received relative to a change in residence or caregiver for a child receiving services from DCF will be will be entered into the State Automated Child Welfare Information System (SACWIS) per DCF/CPP protocol by the responsible party as soon as possible.

Should the use of emergency shelter be the only available alternative to residential services for any child or family receiving services from the DCF, the DCF will seek to provide support services to these individuals as

appropriate and available for the duration of the event or until alternate residential accommodations can be provided.

For those children receiving residential services outside the state of NJ but funded by DCF, disaster response, if needed will be provided through the national Emergency Management Assistance Compact (EMAC).

Education Services:
The DCF Division of Central Operations Office of Education (OOE) provides intensive 12-month educational services to children and young adults age 3 through 21. These services are provided at 16 DCF Regional Schools. Disaster preparedness, response and recovery will be provided based upon the Manual of Regional School Safety Plans and the individual school safety plan developed at each campus. All related activities will be conducted in cooperation with the DCF Office of Emergency Management and County and local emergency response entities.

Each of the regional schools will as part of preparedness and planning identify a school safety team. Each of the regional schools will also identify an alternate location for the provision of safe haven to their students in the event of a short term event which requires the use of an alternate facility process. Incidents which result in a facility being unavailable for use for any extended period of time will require the implementation of alternate facility process. Alternate facility process for the DCF Office of Education can include the following:

- Use of an alternate DCF/OOE facility.
- Use of a NJ DHS facility based upon memorandum of understanding.
- Use of an alternate private facility based upon lease agreement.

The DCF OOE maintains a fleet of 159 vehicles of this 155 vehicles are school buses, a portion of which are parked at various OOE campuses. The OOE also employs a staff of part-time CDL drivers at each campus. Utilization of this transportation resource for disaster response will be as indicated in the transportation service portion of this plan.

Human Resource Services:

The DCF Office of Human Resources DCF/OHR will be an important provider of essential services in all areas of disaster preparedness, response and recovery. The maintenance of an experienced, trained and informed workforce is a key component of DCF's level of preparedness. Provisions for the hiring of new employees and the training of all employees in the event of a disaster will be as designated in DCF/OHR policy and procedure.

Provision for the maintenance of timekeeping and payroll services will be as indicated in DCF/OHR policy and procedure. The DCF/OHR will work cooperatively with the NJ Civil Service Commission and NJ Dept. of the Treasury in pursuit of these goals.

The Office of Human Resources will partner with the DCF/OEM and the DCF Office of Communications to provide for accurate and timely workforce notification relative to any disaster and as indicated in the DCF Emergency Notification Protocol.

The DCF/OHR will coordinate with the DCF/OEM and designated employee bargaining units on the development of any memorandums of understanding, side letters of agreement or concessions required by

the establishment or alternate work sites, work rules or flexible and extended work hours necessitated by any event or occurrence.

DCF/OEM, DCF/OHR and the DCF Training Academy will cooperate in the development and implementation of a disaster preparedness, response and recovery curriculum. This curriculum will include elements of the National Incident Management System (NIMS), the Incident Command System (ICS) and other information critical to and current in the field of emergency management.

DCF/OEM will identify, coordinate and track the completion of all federal and state required disaster preparedness training for those employees designated.

The DCF/OEM will provide information and otherwise encourage the personal preparation of all DCF employees for disaster or disaster related situations. The DCF/OEM recognizes the reality that a personally prepared workforce will be better equipped to assist in the DCF response to any disaster if they themselves and those close to them are prepared. In that regard the DCF will look to develop and implement policy and procedure which will assist in the maintenance of a "disaster ready" workforce.

Office of Emergency Management Services:

The DCF/OEM under the supervision and direction of the DCF Director of Administration will serve in the role of DCF liaison to the NJ Office of Homeland Security and Preparedness, the NJ Office of Emergency Management, the Domestic Security Preparedness Task Force, the Domestic Security Preparedness Planning Group, Federal Emergency Management Agency and to all other State Departments as well as county, local and agency offices of emergency management. DCF/OEM will assume this role for the purpose of assisting in guiding preparedness, response and recovery activities and resources relative to the provision of all child protection and welfare services either locally or on a statewide basis.

DCF/OEM is responsible for DCF plan development, implementation, training and revision. DCF/OEM will participate in regular drills and exercises of various type and size for the purpose of maintenance of an appropriate level of preparedness.

Child Protection and Welfare Services:

The provision of child protection and welfare services requires the continuity of operations of the DCF State Central Registry (SCR) Child Abuse Hotline, the CPP Area and CPP Local offices and the Institutional Abuse Investigations Unit. Office, unit and/or building specific plans for the continuity of operations are in place at each work location. These plans specify contact persons, site coordinators, relocation coordinators, alternate worksites, numbers of employees and other information critical to maintaining the provision of these essential services to the children and families of the state of NJ.

Disaster Mental Health Services:

The DCF recognizes the need for the provision of mental health services in response to disasters of any type, size or scope. Access to these services will be as stipulated in the policies of the Children's System of Care. DCF will work locally to support the continued provision of any mental health service for children which was in place pre-disaster event.

Section 9.

Administration, Logistics and Legal

Any and all agreements and understandings entered into for the purchase, lease or otherwise use of equipment and/or services will be in accordance with the provisions of state law. The DCF will establish and adhere to the administrative controls necessary to manage expenditure of funds relative to disaster preparedness, response and recovery. DCF will provide for accountability and justification for all disaster related expenditures. DCF will provide for the timely submission of any documentation required to obtain federal reimbursement when available and in accordance with established federal program guidelines.

The DCF will adhere to all federal, state and department specific reporting guidelines and requirements in the event of any disaster. Back up and preservation of client records and case files is provided for in the State Automated Child Welfare Information System (SACWIS).

The information and technology (IT) infrastructure is a key element to the DCF operations. It is of the utmost importance that identified critical information systems are maintained and backed up. Information includes files, documents, computer software and databases required to carry out mission essential functions. IT shall provide the capability to back –up and restore both file and application servers in the event of an emergency.
IT employs offsite storage of all back-up tapes and utilizes the State of NJ Office of Information Technology hub facility for NJ Spirit. In the event of total destruction or loss of access to the 222 S. Warren St. building, key personnel could be provided remote access to the server.

Section 10.

Plan Development and Maintenance:

The DCF/OEM as directed by the Director of Administration DCF has the overall responsibility for planning and management of DCF resources as necessary in assuring emergency preparedness, response and recovery. Each functional component of DCF shares in the responsibility for development and maintenance of appropriate planning documents that address responsibilities assigned in the department plan.

The DCF/OEM will maintain and update the DCF All Hazards Disaster Preparedness Plan as required. Functional components within the DCF may recommend changes and will provide information relative to capability changes and/or emerging needs which may impact their emergency management responsibilities.

DCF functional components have the responsibility for maintaining unit, facility or site specific plans annexed to the DCF All Hazards Disaster Preparedness Plan. This may include the standard operating procedures, notification lists and resource data which ensure a prompt and effective response to emergencies.

The DCF/OEM will coordinate an annual review of the DCF All Hazards Disaster Preparedness Plan with functional component representatives of the DCF. The DCF/OEM will oversee all review and revision

efforts to assure appropriate update based upon lessons learned during actual occurrences and exercises, and other changes in organization, technology, responsibility and/or capability.
The DCF/OEM will recommend and issue changes to the DCF All Hazards Disaster Preparedness Plan as authorized by the Office of the Chief of Staff DCF and the Office of the Commissioner DCF. The DCF/OEM will assure appropriate distribution of the DCF All Hazards Disaster Preparedness Plan and all of its functional annexes within the DCF and to other State departments and agencies as appropriate and as recommended by the NJ State Police Office of Emergency Management.

The DCF/OEM will ensure participation in any relevant exercises by one or all functional components of the DCF at least annually. The DCF/OEM and DCF functional components as required will also participate in statewide exercises in emergency response as requested by the NJ State Police Office of Emergency Management.

Section 11.

DCF Direction and control:

In concert with the assumption that emergency response to all incidents is typically best managed at the lowest jurisdictional, organizational or geographic level, DCF will most often serve in a support role relative to disaster response. It is only in those incidents which are exclusive to the Department of Children and Families (DCF) that DCF/OEM will take the lead in management of the response.

During the majority of emergency operations; state, county and local emergency responders will remain to the extent possible, under the established management and supervisory control of their parent organizations. Key officials with the responsibility for executing direction and control of multi-agency response and recovery operations within defined areas are identified in local, county and state plans.

DCF will implement plans to maintain essential functions relative to child protection and welfare services for the entire state and will coordinate otherwise with the NJ State Police Office of Emergency Management in support of their response to all incidents requiring the activation of the State Emergency Operations Center (EOC).

Section 12.

Notifications and Activation:

DCF emergency notifications of any type and activation of the DCF Disaster Preparedness Plan in response to any occurrence requiring it will be provided by the DCF/OEM. The utilization of an alert system will be incorporated into the DCF notification procedure for those events impacting operations for an extended time.

Information relative to staff reporting requirements, work location availability and alternate work locations and hours will be posted to the DCF website and messaged via alerts and the 1-855-653-2336 employee disaster hotline.
Use of established phone trees or chains of communication where available and established in operational or geographically defined work units is encouraged.

Section 13.

Resource Management (combined w/communications)
The goal of effective resource management is to ensure that DCF has the organizational structure and processes to locate, obtain and distribute necessary resources in the event of an emergency. DCF resources would include personnel, professional expertise, facilities, communications equipment, computer hardware and software, training curriculums and facilities; and vehicles. An emergency alert notification contact roster for DCF executive management will be maintained by the DCF OEM. In the event that new equipment is required, DCF would request deployment of emergency equipment from our regular vendors.
Access to resources from out of state or provision of resources for an out of state incident will be as defined in the Emergency Management Assistance Compact (EMAC) or thru FEMA via Emergency Response Team Advanced (ERT-A) located at the EOC.

Communications:

To the extent permitted by the incident which has occurred communications within DCF will continue to utilize existing and operational land line telephones, mobile/cell phones, Blackberries, Smart Phones, PDAs and personal or laptop computers. Use of these devices will be contingent on the availability of current network services.

The DCF/OEM has also established a DCF emergency radio communications system connecting all DCF worksites by the assignment of portable 800Mhz Motorola radios to each site. The system is tested monthly and is activated in part or in whole when the ability to communicate or to communicate safely via other means is no longer available. The system is an interoperable system which is monitored by the NJ State Police and the NJ Human Services Police Department.

Section 14.

Public Information:

All provision of disaster related information to the public for DCF will be coordinated through the DCF Office of Communications, The Office of the DCF Chief of Staff, and the Office of the Commissioner (DCF) and the Office of the Governor. For a disaster requiring the activation of the State Emergency Operations Center (EOC), all releases of information will be the responsibility of a joint public information center at the state level.

In the event that a joint public information center is activated by the State EOC, the DCF Office of Communications and Legislation will serve as the DCF liaison to that entity as noted in ESF #15 the public information officer would report to the Joint Information Center (JIC).

Section 15.

Transportation:

Particular attention must be given to individuals who lack the capacity to provide or otherwise arrange transportation for themselves and for children in their care. In response to this need the DCF may look to

utilize the fleet of vehicles which it maintains in the most efficient and equitable fashion in response to any event which calls for the movement of children under DCF supervision and to assure continued provision of child protection and welfare services throughout the state.

Facility, local, county or regional events may require the emergency re-allocation of a portion of the DCF fleet to or from an affected area depending upon the nature of the incident. For example flooding of a particular area may require that a portion of the fleet be relocated to higher ground. A disaster requiring activation of the State Emergency Operations Plan may require the re-allocation of the DCF fleet or portions of it to the NJ State Police Office of Emergency Management.

DCF will maintain a fleet of 2389 vehicles. It is expected that 2072 of these vehicles will support child protection and welfare services throughout the state and that 230 of these vehicles will support ancillary services including institutional investigations, residential services, information and technology services, licensing, adoption services, facilities management, training and revenue development. The Office of Education (OOE) utilizes 159 vehicles, which are buses used to transport children to the various regional school campuses operated by OOE and other educational programs

Section 16.

Evacuation

The DCF/OEM will ensure that all DCF operated facilities and programs have plans in place for the safe evacuation of staff and children from disaster affected areas to non-affected areas as a component of their facility/home disaster plan. Incorporated in the plans will also be provision of designated alternate sites and coordination of acceptance at specified sites. Plans will also address the need for the continuation of services at alternate sites. Caretakers are expected to contact DCF with information relative to the location to which they have relocated at the earliest possible date.

Exclusive of emergency evacuation of a facility for a fire or other reason (drill or otherwise); activation of evacuation plans will be triggered locally upon request or direction from local, county or State Emergency Management authorities. Staff will receive instructions and trainings regarding the evacuation process.

Section 17.

Mass Care

Mass care consists of all activities to provide for all basic needs for those displaced by a disaster. This includes shelter, food, first aid, and relief supplies following a catastrophic event. DCF/OEM will implement procedures for providing or requesting mass care for personnel and children impacted by a disaster or emergency. Any event impacting a large area of the state and requiring the movement of large numbers of children under the care and supervision of the DCF will see implementation of the alternate facility process discussed in the residential services portion of Section 8 of this plan.

Section 18.

Health and Medical

DCF is working collaboratively with the NJOEM and the NJDOH to improve the state of preparedness which DCF has as it pertains to health and medical services. Provision of disaster mental health services will be as indicated previously in section 8 of this document and as prescribed by the Children's System of Care. DCF caseworkers and other staff will seek to provide support to those individuals under their care and supervision at a local level and through the existing network of health care professionals in the community. DCF would continue to access the services provided by the Comprehensive Health Evaluations for Children

exam sites where services were not impacted or impeded by the event and/or utilize existing emergency protocols for critical care via public health and hospital infrastructure in the event of a declaration of a state or federal disaster the DCF will seek to provide for medical and health related services to those individuals under its care and supervision at the direction of the NJOEM and/or the NJDOH.

Section 19:

Continuity of Operations:

The occurrence of a disaster of any size could impede the ability of the DCF to provide the essential services to the children of a portion of or the entire state of NJ. In response to this potentiality the DCF/OEM works with the various DCF organizational units and agencies in the development and maintenance of local continuity of government and continuity of operations plans. Lines of succession in the DCF are outlined in the DCF Table of Organization. Delegations of authority for DCF functional components are as indicated in the school safety plans, CPP facility emergency preparedness and response plans and office contingency plans on file in the DCF/OEM. Lines of succession and delegations of authority for agencies or facilities licensed by, contracted to or funded by must be defined in unit, facility, site or agency specific plans. Emergency action steps and the alternate facility process are delineated in Organization and assignment of responsibilities specifically in the various essential services sections. Protection of government resources is addressed in the resource management portion of this plan. The protection of vital records is described in section 9. Administration, logistics and legal.

The DCF OEM has developed a separate Continuity of Operations (COOP) Plan to provide guidance in ensuring the execution of mission essential functions critical to the provision of child protection and child welfare services.

Glossary of terms:

All Hazards – anything that is potentially dangerous or harmful and often the root cause of an unwanted outcome.

Recovery- The development, coordination and execution of service and site restoration plans for impacted entities and the reconstitution of operations and services. Identify needs and resources, promote restoration of normal operations, incorporate mitigation measures and identify lessons learned.

Response- all activities that address the short-term direct effects of an incident. Activities can occur immediately before, during or directly after an emergency or disaster. Includes the execution of emergency operation plans to minimize unfavorable outcomes.

Catastrophic incident- any natural or man-made incident including terrorism, that results in extraordinary levels of mass casualties, damage or disruption severely affecting the infrastructure and operational functions.

Critical infrastructure – Vital systems and assets that the destruction or incapacity of such systems and assets would have a debilitating impact of functional operations and service provision.

Evacuation- An organized, supervised dispersal or removal of personnel and children/families from potentially dangerous areas and their reception and care to safe areas.

Hazard mitigation- Actions and activities directed toward eliminating or reducing the risk of disaster occurrence.

Incident- An occurrence or event, natural or man-made that requires an emergency response to protect life or property.

Interoperable communications-The ability of emergency responders to talk to one another via radio and other communication systems and exchange voice/and or data with one another on demand and in real time.

NJ Department of Children and Families
50 East State Street
Trenton NJ 08625

COOP PLAN

Continuity of Operations Plan
2014

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The Department of Children and Families (DCF) was established by legislation July 1, 2006. DCF is comprised of the following divisions Child Protection and Permanency (DCP&P), Children's System of Care (DCSC), Family and Community Partnerships (DFCP), the Office of Education (OOE), the Institutional Abuse Investigations Unit (IAIU), Division on Women (DOW), Office of Adolescent Services (OAS), Office of Advocacy, Office of Licensing (OOL), Office of Performance Management & Accountability (OPMA) and the Professional Center at DCF (PCDCF). DCF also operates the Statewide Central Registry (SCR), a 24 hour a day child abuse and neglect reporting hotline, a Domestic Violence Hotline as well as a Child Welfare Training Academy and the NJ Child Abuse Task Force.

The DCF maintains approximately 84 work sites around the state. This currently includes 10 Area and 47 Local Division of Child Protection and Permanency offices and 16 state operated regional schools. As of June 2013, 51,864 children were under DCF supervision with 7,361 of them in out-of-home placements.

To ensure its ability to maintain operation of all essential functions identified for the provision of child protection and welfare services to the children and families of NJ, DCF has developed this Continuity of Operations Plan. The plan is a compilation of policy, procedures and delegations of authority. It identifies alternate facilities, processes for the provision of interoperable communications and the backup of vital records and data. The plan calls for training, tests and exercises. It includes planning for devolution as well as reconstitution.

Plan development requires the involvement of personnel at all levels and from all components of the DCF, internal and external. Implementation of the plan will impact all DCF components as well as DCF service recipients and the population of the state of NJ. It is an all hazards plan which will be implemented when an incident occurs which adversely impacts the maintenance of essential functions identified in the plan.

A key element of planning is the identification of essential functions of the DCF. Planning will also include the identification and training of staff as well as the identification of resources which will ensure success of the plan. Vulnerability Assessments will be conducted. Implementation of the plan will be initiated by the DCF Office of Emergency Management (DCF/OEM) as authorized by the Office of the Chief of Staff DCF and the Office of the Commissioner DCF.

INTRODUCTION

The Governor of NJ, Chris Christie, has identified Continuity of Operations Planning (COOP) as a priority for his administration. The NJ Office of Homeland Security and Preparedness (OHSP) have been identified as the lead agency in this effort. OHSP's stated objective is to assure that each organization is prepared to

react to a natural and/or man-made business interruption with or without notice. The DCF is an organization subject to this objective and the responsible entity regarding the safety and welfare of children and families.

The DCF is the state's first Cabinet level agency devoted exclusively to serving and safeguarding the most vulnerable children and families in the state.

The department is staffed by over 6,600 state child welfare employees whose work is focused on child protection, welfare, education and permanency, child behavioral health and abuse prevention. It is imperative therefore that the DCF develop a continuity of operations plan that will make sustainment of essential functions possible.

The importance of planning for the emergency support of DCF essential functions is highlighted by recent events such as Post Tropical Cyclone Sandy in 2012, Hurricane Irene in August 2011, the state government shut down in July 2006 and the World Trade Center terrorism event in 2001. The potential for a weather related disaster due to a coastal storm or hurricane is also a threat which must be considered. The vulnerability of the population served by the DCF makes planning and preparedness for such an occurrence a clear priority.

PROMULGATION STATEMENT

The NJ Department of Children and Families mission is to partner with New Jersey's communities; DCF will ensure the safety, well-being, and success of New .Jersey's children and families. To accomplish this mission, NJ Department of Children and Families must ensure its operations are performed efficiently with minimal disruption, especially during an emergency. This document provides planning and program guidance for implementing the NJ Department of Children and Families Continuity Plan and programs to ensure the organization is capable of conducting its essential missions and functions under all threats and conditions.

Key NJ Department of Children and Families personnel who are relocated under this plan are collectively known as the Emergency Relocation Group. Upon plan activation, these members will deploy to Professional Center at DCF 30 Van Dyke Avenue New Brunswick. Upon arrival, continuity personnel will establish an operational capability and perform essential functions within 12 hours from the time of the activation of the Continuity Plan, for up to a 30-day period or until normal operations can be resumed.

This plan is developed in accordance with guidance in the National Continuity Policy Implementation Plan, dated August 2007; Continuity Guidance Circular 1 (CGC 1) , Continuity Guidance for Non-Federal Entities (States, Territories, Tribal, and Local Government Jurisdictions and Private Sector Organizations), dated January 21, 2009;

Continuity Guidance Circular 2 (CGC 2), Continuity Guidance for Non-Federal Entities, dated July 22, 2010; NJ Department of Children and Families Management Directive Executive Order #5 and Executive Order #50; and other related Directives and guidance.

RECORD OF CHANGES

Document Change Table

Change Number	Section	Date of Change	Individual Making Change	Description of Change
1	Plan	8/19/2013	Robert Challender	Format Change
2	Executive summary	2/5/2014	Robert Challender	Update

RECORD OF DISTRIBUTION

Document Transmittal Record

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Date of Delivery	Number of Copies Delivered	Method of Delivery	Name, Title, and Organization of Receiver

DISTRIBUTION OF COOP PLAN			
Plan Recipient	**Portion of Plan Distributed**	**Date of Distribution**	**Method of Distribution**
Primary Distribution List			
DCF Commissioner	Entire Plan		
DCF Chief of Staff	Entire Plan		
DCF OEM staff	Entire Plan		
All Designated Essential COOP personnel	Entire Plan		
Alternate Facility staff	Entire Plan		
Secondary Distribution List			
Successors, Back-up Field Locations & Back-up Organizations	Entire Plan		
Other	Relevant Portions of Plan		
Regional or field locations of the Department	Relevant Portions of Plan		
General Distribution List			
All Designated Non-essential Personnel	Plan Overview		

I. PURPOSE, SCOPE, SITUATIONS, AND ASSUMPTIONS

The DCF Continuity of Operations Plan addresses a wide variety of potential threats, crises and emergencies that include natural as well as man-made disasters utilizing an all-hazards planning approach.
The DCF/OEM is the entity designated by the DCF to facilitate the implementation of a Continuity of Operations Plan in event of disaster as authorized by the Office of the Chief of Staff DCF.
This plan is applicable to the DCF organization as a whole encompassing all facilities, schools, offices and other entities as noted. It applies to those activities identified as essential functions of DCF in this plan as well as subordinate activities which support them. All personnel identified as essential to support these activities are considered to be within the scope of the plan.

A. PURPOSE

The NJ Department of Children and Families' mission is in partnership with New Jersey's communities, DCF will ensure the safety, well-being, and success of New Jersey's children and families.To accomplish this mission, the NJ Department of Children and Families must ensure its operations are performed efficiently with minimal disruption, especially during an emergency.
The Department of Children and Families (DCF), Office of Emergency Management has developed this Continuity of Operations Plan to provide guidance to staff that will ensure the execution of essential functions in the event of a crisis on any scale that disrupts operations. The DCF provides child protection, child welfare and supportive services to children and families in New Jersey and disruption or cessation of these services could place the children and families of New Jersey at increased risk.

A Continuity of Operations Plan beyond being a good business practice is part of the fundamental mission of an agency as a responsible and reliable public entity and allows for the execution of mission essential functions. Continuity of operations planning must establish preparedness and response capability to any and all threats to operations and safety of all personnel. Government today faces numerous challenges from natural disasters to terrorism and must be prepared to maintain operations during any event.
This Continuity of Operations plan is developed and maintained in accord with the Department of Homeland Security (DHS) Headquarters Continuity of Operations (COOP) Guidance Document dated April 2004.

SCOPE

The DCF Continuity of Operations Plan addresses a wide variety of potential threats, crises and emergencies that include natural as well as man-made disasters utilizing an all-hazards planning approach. The DCF/OEM is the entity designated by the DCF to facilitate the implementation of a Continuity of Operations Plan in event of disaster as authorized by the Office of the Chief of Staff DCF.

This plan is applicable to the DCF organization as a whole encompassing all facilities, schools, offices and other entities as noted. It applies to those activities identified as essential functions of DCF in this plan as well as subordinate activities which support them. All personnel identified as essential to support these activities are considered to be within the scope of the plan. This Continuity Plan applies to the functions, operations, and resources necessary to ensure the continuation of NJ Department of Children and Families essential functions in the event its normal operations at 50 East State Street are disrupted or threatened with disruption. This plan applies to all NJ Department of Children and Families personnel at 50 East State Street. NJ Department

of Children and Families staff must be familiar with continuity policies and procedures and their respective continuity roles and responsibilities.
Specifically, a Continuity of Operations Plan is designed to:

- Address all hazards, threats and circumstances when standard operations become overwhelmed.
- Present a management framework.
- Establishes operational procedures to sustain essential functions.
- Facilitate the return to normal operating conditions as soon as possible with a timely and orderly recovery.
- Ensure DCF is prepared to provide critical services in an environment that is threatened, diminished or incapacitated.
- Ensure plans are viable, operational and compatible with NJ OEM plans.
- DCF is ready to respond to disasters, recover and mitigate against any impact to operations.
- Ensure uninterrupted communications.
- Provide sufficient operational capabilities relative to the event.
- Protect essential facilities, equipment, records and assets.
- Minimize the loss of life, injury and property damage.
- Reduce the consequences of a disaster.
- Restore essential functions within 12 hours after activation and performing those functions for up to 30 days in accordance with applicable Federal and State guidance.
- Maintains a high level of preparedness and COOP must be ready for implementation without significant prior warning.
- Assure compliance with legal and statutory requirements.

SITUATION OVERVIEW

According to the National Continuity Policy Implementation Plan, it is the policy of the State of New Jersey to maintain a comprehensive and effective continuity capability. To that end, by continuing the performance of essential functions through a catastrophic emergency, The Department of Children and Families support the ability of the State of New Jersey Government to perform Essential Functions (EFs), continue Enduring State's Constitutional Government, and ensure that essential services are provided to the citizens of New Jersey. A comprehensive and integrated continuity capability will enhance the credibility of New Jersey's security posture and enable a more rapid and effective response to, and recovery from, an emergency.

Further, continuity planning should be based on the assumption that organizations will not receive warning of an impending emergency. As a result, a risk assessment is essential to continuity planning. Risk-specific appendices that address the results of the NJ Department of Children and Families risk assessment are found later in the plan.

The NJ Department of Children and Families continuity facilities were selected following an all-hazards risk assessment of facilities for continuity operations use. The NJ Department of Children and Families risk assessment is found at Hazardous Vulnerability Assessment at NJ Department of Children and Families Office of Emergency Management. This risk assessment addresses the following for each continuity facility:

- Identification of all hazards
- A vulnerability assessment to determine the effects of all hazards
- A cost-benefit analysis of implementing risk mitigation, prevention, or control measures
- A formal analysis by management of acceptable risk
- Sufficient distance between each facility location or threatened area and other facilities or locations that are potential sources of disruptions or threats
- Sufficient levels of physical security required to protect against identified threats
- Sufficient levels of information security required to protect against identified threats

Further, the NJ Department of Children and Families has evaluated its daily operating facilities in accordance with inter-organization risk and safety standard operating procedures or applicable organization standards. This evaluation is found Office of Emergency Management.

PLANNING ASSUMPTIONS

This Continuity Plan is based on the following assumptions:

- An emergency condition may require the relocation of the NJ Department of Children and Families Emergency Relocation Group (ERG) to the continuity facility at The Professional Center at DCF, 30 Van Dyke Avenue New Brunswick NJ.
- The Professional Center at DCF will support the ERG and the continuation of the NJ Department of Children and Families essential functions by available communications and information systems within 12 hours from the time the Continuity Plan is activated, for potentially up to a 30-day period or until normal operations can be resumed
- The NJ Department of Children and Families regional operations are unaffected and available to support actions directed by the Commissioner or a successor. However, in the event that ERG deployment is not feasible due to the loss of personnel, the NJ Department of Children and Families will devolve to 30 Van Dyke Avenue New Brunswick NJ.

- Upon activation of COOP, Executive Mgmt. and designated staff may be relocated if necessary to a pre-designated alternate relocation facility (ARF) capable of supporting all essential functions and sustaining operations for a maximum of 30 days.
- The Alternate Relocation Facility will be based on the threat of the incident, risk assessments and execution timeframes.
- Mobile, cell and radio communications capabilities will be utilized if available to ensure direction and control of COOP activation and/or relocation for purposes of interoperability.
- The majority of information systems may not be available upon initial COOP activation. Upon activation of COOP, Executive Mgmt. and designated staff may be relocated if necessary to a pre-designated alternate relocation facility (ARF) capable of supporting all essential functions and sustaining operations for a maximum of 30 days.
- The Alternate Relocation Facility will be based on the threat of the incident, risk assessments and execution timeframes.
- Mobile, cell and radio communications capabilities will be utilized if available to ensure direction and control of COOP activation and/or relocation for purposes of interoperability.
- The majority of information systems may not be available upon initial COOP activation.
- The declaration of an emergency requiring COOP activation may require the discontinuation of non-mission critical functions at the discretion of executive management

OBJECTIVES

- The NJ Department of Children and Families continuity objectives are listed below:
    1. Ensure essential functions can be performed, if applicable, under all conditions.
    2. Reduce the loss of life and minimize property damage and loss.
    3. Execute a successful order of succession with accompanying authorities in the event a disruption renders that organization's leadership unable, unavailable, or incapable of assuming and performing their authorities and responsibilities of office.
    4. Reduce or mitigate disruptions to operations.
    5. Ensure the NJ Department of Children and Families has facilities where it can continue to perform its essential functions, as appropriate, during a continuity event.

6. Protect essential facilities, equipment, records, and other assets, in the event of a disruption.
7. Achieve the organization's timely and orderly recovery and reconstitution from an emergency.
8. Provision of a time-phased implementation of the COOP Plan to mitigate the effects of the emergency and curtail crisis response time.
9. Identify and designate principals and support staff to be relocated.
10. Facilitate decision-making for execution of the COOP and the subsequent performance of operations
11. Ensure and validate continuity readiness through a dynamic and integrated continuity Test, Training, and Exercise (TT&E) program and operational capability.

SECURITY AND PRIVACY STATEMENT

This document is For Official Use Only. Portions of the Plan contain information that raises personal privacy or other concerns, and those portions may be exempt from mandatory disclosure under the Freedom of Information Act (see 5 United States Code §552, 41 Code of Federal Regulations Part 105-60). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with Civil Service Regulations and is not to be released without prior approval of the Commissioner, NJ Department of Children and Families to the public or other personnel who do not have a valid "need to know".

Some of the information in this Plan, if made public, could endanger the lives and privacy of employees. In addition, the disclosure of information in this plan could compromise the security of essential equipment, services, and systems of the NJ Department of Children and Families or otherwise impair its ability to carry out essential functions. Distribution of the Continuity Plan in whole or part is limited to those personnel who need to know the information in order to successfully implement the plan.
The NJ Department of Children and Families Office of Emergency Management will distribute copies of the Continuity Plan on a need to know basis.

COOP PLAN DISTRIBUTION

The DCF OEM will be responsible for the distribution of the COOP plan and ensure that plan information is in the hands of personnel that may need the information following an event which warrants consideration of activation of the COOP plan. Many essential COOP personnel will not require access to the entire plan, but only the portions relevant to their duties and responsibilities. The following table will be utilized to develop and record distribution of the COOP:

In addition, copies of the Plan will be distributed to other organizations as necessary to promote information sharing and facilitate a coordinated inter-organization continuity effort. Further distribution of the plan is not permitted without approval from the Chief

Of Staff. The NJ Department of Children and Families, Office of Emergency Management will distribute updated versions of the Continuity Plan annually or as critical changes occur.

CONCEPT OF OPERATIONS

PHASE I: READINESS AND PREPAREDNESS

The NJ Department of Children and Families will participate in the full spectrum of readiness and preparedness activities to ensure personnel can continue essential functions in an all-hazard/threat environment. The NJ Department of Children and Families readiness activities are divided into two key areas:

- Organization readiness and preparedness
- Staff readiness and preparedness

Activation and Relocation

1. Decision Process

Upon receipt of notification that a disaster has occurred or is imminent, the DCF/OEM will respond in accordance with this COOP Plan. Scope of activation will be dependent upon the nature, location and impact of the event. The DCF/OEM as directed by the DCF Office of the Commissioner, Chief of Staff or their successors will activate the COOP Plan. The DCF OEM will be responsible to oversee the implementation of any portion of the COOP Plan upon approval of activation. When the decision is made to activate the COOP Plan, the DCF OEM will begin notification procedures as per protocol.

Disasters or potential disasters may impact the capability of DCF to perform its mission essential functions from one or more DCF locations. The locations impacted may provide similar essential functions or essential functions which are different. An OOE regional school, a CPP local office and an IAIU regional office all may support separate and distinct essential functions. Because events are often geographically based, DCF could see an impact to several of the area or local offices, a regional IAIU office, and one or more of its regional schools. An event of

this nature while not impacting all DCF facilities would impact all essential functions provided in a more defined or limited area.

An event which has statewide impact may require the activation of the COOP plan for the entire department. Activation of response to an event will be driven by the emergency presented and in concert with the facility, school or office emergency, contingency or COOP plan. Each site will maintain a specific plan that identifies facility and function specific staff designated as Emergency Relocation Group (ERG) members and a continuity facility

In any of the above referenced scenarios, the DCF Chief of Staff and or Successor in consultation with the DCF Commissioner will direct the activation of the COOP by

DCF/OEM. The DCF/OEM or alternate will notify Executive Management and the Executive Management designated ERG that the COOP plan is being activated according to the DCF Emergency Notification procedure. (Annex A)

If access to the DCF Central Office at 50 East State Street is not available due to the nature of the event, the pre-determined continuity facility will be activated according to the DCF/OEM Contingency Plan for relocation of DCF Central Office personnel based at 50 East State Street (Annex D). DCF essential functions will be supported by the Executive Management ERG from the continuity facility for as long as necessary. The time frame to regain access to 50 East State Street will dictate the utilization time of the continuity facility. When the 50 East State Street building is deemed ready for occupancy, support of essential functions will be transitioned back to 50 East State Street.

The Executive Management ERG will be assisted by staff from throughout the DCF in support of DCF essential functions. The scope of impact of a disaster/event will determine the availability of each of the many DCF worksites. Where necessary, continuity facility as well as local ERGs will be activated. Upon activation, ERGs will be responsible for ensuring the continuation of essential functions of DCF within 12 hours of deployment. All ERGs will possess the knowledge, skills, abilities and resources to support identified essential functions until the continuity facility is staffed and operational. The ERG at any department continuity facility worksite will be assisted by DCF staff from the permanent work location for the duration of any event/disaster impact in support of all DCF essential functions.

Organization Readiness and Preparedness

The NJ Department of Children and Families preparedness incorporates hazard/threat warning systems, which includes:

Alert, Notification and Implementation Process

Incidents can occur with or without warning and during working hours or non-working hours. If the threat or occurrence of an incident adversely impacts operations, the COOP plan will be activated in response to a wide range of disasters to include natural disasters, terrorist threats and technological disruptions and failures.
Emergency notifications will be provided via standard communication devices (phone, cell phone, e-mail) and according to the DCF Emergency Notification Protocol when communications capabilities are unaffected by the disaster event. If standard communication is impacted and therefore unavailable, the DCF emergency radio system will be activated.

Warning Conditions

With Warning: In many instances, DCF will receive advance warning prior to an event. This would allow for the implementation of the COOP plan and an orderly alert and notification of DCF staff. Activation will be as directed by the DCF Office of the Commissioner, Chief of Staff or successor to the DCF/OEM. Notification will commence

according to the DCF/OEM Emergency Notification Procedure. The deployment of the appropriate ERGs to their designated continuity facility, if required, will be determined by the nature and scope of the event and as dictated by this plan.
Without Warning: When a disaster/event occurs without warning the notification to DCF/OEM will likely come from the NJOEM, County or local OEM or from a facility, school or office within DCF. Activation will be as stated above. Notification will commence according to the DCF/OEM Emergency Notification Procedure
Non-Working Hours: Activation will be as stated above. Executive management and ERGs will be alerted and activated by DCF/OEM in accord with the DCF/OEM Emergency Notification Procedure.
Working Hours: Activation will be as stated above. Notification will commence according to the DCF/OEM Emergency Notification Procedure. Once alert and notification have been completed, DCF employees at sites not impacted will be expected to stand by for direction as to where and when to report. At those locations where relocation is required by the impact of an event, those employees identified as the ERG members for that site will report and make the continuity facility operational. Non ERG members at these sites should also await guidance relative to reporting times and locations.
Where impact requires that a worksite identified as a continuity facility for a neighboring work site be activated as such, the activation of a flexible work schedule reflected in the local contingency or COOP plan may be required. All employees ERG members and otherwise are requested to remain prepared, accessible and flexible.
See the following detailed Annexes for the following procedures–

1. Activation
2. Deployment/Departure

Time Phased Implementation /Magnitude of Disaster Classification
The goal of a Time Phased Implementation is to ensure maximization of the preservation of life and property in the event of a natural or man-made disaster by making the most efficient use of available personnel, equipment, facilities and resources. This plans intention is to provide a flexible response to all-hazard environments. The degree of COOP implementation will depend on the type and magnitude of the disaster. The Disaster Magnitude classification will be a factor in determination of COOP execution.
Levels of disaster are characterized as follows:
Minor Disaster- A minor disaster is any disaster which requires the evacuation of or makes unavailable a DCF school or office and is likely to last for duration of less than 72 hours. ERGs from the impacted location(s) will be directed to begin operations at the designated continuity facility.
Major Disaster- A major disaster is any disaster which requires the evacuation of or makes unavailable a school or office with a duration that will exceed 72 hours. ERGs from the impacted locations will be directed to begin operations at the designated continuity facility.
Catastrophic Disaster- A disaster which requires evacuation of or makes unavailable a DCF school or office for a duration which is likely to last for an extended period of

time. ERGs from the impacted locations will be directed to begin operations at the designated continuity facility.
Implementation activities include-

- Organize log(s) for tracking disaster activities.
- Activate plans for coordination with NJ OEM and call into action DCF personnel as designated.
- Identify exact location of disaster, damaged areas and the extent of services required, geographic scope of disaster, number and names of counties involved and number of children homeless, evacuated due to the disaster.
- Report destruction/damage or impact to facilities, schools, local offices, etc.
- Identify the status of DCF personnel on location in impacted offices.
- Identify status of services to children, including short-term and long-term needs of the affected, current basic services curtailed or destroyed and anticipated reinstatement of services.
- Activate coordination with community resources for the implementation of emergency services.
- Inform State Emergency Operations Center and other disaster agencies of availability of existing network resources suitable for disaster relief.
- Transportation resources, i.e. buses, vans, volunteer vehicles and drivers available for evacuation of children/families and other emergency transport.
- Provide Information to disaster victims on a 24 hour basis utilizing a designated Helpline 211 as available.

Staff Readiness and Preparedness

The NJ Department of Children and Families personnel will prepare for a continuity event and plan in advance for what to do in an emergency. Personnel will also develop a Family Support Plan to increase personal and family preparedness. The www.ready.gov website provides guidance for developing a Family Support Plan and includes a “Get Ready Now” pamphlet that explains the importance of planning and provides a template that can be tailored to meet family-specific planning requirements.

The NJ Department of Children and Families continuity personnel will create and maintain drive-away kits. Continuity personnel are responsible for carrying the kits to the continuity facility or pre-positioning the kits at the continuity facility. A typical drive-away kit should contain those items listed in the table below.

Drive-Away Kit

The following table lists suggested items for continuity drive-away kit contents.

Drive Away Kit	

• Identification and charge cards
  – Organization identification card
  – Driver's license
  – Organization travel card
  – Health insurance card
  – Personal charge card
• Communication equipment
  – Pager/BlackBerry
  – Organization cell phone
  – Personal cell phone
• Hand-carried vital records
• Continuity Plan
• Directions to continuity facility
• Maps of surrounding area
• Business and leisure clothing
• Flashlight
	• Business and personal contact numbers
	  – Emergency phone numbers and addresses (relatives, medical doctor, pharmacist)
	• Toiletries
	• Chargers/extra batteries for phones, GPS, and laptop
	• Bottled water and non-perishable food (i.e., granola, dried fruit, etc.)
	• Medical needs
	  – Insurance information
	  – List of allergies/blood type
	  – Hearing aids and extra batteries
	  – Glasses and contact lenses
	  – Extra pair of eyeglasses/contact lenses
	  – Prescription drugs (30-day supply)
	  – Over-the-counter medications, dietary supplements

In addition, the NJ Department of Children and Families will conduct the following continuity readiness and preparedness activities: Post Readiness information on NJ Department of Children and Families Portal, Send Preparedness Emails to staff on a bi weekly basis.

Phase II. Activation and Relocation

Activation and Relocation

To ensure the ability to attain operational capability at continuity facilities and with minimal disruption to operations, the NJ Department of Children and Families will execute activation and relocation plans as described in the following sections.

1. Decision Process

Upon receipt of notification that a disaster has occurred or is imminent, the DCF/OEM will respond in accordance with this COOP Plan. Scope of activation will be dependent upon the nature, location and impact of the event. The DCF/OEM as directed by the DCF Office of the Commissioner, Chief of Staff or their successors will activate the COOP Plan. The DCF OEM will be responsible to oversee the implementation of any portion of the COOP Plan upon approval of activation. When the decision is made to activate the COOP Plan, the DCF OEM will begin notification procedures as per protocol.

Disasters or potential disasters may impact the capability of DCF to perform its mission essential functions from one or more DCF locations. The locations impacted may provide similar essential functions or essential functions which are different. An OOE regional school, a CPP local office and an IAIU regional office all may support separate and distinct essential functions. Because events are often geographically based, DCF could see an impact to several of the area or local offices, a regional IAIU office, and one or more of its regional schools. An event of this nature while not impacting all DCF facilities would impact all essential functions provided in a more defined or limited area.

An event which has statewide impact may require the activation of the COOP plan for the entire department. Activation of response to an event will be driven by the emergency presented and in concert with the facility, school or office emergency, contingency or COOP plan. Each site will maintain a specific plan that identifies facility and function specific staff designated as Emergency Relocation Group (ERG) members and an Alternate Relocation Facility (ARF).

In any of the above referenced scenarios, the DCF Chief of Staff and or Successor in consultation with the DCF Commissioner will direct the activation of the COOP by DCF/OEM. The DCF/OEM or alternate will notify Executive Management and the Executive Management designated ERG that the COOP plan is being activated according to the DCF Emergency Notification procedure. (Annex A)

If access to the DCF Central Office at 50 East State Street is not available due to the nature of the event, the pre-determined ARF will be activated according to the DCF/OEM Contingency Plan for relocation of DCF Central Office personnel based at 50 East State Street (Annex D). DCF essential functions will be supported by the Executive Management ERG from the ARF for as long as necessary. The time frame to regain access to 50 East State Street will dictate the utilization time of the ARF. When the 50 East State Street building is deemed ready for occupancy, support of essential functions will be transitioned back to 50 East State Street.

The Executive Management ERG will be assisted by staff from throughout the DCF in support of DCF essential functions. The scope of impact of a disaster/event will

determine the availability of each of the many DCF worksites. Where necessary, ARFs as well as local ERGs will be activated. Upon activation, ERGs will be responsible for ensuring the continuation of essential functions of DCF within 12 hours of deployment. All ERGs will possess the knowledge, skills, abilities and resources to support identified essential functions until the ARF is staffed and operational. The ERG at any department ARF worksite will be assisted by DCF staff from the permanent work location for the duration of any event/disaster impact in support of all DCF essential functions.

Decision Process Matrix

Based on the type and severity of the emergency situation, the NJ Department of Children and Families Continuity Plan may be activated by one of the following methods:

(1) The State Governor, Commissioner

(2) The Commissioner, or a designated successor, may initiate the Continuity Plan activation for the entire organization, based on an emergency or threat directed at the organization

(3) NJ Office of Emergency Management

Continuity Plan activation and relocation are scenario-driven processes that allow flexible and scalable responses to the full spectrum of all-hazards/threats that could disrupt operations with or without warning and during work or non-work hours. Continuity Plan activation will not be required for all emergencies or disruptions, since other actions may be more appropriate.

The decision to activate the NJ Department of Children and Families Continuity Plan and related actions will be tailored for the situation and based on projected or actual impact and whether or not there is warning. To support the decision-making process regarding plan activation, key organization personnel will use the decision matrix below to support that process.

Decision Matrix

Decision Matrix for Continuity Plan Implementation		
	Work Hours	Non-Work Hours
Event With Warning	• Is the threat aimed at the facility or surrounding area?	• Is the threat aimed at the facility or surrounding area?

Decision Matrix for Continuity Plan Implementation		
	Work Hours	Non-Work Hours
	• Is the threat aimed at organization personnel? • Are employees unsafe remaining in the facility and/or area? • Are other Areas of the State Affected?	• Is the threat aimed at organization personnel? • Who should be notified of the threat? • Is it safe for employees to return to work the next day?
Event Without Warning	• Is the facility affected? • Are personnel affected? Have personnel safely evacuated or are they sheltering-in-place? • What are instructions from first responders? • How soon must the organization be operational? • Is the Continuity Facility affected?	• Is the facility affected? • What are instructions from first responders? • How soon must the organization be operational? • Are roadways passable? • Has anyone inspected the continuity facility to ensure operational readiness?

As the decision authority, the Commissioner will be kept informed of the threat environment using all available means, including the NJ Department of Children and Families Emergency Communications Center, State notification systems, local operations and State and local reporting channels and news media. The Commissioner will evaluate all available information relating to:

(1) Direction and guidance from higher authorities

(2) The health and safety of personnel

(3) The ability to execute essential functions

(4) Changes in threat advisories

(5) Intelligence reports

(6) The potential or actual effects on communications systems, information systems, office facilities, and other vital equipment

(7) The expected duration of the emergency situation

Alert and Notification Procedures

The NJ Department of Children and Families maintains plans and procedures for communicating and coordinating activities with personnel before, during, and after a continuity event.

Before an event, personnel in the NJ Department of Children and Families will monitor advisory information, including the National Weather Center, National Hurricane Center, The Severe Weather Center, and The Regional Operations and Information Center. In the event normal operations are interrupted or an incident appears to be imminent, the NJ Department of Children and Families will take the following steps to communicate the organization's operating status with all staff:

- The Director of the Office Emergency Management or designated successor will notify Commissioner/Chief of Staff of the emergency requiring Continuity Plan activation
- The Office of Emergency Management will notify the Commissioner/Chief of Staff and Director of Facilities Support via Phone, Text, Email or Emergency Radio The NJ Department of Children and Families personnel will notify family members, next of kin, and/or emergency contacts of Continuity Plan activation

Upon the decision to activate the Continuity Plan, the NJ Department of Children and Families will notify all NJ Department of Children and Families personnel, as well as affected and interdependent entities with information regarding continuity activation and relocation status, operational and communications status, and the anticipated duration of relocation. These entities include:

- Continuity facilities and on-site support teams with information regarding continuity activation, relocation status, and the anticipated duration of relocation
- The NJ Department of Children and Families Operations Center via the Director of The Office of Emergency Management /Assistant Director of Emergency Management and the NJ Office of Emergency Management and other applicable elements/entities with information regarding continuity activation and relocation status, the NJ Department of Children and Families continuity facility, operational and communication status, and the anticipated duration of relocation
- All NJ Department of Children and Families employees with instructions and guidance regarding the continuity activation and relocation
- Organization headquarters, if a subordinate organization
- Subordinate organizations, if an organization headquarters
- NJ State Central Registry
- Special Response Unit
- Contract Vendors

- Resource Families
- Domestic Violence Hotline

Relocation Process

Once the Continuity Plan is activated and personnel are notified, the NJ Department of Children and Families will relocate continuity personnel and vital records to the NJ Department of Children and Families continuity facility(ies). The NJ Department of Children and Families continuity personnel will deploy/relocate to the continuity facility(ies) to perform the NJ Department of Children and Families essential functions and other continuity-related tasks. Directions to the continuity facility will be included as part of the Continuity Plan:

DRIVING DIRECTIONS

A) 50 E State St, Trenton, NJ 08608-1715 US
---
1. Start out going north on N Broad St/US-206 N/US-1-BR N toward E Hanover St. (go 0.18 miles)
2. Turn right onto Perry St.
   - Perry St is just past Olive St
   - Broad Street Discount Furniture & Appliances is on the left
   - If you reach Allen St you've gone a little too far
   (go 0.33 miles)
3. Merge onto US-1 N toward Princeton/New York. (go 21.48 miles)
4. Take the RT-91/Jersey Ave exit toward New Brunswick. (go 0.38 miles)
5. Keep right at the fork to go on Jersey Ave/RT-91. (go 2 miles)
6. Turn left onto Van Dyke Ave.
   - Van Dyke Ave is 0.4 miles past Triangle Rd
   (go 0.38 miles)
7. 30 VAN DYKE AVE is on the left.
   - Your destination is just past Wright Pl

B) 30 Van Dyke Ave, New Brunswick, NJ 08901-3253 US

>> TOTAL ESTIMATED TIME: 34 minutes | DISTANCE: 24.75 miles

Emergency procedures during work hours with or without a warning will be implemented as follows:

- Continuity personnel, including advance team personnel, if applicable, will depart to the designated continuity facility from the primary operating facility or current location.

- Non-continuity personnel present at the primary operating facility or another location will receive instructions from the Director of Administration or designee in most scenarios, non-continuity personnel will be directed to proceed to their homes or other NJ Department of Children and Families facilities to wait for further guidance.
- At the time of notification, if available, information will be provided regarding safety precautions and routes to use when leaving the primary operating facility.

Emergency procedures during non-working hours with or without a warning will be implemented as follows:

- Advance team members, if applicable, will deploy to the designated continuity facility from their current location.
- Continuity personnel will depart to the assigned continuity facility from their current location.
- Non-continuity personnel will remain at their residence or other designated facility to wait for further instructions.

Non-continuity personnel may be required to replace or augment continuity personnel during activation. These activities will be coordinated by the Director of Administration or designee with the replacement staff on a case-by-case basis. Non-continuity personnel will remain available to replace or augment continuity personnel, as required.

The Director of Administration will direct the NJ Department of Children and Families non-continuity personnel to move to another facility, duty station, or home until further notice.

In the event of an activation of the Continuity Plan, the NJ Department of Children and Families may need to procure necessary personnel, equipment, and supplies that are not already in place for continuity operations on an emergency basis. The Commissioner maintains the authority for emergency procurement. Instructions for these actions are found Emergency procurement procedures located in the Business Office and Treasury Circulars.

PHASE III: CONTINUITY OPERATIONS

Upon activation of the Continuity Plan, the NJ Department of Children and Families will continue to operate at its primary operating facility until ordered to cease operations by the Commissioner or Designee using Phone, email, text. During that time, essential functions will transfer to the continuity facility. The NJ Department of Children and Families must ensure that the continuity plan can be operational within 12 hours of plan activation.

The advance team will be first to arrive at the continuity facility to prepare the site for the arrival of the continuity personnel. Upon arrival at the continuity facility, the advance team will:

- Ensure infrastructure systems, such as power and heating, ventilating, and air conditioning are functional
- Prepare check-in duty stations for ERG arrival
- Address telephone inquiries from ERG and non-ERG staff
- Security
- Address telephone inquiries from Families

As continuity personnel arrive, the Director of Training/Designee will conduct in-processing to ensure accountability. In-processing procedures are conducted at The Professional Center at DCF and will include: Registering, receive copies of the building floor plan, Receive Chain of Command and seating assignment. In addition, the office will identify all organization leadership available at the continuity facility.

Upon arrival at the continuity facility, the NJ Department of Children and Families continuity personnel will:

- Report immediately to the front lobby for check-in and in-processing
- Receive all applicable instructions and equipment
- Report to their respective workspace as identified in floor plan or as otherwise notified during the activation process
- Retrieve pre-positioned information and activate specialized systems or equipment
- Monitor the status of NJ Department of Children and Families personnel and resources
- Continue NJ Department of Children and Families essential functions
- Prepare and disseminate instructions and reports, as required
- Comply with any additional continuity reporting requirements with the NJ Department of Children and Families Notify family members, next of kin, and emergency contacts of preferred contact methods and information

A requirement of continuity personnel is to account for all NJ Department of Children and Families personnel. The NJ Department of Children and Families will use the following processes to account for all personnel:

- Call down telephone trees, a 1-800 number, an alert and notification system, a website, etc. Human Resources will attempt to communicate with personnel who are unaccounted.

During continuity operations, the NJ Department of Children and Families may need to acquire necessary personnel, equipment, and supplies on an emergency basis to sustain operations for up to 30 days or until normal operations can be resumed. The Commissioner or Designee maintains the authority for emergency acquisition. Instructions for these actions are found Civil Service Regulations and Treasury Circulars.

PHASE IV: RECONSTITUTION OPERATIONS

Within 24hrs of an emergency relocation, the following individuals will initiate and coordinate operations to salvage, restore, and recover the NJ Department of Children and Families primary operating facility after receiving approval from the appropriate State and local law enforcement and emergency services:

- Director of Facilities or designee will serve as the Reconstitution Manager for all phases of the reconstitution process
- Each NJ Department of Children and Families subcomponent will designate a reconstitution point-of-contact (POC) to work with the Reconstitution Team and to update office personnel on developments regarding reconstitution and provide names of reconstitution POCs to Chief of Staff. within 12 hours of the Continuity Plan activation

During continuity operations, Director of Facilities must determine the status of the primary operating facility affected by the event by inspecting, hiring contracted consultants etc. Upon obtaining the status of the facility, NJ Department of Children and Families will determine how much time is needed to repair the primary operating facility and/or acquire a new facility. This determination is made in conjunction with Chief of Staff. Should NJ Department of Children and Families decide to repair the facility, Director of Facilities and Treasury have the responsibility of supervising the repair process and must notify Chief of Staff of the status of repairs, including estimates of when the repairs will be completed.

Reconstitution will commence when the Commissioner or other authorized person ascertains that the emergency situation has ended and is unlikely to reoccur. These reconstitution plans are viable regardless of the level of disruption that originally prompted implementation of the Continuity Plan. Once the appropriate NJ Department of Children and Families authority has made this determination in coordination with other State, local and/or other applicable authorities, one or a combination of the following options may be implemented, depending on the situation:

- Continue to operate from the continuity facility
- Reconstitute the NJ Department of Children and Families primary operating facility and begin an orderly return to the facility
- Begin to establish a reconstituted NJ Department of Children and Families in another facility or at another designated location

Before relocating to the primary operating facility or another facility, the Director of Facilities Support will conduct appropriate security, safety, and health assessments to determine building suitability. In addition, the Facilities Director will verify that all systems, communications, and other required capabilities are available and operational and that the NJ Department of Children and Families is fully capable of accomplishing all essential functions and operations at the new or restored primary operating facility.

Upon a decision by the Commissioner or other authorized person that the NJ Department of Children and Families primary operating facility can be reoccupied or that NJ Department of Children and Families will be reestablished in a different facility:

- The NJ Department of Children and Families Continuity Coordinator or other authorized individual must notify The Office of Emergency Management all Area and Local Offices when available and other applicable operations centers with information regarding continuity activation and relocation status, the NJ Department of Children and Families continuity facility, operational and communication status, and anticipated duration of relocation.
- The NJ Department of Children and Families shall submit a Continuity Status Reporting Form, only if it contains more information beyond what has been reported, Chief of Staff using the form and procedures provided by the NJ Department of Children and Families or other specified continuity POC.
- The Office of Facilities Management will develop space allocation and facility requirements.
- The Human Resources will notify all personnel that the emergency or threat of emergency has passed and actions required of personnel in the reconstitution process using Phone tree Text and email.
- Treasury will coordinate with the NJ Department of Children and Families and/or other applicable facility management group to obtain office space for reconstitution, if the primary operating facility is uninhabitable.
- Human Resources will develop procedures, as necessary, for restructuring staff.
- Upon instruction from the Office of the Commissioner DCF and as directed by the Office of the Chief of Staff DCF, the DCF/OEM will inform all personnel impacted; ERG and otherwise, that the need for activation of the DCF COOP Plan no longer exists. Instructions as to the resumption of normal activity will be provided. An orderly return to normal activity and facilities may require a phased approach if conditions dictate. DCF/OEM will provide daily update to the Office of the Chief of Staff DCF as to the status of the reconstitution.
- An after action review will examine operations, effectiveness of plans and procedures and will identify areas requiring correction. A remedial action

plan will also be developed. Implementation of the plan will be monitored by the DCF/OEM.

Upon verification that the required capabilities are available and operational and that the NJ Department of Children and Families is fully capable of accomplishing all essential functions and operations at the new or restored facility, the Director of Administration will begin supervising a return of personnel, equipment, and documents to the primary operating facility or a move to a temporary or new permanent primary operating facility. The phase-down and return of personnel, functions, and equipment will follow the priority-based plan and schedule outlined below; the NJ Department of Children and Families will develop return plans based on the incident and facility within 12 hours of plan activation.

• Priority #	• Action/Activity	• Responsible POC
1.	• Verify electrical requirements are met	• Facilities Support
2.	• Verify IT/Communications requirements are met	• Information and Technology
3.	• Essential records transferred	• Records Unit
4.	• Equipment check implemented	• Facilities Support
5.	• Return of security	• Facilities Support

The NJ Department of Children and Families will continue to operate at its continuity facility until ordered to cease operations by the Commissioner using Email or Telephone. At that time, essential functions will transfer to the primary operating facility. The NJ Department of Children and Families has developed plans to instruct personnel on how to resume normal operations as outlined below; the NJ Department of Children and Families will develop resumption plans based on the incident and facility within 12 hours of plan activation.

The New Jersey Department of Children and Families will focus on conducting normal operations, shutting down operations at the Continuity or Devolution site, and reviewing and evaluating the overall Reconstitution process by conducting an after-action review for the purpose of evaluating the effectiveness of the Reconstitution policy, plans,

processes, and procedures. This phase focuses on reviewing and evaluating the overall Reconstitution process by conducting an after-action conference for the purpose of evaluating the effectiveness of the Reconstitution policy, plans, processes, and procedures. Through this review, New Jersey Department of Children and Families HQ will identify lessons learned, best practices, and improvement needs. This includes developing an AAR/IP for the purposes of summarizing the Reconstitution event, identifying opportunities to improve and enhance the organization's Continuity program, plans, and capabilities; and developing an approach to implementing improvements, to include incorporating AAR/IP into the overarching CAP.

The post-Reconstitution activities described below apply regardless of the Reconstitution level. Key activities performed during Phase II include, but not limited to those listed below.

- Implement phase down plan.
- Conduct normal operations.
- Conduct post-Reconstitution hot wash.
- Document and evaluate review findings.

- Develop AAR/IP; update CAP.
- Update/revise Reconstitution Plan.
- Review findings.
- Update plans.

The Records Unit will identify any records affected by the incident by Contracting with an Approved vendor In addition, the Records Unit will effectively transition or recover vital records and databases, as well as other records that had not been designated as vital records, using the plan outlined below; the NJ Department of Children and Families will develop vital records transition and recovery plans based on the incident and facility within 24 hours of plan activation.

Vital Files, Records Databases each DCF component is responsible to identify emergency operating records, legal and financial documents essential to the continued functioning of the Department in the event DCF has to relocate to the Continuity Facility. Back up of vital documents on disks or CD's should be routine. One of the DCF COOP Plan objectives is to ensure the protection of vital records that are needed to support essential functions of the Department at the Continuity Facility
Categories of these types of vital records and databases may include:

Emergency Operating Records- Records essential to the continued function or Reconstitution of DCF during and after an emergency. Included are the emergency plans; orders of succession; delegations of authority; staffing assignments; and related records of a policy or procedural nature that provide DCF staff with guidance and information resources necessary for conducting operations and for resuming formal operations at its conclusion.

Legal and Financial Rights Records- Vital records critical to carrying out the essential legal and financial functions and activities. Included are records having such value that their loss would significantly impair the conduct of essential agency functions, to the detriment of the legal or financial rights or entitlements of the organization. Examples: accounts, contracting and acquisition files; official personnel files, payroll.

An information memo will be developed for dissemination to all DCF employees in regards to the duration of alternate operations, pertinent information on payroll, time and attendance, duty assignments, etc.

The DCF Chief of Staff will approve the memos and direct distribution of the document to the relocated personnel and non-essential staff through appropriate media and other sources that are available.

When the continuity personnel, equipment, and documents are in place at the new or restored primary operating facility, the remaining NJ Department of Children and Families staff at the continuity facility or devolution site will transfer essential functions, cease operations, and deploy to the new or restored primary operating facility. The Chief of Staff will oversee the orderly transition from the continuity facility of all NJ Department of Children and Families functions, personnel,

equipment, and records to a new or restored primary operating facility. The Human Resource Office will develop a process for receiving and processing employee claims during the continuity event, including processing human capital claims (such as, Workers' Compensation, compensation for injuries, overtime pay, etc) and replacing lost or broken equipment.

The **NJ Department of Children and Families** will conduct an After Action Review (AAR) once back in the primary operating facility or in a new primary operating facility. The Chief of Staff can initiate and designate entities responsible for completing the AAR. All offices within NJ Department of Children and Families will have the opportunity to provide input to the report. The AAR will address the effectiveness of the continuity plans and procedures, identify areas for improvement, document these in the NJ Department of Children and Families corrective action program (CAP), and then develop a remedial action plan as soon as possible after the reconstitution. Designated DCF staff is responsible for documenting areas for improvement in the CAP and developing a remedial action plan. In addition, the AAR will identify which, if any, records were affected by the incident, and will work with the Records Unit to ensure an effective transition or recovery of vital records and databases and other records that had not been designated as vital records.

DEVOLUTION OF CONTROL AND DIRECTION

The NJ Department of Children and Families is prepared to transfer all of its essential functions and responsibilities to personnel at a different location should emergency events render leadership or staff unavailable to support the execution of NJ Department of Children and Families essential functions. If deployment of continuity personnel is not feasible due to the unavailability of personnel, temporary leadership of the NJ Department of Children and Families will devolve to The Professional Center at DCF 30 Van Dyke Avenue, New Brunswick NJ.

The NJ Department of Children and Families devolution plan is located at The Office of Emergency Management 50 East State Street Trenton NJ.

Purpose:

This Devolution of Operations Plan supports overall DCF Continuity of Operations (COOP) planning, and provides procedures, guidance, and organizational structure to ensure the continuation of DCF essential functions in the event that DCF is incapacitated and personnel are unavailable or incapable of deploying to the designated Alternate Relocation Facility. In this situation, DCF Executive Management, leadership responsibility and essential functions will devolve to the designated CPP Area Office along with several other satellite and interagency offices.

Plan Organization:

Section 1 of the plan outlines the basic policies, definitions, and assumptions that form the framework for the plan.

Section 2 introduces concepts relevant to the development and execution of the Devolution of Operations Plan.

Section 3 assigns responsibilities to the respective DCF organizations tasked with planning and implementing devolution.

Section 4 provides an operational overview of devolution implementation.

Section 5 addresses specific Devolution of Operations site support procedures and requirements.

The annexes and tables, serve to strengthen or expand upon information discussed in the plan and will further specify information as to the identification of DCF essential functions, alternate relocation facilities, mission critical systems, contact persons based upon location and/or function and resource requirements.

The Office of Emergency Management maintains responsibility for ensuring the currency of the NJ Department of Children and Families devolution plan. The NJ Department of Children and Families devolution plan:

Objectives:

The Devolution of Operations Plan addresses a key component of Continuity of Operations (COOP) planning identified in Federal Preparedness Circular (FPC) 65, Federal Executive Branch Continuity of Operations (COOP), dated June 15, 2004, in the event that Devolution of Operations procedures are necessary. At a minimum, the plan will meet the following objectives:

1. Identify prioritized essential functions and determine necessary resources to facilitate their immediate and seamless transfer to a devolution site;

2. Include a roster identifying organization Point of Contact (POCs) at the designated devolution site with overall responsibility for the personnel who will perform essential functions and activities when the devolution option of COOP activates;

3. Identify the likely activation conditions (triggers) that would initiate or activate the Devolution of Operations Plan;

4. Specify how and when direction and control of agency operations will transfer to the devolution of operations site(s);

5. List necessary resources (people, equipment, and materials) to perform essential functions at the devolution site;

6. Establish reliable processes and procedures to acquire resources necessary to continue essential functions and sustain operations for extended periods; and

7. Establish capabilities to restore or reconstitute agency authorities to their pre-event status upon termination of devolution.

Applicability and Scope:

This plan applies to the functions, operations, and resources necessary to ensure the continuation of DCF Central Office if crisis, attack, or catastrophe renders DCF Executive Management personnel incapable or unavailable to sustain operational capability at DCF or the alternate relocation sites, the Professional Center at DCF 30 Van Dyke New Brunswick NJ. This plan is applicable to all DCF components. DCF staff must be familiar with Devolution of Operations policies and procedures and their respective Devolution of Operations roles and responsibilities.

Assumptions:

This Devolution of Operations Plan is based on the following assumptions:

1. An unwarned catastrophic event or condition requires the relocation of DCF executive management responsibilities and essential functions to organizations outside of the existing DCF central office site and the designated alternate relocation facilities; the Professional Center at DCF 30 Van Dyke New Brunswick NJ. DCF executive management personnel based in the state capital region are unavailable and incapable of relocation.

2. The Director of Training will oversee the Devolution Response Group.

3. The facilities in the Devolution of Operations sites are unaffected and have been resourced to incrementally assume the essential functions of DCF Central Office until a reconstituted DCF Central Office can assume such responsibilities.

4. Essential functions at the Devolution of Operations sites will temporarily transfer, if required, to the Professional Center at DCF 30 Van Dyke New Brunswick NJ until DCF can reconstitute.

6. Appropriate delegation provisions are in place to ensure the rapid and efficient transfer of legal and fiscal authority.

7. Significant changes to DCF’s statutory authority and/or responsibilities will necessitate a revision of this plan.

8. NJ Department of Children and Families conducts and documents annual training of devolution staff and a biennial exercise to ensure essential functions are capable of being performed during devolution. This documentation includes the dates of all TT&E events and names and titles of participating staff. The NJ Department of Children and Families devolution TT&E documentation is maintained by The Office of Emergency Management and is found at 50 East State Street Trenton NJ. Further, the NJ Department of Children and Families CAP supports the devolution program. The NJ Department of Children and Families CAP is maintained by Chief of Staff and CAP documentation is found at 20 West State Street Trenton NJ

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

Key staff positions within the NJ Department of Children and Families, to include individual continuity members, those identified in the orders of succession and delegation of authority, the NJ Department of Children and Families Continuity Coordinator, continuity managers, and others possess additional continuity responsibilities. The responsibilities of these key continuity personnel are delineated by Office of Human Resources.

Position	Responsibilities
Commissioner	• Provide strategic leadership and overarching policy direction for the continuity program • Implement the Continuity Plan when necessary, or when directed by a higher authority • Update and promulgate orders of succession and delegations of authority • Ensure adequate funding is available for emergency operations • Ensure all organization components participate in continuity exercises • Update Continuity Plan annually
Communications Manager	• Update telephone rosters monthly • Conduct alert and notification tests
Records Manager	• Review status of vital records, files, and databases
Training Manager	• Develop and lead Continuity training • Plan Continuity exercises
Continuity Personnel	• Be prepared to deploy and support organization essential functions in the event of Continuity Plan implementation • Provide current contact information to manager • Be familiar with continuity planning and know individual roles and responsibilities in the event of Continuity Plan activation • Participate in continuity training and exercises as directed • Have a telework agreement for this position, if applicable

DIRECTION, CONTROL, AND COORDINATION

During activation of the Continuity Plan, the Commissioner maintains responsibility for control and direction of the NJ Department of Children and Families. Should the Commissioner become unavailable or incapacitated; the organization will follow the directions laid out in Annex OS, *Orders of Succession.*

The contents and procedures laid forth in this Continuity Plan are consistent with the direction found in CGC 1 and the plan is reviewed and vetted by Human Resources and the Administration of DCF to ensure vertical integration within the NJ Department of Children and Families.

DISASTER INTELLIGENCE

During a continuity event, the NJ Department of Children and Families will require the collection and dissemination of critical information. While specific incidents may create additional or specialized reporting requirements, the following table lists examples of the information that would be collected and reported regardless of incident type.

Information Element	Specific Requirement	Responsible Element	Deliverables	When Needed	Distribution
Personnel Accountability	Account for all ERG and non-ERG employees Account for all contract personnel	Human Resources Division	Reports Briefings	Status updates hourly following Plan activation	
Operational Status	Percent of ERG personnel arrived at site Ability to conduct each essential function	Continuity Manager Division Representatives	Situation briefings Situation reports	No later than 6 hours after plan activation, then hourly	
Hazard Information	Threat details specific to the continuity facility	Response coordination center or emergency operations center	Situation briefings Situation reports	Two times per day at shift change	

COMMUNICATIONS

The NJ Department of Children and Families has identified available and redundant critical communications systems that are located at the primary operating facility and continuity facility. Further, the NJ Department of Children and Families maintains fully capable continuity communications that support organization needs during all hazards/threats, to include pandemic and other related emergencies, and give full consideration to supporting social distancing operations including telework and other virtual offices. In addition, the NJ Department of Children and Families maintains communications equipment for use by employees with disabilities and hearing impairment.

All NJ Department of Children and Families necessary and required communications and IT capabilities should be operational within 12 hours of continuity activation.

BUDGETING AND ACQUISITION OF RESOURCES

The NJ Department of Children and Families budgets for and acquires those resources and capabilities essential to continuity operations. A copy of the continuity budget is found at Business office. Within this budget, the NJ Department of Children and Families budgets for continuity resources and capabilities in accordance with the Treasury Circulars and Policies and other applicable directives and provides for the acquisition of those resources necessary for continuity operations on an emergency basis for up to 30 days or until normal operations can be resumed.

As part of the budget process, the NJ Department of Children and Families uses a risk management methodology to identify, prioritize, and justify the allocation of budgetary resources. The NJ Department of Children and Families integrates the continuity budget with its long-term strategic plan and links the budget directly to objectives and metrics set forth in that plan. For those contracts vital to the support of organization essential functions, the NJ Department of Children and Families has ensured contractor statements of work include the provision to provide staffing, services, and resources during emergency conditions During an emergency situation, the Office of Facilities Support is responsible for oversight and handling of emergency work by contractors.

PLAN DEVELOPMENT AND MAINTENANCE

The NJ Department of Children and Families, Office of Emergency Management is responsible for maintaining the NJ Department of Children and Families Continuity Plan.

The Continuity Plan, NJ Department of Children and Families essential functions, and supporting activities, will be reviewed by the Office of Emergency Management and updated annually from the date of publication as part of the

maintenance of continuity plans and procedures. The DCF OEM will be assisted in the planning, plan completion and plan maintenance by the Continuity of Operations Planning Group (COPG).The Office of Emergency Management is responsible for the annual plan review and update. In addition, the plan will be updated or modified when there are significant organizational, procedural changes, or other events that impact continuity processes or procedures. The DCF COPG is responsible for ensuring their Area office counterparts are trained and have access to all Vital Records, databases, and supporting materials to facilitate the immediate transition of essential functions and sensitive responsibilities from DCF to the new Devolution Designee. The Designee in conjunction w/ DCF holds primary responsibility for identifying, coordinating, and training personnel required to perform devolved essential functions. The Designee will support this plan as appropriate.

AUTHORITIES AND REFERENCES

Continuity of operations is a federal initiative required by Presidential directive to ensure that agencies are capable of continuing to perform their essential functions under a broad range of circumstances. The Federal Department of Homeland Security (DHS) COOP Guidance Document of April 2004 provides the structure for formulation of a Continuity of Operations Plan, in accordance with Presidential Directive-67and the following-
Executive Orders:

- Executive Order 12148-Federal Emergency Management
- Executive Order 12472- Establishment of the National Communications System
- Executive Order 12656- Assignment of Emergency Preparedness Responsibilities
- Executive Order 13228- Establishing the Office of Homeland Security and Homeland Security Council
- Executive Order 13231- Critical Infrastructure Protection in the Information Age

Presidential Directives:

- Presidential Decision Directive 63 (Security of Infrastructure)
- Presidential Decision Directive 67 (Agencies must have COOP Plans)
- Homeland Security Presidential Directive-1 (Activity coordination)
- Homeland Security Presidential Directive – 3 (Warning levels)
- Homeland Security Presidential Directive #5 (HSPD#5)
- Homeland Security Presidential Directive #8 (HSPD#8)

Acts:

- Robert T. Stafford Disaster Relief and Emergency Assistance Act

State:

- State of NJ Executive Order # 50
- State of NJ Executive Order # 5
- ESF # 6 Mass Care

FUNCTIONAL ANNEXES

I. Essential Functions Annex

IDENTIFICATION OF ESSENTIAL FUNCTIONS

The NJ Department of Children and Families has completed the MEF process as identified in CGC 2 to identify those functions that the NJ Department of Children and Families must continue.

New Jersey Essential Functions Table EF (attached Annex)

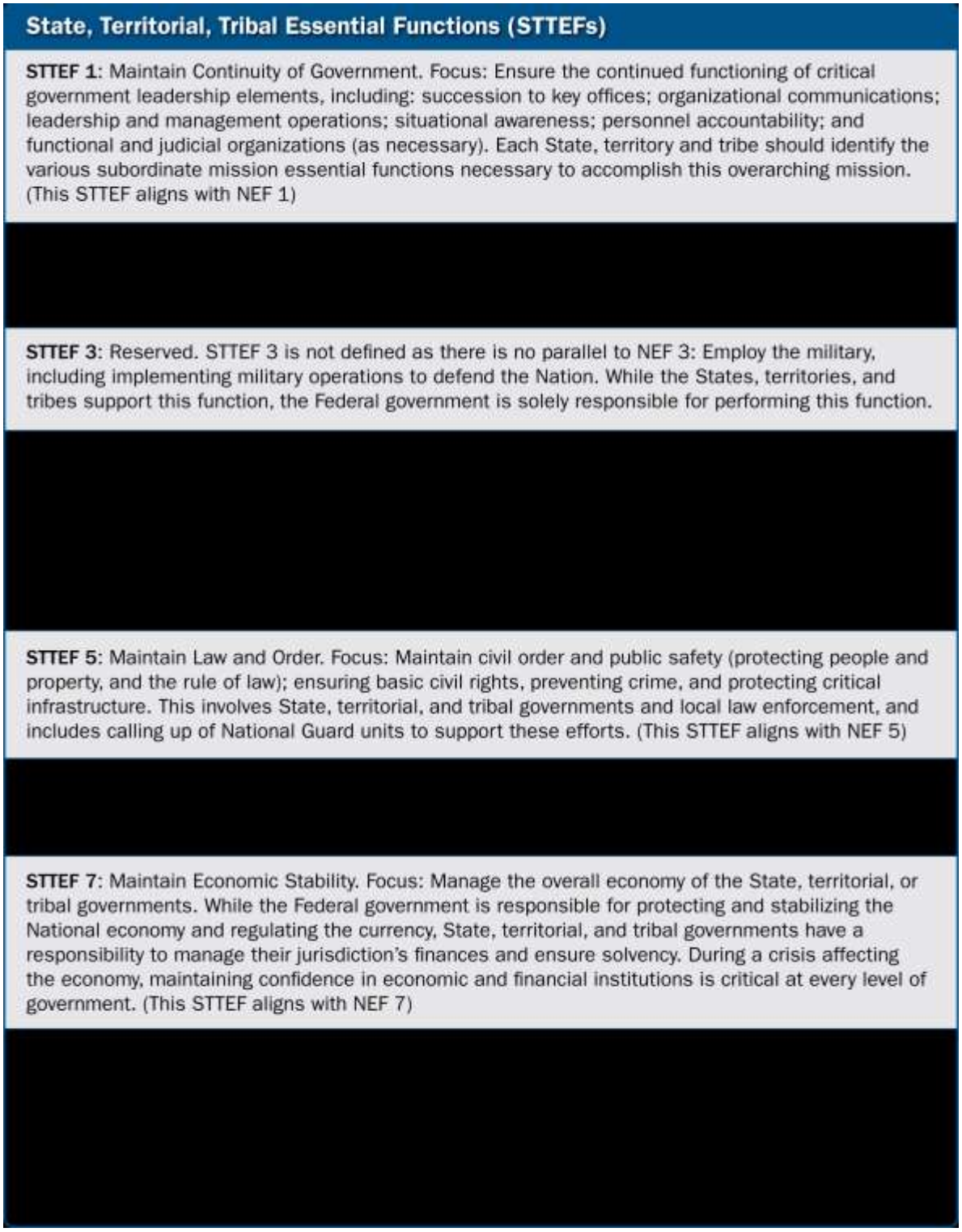
The NJ Department of Children and Families MEFs are based on its mission and role in support of the continued performance of State, territorial, or tribal essential functions (STTEFs). These STEFFs, as listed below, represent responsibilities of State, government leaders to ensure the well-being of their communities.

Federal Preparedness Circular 65 defines essential functions as those that enable an organization to provide vital services, exercise civil authority, maintain the safety of the general public and sustain the industrial and economic base. It further states that an agencies business functions must be continued to provide for minimal to no disruption of the organization's operation.

Typically, essential functions are those that must be continued in all circumstances and that cannot suffer an interruption for longer than 12 hours. Functions must be prioritized according to the criticality of the function, the relationship of the function other organizational functions and the likely scenarios that would adversely impact the function.

The ability to continue an essential function is driven by the availability of trained personnel also referred to as human capital, vital records and data bases, supplies, equipment and systems. Planning for the support of essential functions must take into consideration the ability to implement this support at any time, to provide for full operational capability and to sustain this operation for thirty days.

Table EF is a summary listing of the 43 identified DCF essential functions, the unit responsible for the support of that function, a direct contact and the executive management representative with unit authority. The DCF essential functions have been divided into three areas; Administrative activity, Life Safety activity and System Support activity.



Organization Mission Essential Functions

Organization MEFs are a limited set of their organizational functions that must be continued throughout, or resumed rapidly after, a disruption of normal activities. Using CGC 2 guidance, the NJ Department of Children and Families implemented

the MEF identification process to identify and prioritize their organizational MEFs.
Identification of Continuity Personnel

In order to continue its essential functions, the NJ Department of Children and Families has determined the staff positions necessary to relocate under Continuity Plan activation. A copy of the current roster is found at Human Resources. The Human Resources is responsible for maintaining roster currency and ensuring personnel are matched against needed positions.

Each continuity member is selected by the Human Resources based upon:

- The predetermined essential functions that must be performed, regardless of the operational status of the NJ Department of Children and Families primary operating facility
- The member's knowledge and expertise in performing these essential functions
- The member's ability to rapidly deploy to the relocation site in an emergency situation

Function	Title/ Position	Name	Telephone Numbers	Additional Information

Vital Records Management Annex

"Vital records" refers to information systems and applications, electronic and hard copy documents, references, and records, to include classified or sensitive data, needed to support MEFs during a continuity event. The NJ Department of Children and Families has incorporated its vital records program into the overall continuity program, plans, and procedures.

The NJ Department of Children and Families vital records program incorporates into the overall continuity plan with a clear authority to include:

- Policies
- Authorities
- Procedures
- The written designation of the NJ Department of Children and Families vital records manager

Within 12 hours of activation, continuity personnel at the continuity facility for the NJ Department of Children and Families should have access to the appropriate media for accessing vital records, including:

- A local area network
- Electronic versions of vital records
- Supporting information systems and data
- Internal and external email and email archives
- Paper copies of vital records

Identifying Vital Records
The NJ Department of Children and Families has identified records vital to its operations, and has assigned responsibility for those records which includes a combination of continuity personnel and records management personnel.

NJ Department of Children and Families maintains a complete inventory of vital records, along with the locations of and instructions on accessing those records. This inventory will be maintained at a back-up/offsite location as designated to ensure continuity if the primary operating facility is damaged, destroyed, or unavailable.

DCF developed and maintains a Vital records plan packet or collection including:

- A paper copy or electronic list of the NJ Department of Children and Families key organization personnel and continuity personnel with up-to-date telephone numbers
- A vital records inventory with the precise locations of vital records.

- Updates to the vital records.
- Necessary keys or access codes
- Listing of the access requirements and sources of equipment necessary to access the records
- The NJ Department of Children and Families continuity facility locations
- Lists of records recovery experts and vendors.
- A copy of the NJ Department of Children and Families continuity plans

For the above items, DCF is responsible for providing access requirements and lists of sources of equipment necessary to access the records (this may include hardware and software, microfilm readers, Internet access, and/or dedicated telephone lines).

This packet will be reviewed annually with the date and names of the personnel conducting the review documented in writing to ensure that the information is current. A copy will be securely maintained at the NJ Department of Children and Families continuity facilities so it is easily accessible to appropriate personnel when needed.

Protecting Vital Records

The protection of vital records is essential to ensuring the records are available during a continuity event, thus enabling an organization to perform their MEFs. The NJ Department of Children and Families has conducted a vital records and database risk assessment to:

- Identify the risks involved if vital records are retained in their current locations and media, and the difficulty of reconstituting those records if they are destroyed
- Identify offsite storage locations and requirements
- Determine if alternative storage media are available
- Determine requirements to duplicate records and provide alternate storage locations to provide readily available vital records under all conditions

Appropriate protections for vital records will be provided and will include dispersing those records to other organization locations or storing those records offsite. Other protections include multiple redundant media for storage.

The responsibility of each DCF component is to identify emergency operating records, legal and financial documents essential to the continued functioning of the Department in the event DCF has to relocate to an ARF. Back up of vital documents on disks or CD's should be routine. One of the DCF COOP Plan

objectives is to ensure the protection of vital records that are needed to support essential functions of the Department at the ARF.

Categories of these types of vital records and databases may include:

Emergency Operating Records- Records essential to the continued function or reconstitution of DCF during and after an emergency. Included are the emergency plans; orders of succession; delegations of authority; staffing assignments; and related records of a policy or procedural nature that provide DCF staff with guidance and information resources necessary for conducting operations and for resuming formal operations at its conclusion. Legal and Financial Rights Records- Vital records critical to carrying out the essential legal and financial functions and activities. Included are records having such value that their loss would significantly impair the conduct of essential agency functions, to the detriment of the legal or financial rights or entitlements of the organization. Examples: accounts, contracting and acquisition files; official personnel files, payroll. An information memo will be developed for dissemination to all DCF employees in regards to the duration of alternate operations, pertinent information on payroll, time and attendance, duty assignments, etc. The DCF Chief of Staff will approve the memos and direct distribution of the document to the relocated personnel and non-essential staff through appropriate media and other sources that are available.

Training and Maintenance

The NJ Department of Children and Families vital records program includes a training program conducted by the Training Academy for all staff, to include periodic briefings to managers about the vital records program and its relationship to their vital records and business needs. The NJ Department of Children and Families staff training focuses on identifying, inventorying, protecting, storing, accessing, and updating the vital records. Training records for vital records are maintained by the Training Academy and are found at 30 Van Dyke Avenue New Brunswick NJ

The NJ Department of Children and Families vital records program includes an annual review of the program to address new security issues, identify problem areas, update information, and incorporate any additional vital records generated by new agency programs or functions or by organizational changes to existing programs or functions. The review provides an opportunity to familiarize staff with all aspects of the vital records program. It is appropriate to conduct a review of the vital records program in conjunction with the NJ Department of Children and Families continuity exercises. At a minimum, NJ Department of Children and Families vital records are annually reviewed, rotated, or cycled so that the latest versions will be available.

The NJ Department of Children and Families will conduct annual testing, documented in the NJ Department of Children and Families testing records, of the capabilities for protecting classified and unclassified vital records and for providing access to them from the alternate facility.

Continuity Facilities Annex
Continuity Facility Information

The NJ Department of Children and Families] has designated continuity facility(ies) as part of its Continuity Plan and has prepared continuity personnel for the possibility of unannounced relocation to the site(s) to continue performance of essential functions

The NJ Department of Children and Families does not maintain MOAs/MOUs and reviews the MOAs/MOUs annually, as applicable.

The **NJ Department of Children and Families** continuity facility is located at **30 Van Dyke, New Brunswick NJ** A map of the surrounding area, including directions and route from the primary operating facility, is located at **[below/list location]**. Additional facility details are as follows:

(1) This facility is **owned** by the **NJ Department of Children and Families**

(2) [Important contact information for the site, including security, medical, and on-site personnel]

(3) **[Security and access requirements]**

(4) [Medical support at or near the site]

(5) [Other amenities available at or near the site, including restaurants, stores, banks, and gas stations]

The NJ Department of Children and Families continuity facility(ies) provide the following in sufficient quantities to sustain operations for up to 30 days or until normal business activities can be resumed:

(1) Space and equipment, including computer equipment and software. The continuity facility is able to accommodate 100 personnel. Facilities floor plans, equipment inventory, and other applicable documents are found at 30 Van Dyke Avenue, New Brunswick NJ.

(2) Capability to perform MEFs within 12 hours of plan activation for up to 30 days or until normal operations can be resumed.

(3) Reliable logistical support, services, and infrastructure systems. Details on these infrastructure systems are available at The Professional Center at DCF from the Training Office.

(4) Consideration for health, safety, security, and emotional well-being of personnel. Considerations available at the continuity facility include

physical security, access to the Employee Assistance Program, and the presence of security.

(5) Interoperable communications for effective interaction. Additional information on continuity communications is found in the Communication Section in this plan.

(6) Capabilities to access and use vital records. Additional information on accessing vital records is found at vital records section in this plan.

(7) Systems and configurations that are used in daily activities. IT support at the continuity facility is Located at the Facility. Details on the systems and configurations are available at Office Information Technology.

(8) Emergency/back-up power capability. Details on the power capability are available at the Office of Facilities Management.

Continuity Facility Logistics

The NJ Department of Children and Families continuity facilities maintain pre-positioned or detailed site preparation and activation plans in order to achieve full operational capability within 12 hours of notification.

The NJ Department of Children and Families maintains a transportation support plan that describes procedures for no-warning and with-warning events.

- During a no-warning event, advance team and continuity personnel are transported to the continuity facility via Private or State owned and Assigned vehicles.
- During a with-warning event, advance team and continuity personnel are transported to the continuity facility via Private or State owned and Assigned vehicles.
- The NJ Department of Children and Families has addressed the need for housing to support continuity personnel at or near the continuity facility by

Continuity Facility Orientation

The NJ Department of Children and Families regularly familiarizes its continuity personnel with its continuity facilities. The NJ Department of Children and Families accomplishes this orientation through deployment exercises, orientation sessions at the site, and briefings]. This familiarization training is reflected in organization training records located at The Office of Emergency Management.

Continuity Communications Annex

The NJ Department of Children and Families has identified available and redundant critical communication systems at the continuity facility. Further, the NJ Department of Children and Families maintains fully capable continuity communications that could support organization needs during all hazards/threats, to include pandemic and other related emergencies, and give full consideration to supporting social distancing operations including telework and other virtual offices. These systems provide the ability to communicate within and outside the organization and are found at Office of Facilities Support Stuyvesant Road Ewing NJ

SAMPLE

The following table shows an example of tracking modes of communication systems that support an organization's essential functions.

Communication System	Support to Essential Function	Current Provider	Specification	Alternate Provider	Special Notes
Non-secure Phones	x	Verizon		ATT	
Secure Phones					
Fax Lines	x	Verizon			
Cellular Phones	x			ATT	
Satellite					
Pagers					
E-mail	x	NJ DHS server		OIT	
Internet Access	x	NJ DHS server		OIT	
Data Lines	x	NJ DHS server		OIT	
Two-way Radios	x	NJDCF Office of Emergency Management		NJ State Police/NJ DHS Police	

All NJ Department of Children and Families necessary and required communications and IT capabilities should be operational within 12 hours of activation.

The NJ Department of Children and Families possesses communications capabilities to support the organization's senior leadership while they are in transit to continuity facilities. These capabilities are maintained by the Office of Facilities Support and The Office of Emergency Management and documentation regarding these communications capabilities is found at 50 East State Street Trenton NJ.

Leadership and Staff Annex

ORDERS OF SUCCESSION

Pre-identifying orders of succession is critical to ensuring effective leadership during an emergency. In the event an incumbent is incapable or unavailable to fulfill essential duties, successors have been identified to ensure there is no lapse in essential decision-making authority. The NJ Department of Children and Families has identified successors for the positions of Commissioner, Chief of Staff, executive Management and Managers.

A copy of these orders of succession is found at The Office of Emergency Management 50 East State Street Trenton NJ. The Office of Emergency Management is responsible for ensuring orders of succession are up-to-date. When changes occur, the Office of Emergency Management distributes the changes to Executive Management Email and Hard Copy.

The NJ Department of Children and Families orders of succession are:

- At least three positions deep, where possible, ensuring sufficient depth to ensure the NJ Department of Children and Families ability to manage and direct its essential functions and operations
- Include devolution counterparts, where applicable
- Geographically dispersed, where feasible
- Described by positions or titles, rather than by names of individuals holding those offices
- Reviewed by the organization's legal department as changes occur
- Included as a vital record, with copies accessible and/or available at both the primary operating facility and continuity facilities at The Office of Emergency Management

Commissioner	*Chief of Staff*
	TBA
	TBA

Position	Designated Successors
Chief of Staff	**Director of Admissions**
	Director of IT

Position	Designated Successors
Assistant Commissioner Legal & Legislative Affairs	Director of the office of Policy and Regulatory Development
	Director Legislative affairs

Position	Designated Successors
Assistant Commissioner Performance Management and Accountability	Director of Quality
	Director of IAIU

Position	Designated Successors
Assistant Commissioner Family Community Partnership/ Division of Women	Deputy Director Family Community Partnership
	Program Supervisor, Division of Women

Position	Designated Successors
Chief Administrator	Assistant Director
	Assistant Director

Position	Designated Successors
Director Child Protection and Permanency	Deputy Director
	Assistant Director

Position	Designated Successors

Position	Designated Successors
Director Children System of Care	Deputy Director
	Deputy Director

Position	Designated Successors
Director of Adolescent Services	Assistant Director
	Executive Assistant

Position	Designated Successors
Emergency Management	Assistant Director
	Director of Facilities Support

In addition, each order of succession identifies the rules and procedures designated officials must follow when facing issues of succession to office during continuity events and reference applicable laws and organization policies.

In the event of a change in leadership status, the NJ Department of Children and Families must notify the successors, as well as internal and external stakeholders. In the event the NJ Department of Children and Families leadership becomes unreachable or incapable of performing their authorized legal duties, roles, and responsibilities, DCF will initiate a notification of the next successor in line. The Commissioner or Designee will use the following procedures to notify internal and external stakeholders of the change in leadership: Email, Text, Phone, Emergency Notification System, and Emergency Radios

The NJ Department of Children and Families training records document the annual successor training for all personnel who assume the authority and responsibility of the organization's leadership to include briefing successors to the position of the Commissioner on their responsibilities and duties as a successor. This training is reflected in the NJ Department of Children and Families training records located at The Professional Center at DCF 30 Van Dyke Avenue New Brunswick NJ.

DELEGATIONS OF AUTHORITY

Generally, the NJ Department of Children and Families pre-determined delegations of authority will take effect when normal channels of direction are disrupted and terminate when these channels have resumed. Pre-determined delegations of authority may be particularly important in a devolution scenario.

The NJ Department of Children and Families has identified the following delegations of authority:

- Orderly succession of officials to the position of Commissioner in the case of the Commissioner's absence, a vacancy at that office, or the inability of the Commissioner to act during an emergency or national security emergency. The delegation of authority for the Commissioner is found in the Hazard Specific Appendices.

The NJ Department of Children and Families delegations of authorities are found at the continuity facility and at Office of Emergency Management

Are included as vital records

(1) Are written in accordance with applicable laws and organization policy ensuring that the organization's MEFs are performed

(2) Outline explicitly in a statement the authority of an official to re-delegate functions and activities, as appropriate

(3) Delineate the limits of and any exceptions to the authority and accountability for officials

(4) Define the circumstances, to include a devolution situation if applicable, under which delegations of authorities would take effect and would be terminated

The NJ Department of Children and Families has informed those officials who might be expected to assume authorities during a continuity situation. Documentation that this has occurred is found at Office of Emergency Management and at the continuity facility. Further, the NJ Department of Children and Families has trained those officials who might be expected to assume authorities during a continuity situation at least annually for all pre-delegated authorities for making policy determinations and all levels using in Service Training. This training is reflected in agency training records located at Office of Emergency Management.

HUMAN CAPITAL

Continuity Personnel

People are critical to the operations of any organization. Selecting the right people for an organization's staff is vitally important, and this is especially true in a crisis situation. Leaders are needed to set priorities and keep focus. During a continuity event, emergency employees and other special categories of employees will be activated by the NJ Department of Children and Families to perform assigned response duties. One of these categories is continuity personnel. In respect to continuity personnel, the NJ Department of Children and Families has:

- Identified and designated those positions and personnel they judge to be critical to organization operations in any given emergency situation as continuity personnel. A roster of essential personnel is maintained by the Human Resources and is found at 50 East Stale Street
- Identified and documented its continuity personnel. Continuity personnel possess the skills necessary to perform essential functions and supporting tasks. A roster of continuity personnel is maintained by Human Resources and is found at 50 East State Street.
- Officially informed all continuity personnel of their roles or designations by providing documentation in the form of a Memo to ensure that continuity personnel know and accept their roles and responsibilities. Copies of this documentation is maintained by the Human Resources and found at 50 East State Street.
- Ensured continuity personnel participate in the organization's continuity TT&E program, as reflected in training records. Training records are maintained by the Professional Center At DCF and found at 30 Van Dyke Avenue, New Brunswick NJ
- Provided guidance to continuity personnel on individual preparedness measures they should take to ensure response to a continuity event using Intra Net, Email. Copies of this guidance is maintained by The Office of Emergency Management and found at 50 East State Street Trenton NJ

All Staff

It is important that the NJ Department of Children and Families keeps all staff, especially individuals not identified as continuity personnel, informed and accounted for during a continuity event. The NJ Department of Children and Families has established procedures for contacting and accounting for employees in the event of an emergency, including operating status.

- The NJ Department of Children and Families employees are expected to remain in contact with their supervisors during any facility closure or relocation situation. Employees will be notified by text, email phones.
- The NJ Department of Children and Families ensures staff are aware of and familiar with Human Capital guidance in order to continue essential functions during an emergency. The NJ Department of Children and Families uses the following methods to increase awareness by utilizing an DCF intranet website, employee orientation briefing emails.

Accounting for all personnel during a continuity event is of utmost importance. In order to account for all staff, NJ Department of Children and Families will utilize call trees, an automated system, ECATs, Rosters. An event that requires the activation of the Continuity Plan may personally affect the NJ Department of Children and Families staff.

Human Capital Considerations

The NJ Department of Children and Families continuity program plans, and procedures incorporate existing organization-specific guidance and direction for human capital management, including guidance on pay, leave/time off, work scheduling, benefits, telework, hiring, authorities, and flexibilities. Human Resource has the responsibility for the NJ Department of Children and Families Human Capital issues. A copy of these policies and guidance is found 50 East State Street Trenton NJ.

The NJ Department of Children and Families Continuity Coordinator and Continuity Manager work closely with the Human Resource Office to resolve Human Capital issues related to a continuity event. The Human Resource Office serves as the NJ Department of Children and Families Human Capital liaison to work with the Continuity Coordinator or Continuity Manager when developing or updating the organization's emergency plans.

The NJ Department of Children and Families has developed organization-specific guidance and direction for continuity personnel on Human Capital issues. This guidance is integrated with Human Capital procedures for its facility, geographic region, and the Office of Personnel Management or similar organization. This guidance is maintained by the Human Resource Office and found at 50 East State Street Trenton NJ.

The NJ Department of Children and Families has issued continuity guidance for human capital on the following issues:

- Additional Staffing:
- Work Schedules and Leave/Time Off:
- Employee Assistance Program:
- Employees who may need assistance:
- Telework TBD
- Benefits:
- Premium and Annual Pay Limitations:

Further, the Human Resource Office communicates Human Capital guidance for emergencies (pay, leave/time off, staffing, work scheduling, benefits, telework, hiring authorities and other human resources flexibilities) to managers in an effort to help continue essential functions during an emergency. The process for communicating this information is as follows: Policy/Procedures

Test, Training, and Exercises Program Annex

The NJ Department of Children and Families will establish an effective TT&E program to support the organization's preparedness and validate the continuity capabilities, program, and ability to perform essential functions during any emergency. The testing, training, and exercising of continuity capabilities is essential to demonstrating, assessing, and improving the NJ Department of Children and Families ability to execute the continuity program, plans, and procedures.

- Training familiarizes continuity personnel with their roles and responsibilities in support of the performance of an organization's essential functions during a continuity event.
- Tests and exercises serve to assess, validate, or identify for subsequent correction, all components of continuity plans, policies, procedures, systems, and facilities used in response to a continuity event. Periodic testing also ensures that equipment and procedures are kept in a constant state of readiness.

In accordance with CGC 1 guidance, the NJ Department of Children and Families performs TT&E events at regular intervals, as shown in the table below.

Continuity TT&E Requirements	Monthly	Quarterly	Annually	As Required
Test and validate equipment to ensure internal and external interoperability and viability of communications systems	✓			
Test alert, notification, and activation procedures for all continuity personnel		✓		
Test primary and back-up infrastructure systems and services at continuity facilities			✓	
Test capabilities to perform essential functions			✓	

Continuity TT&E Requirements	Monthly	Quarterly	Annually	As Required
Test plans for recovering vital records, critical information systems, services, and data			✓	
Test and exercise of required physical security capabilities at continuity facilities			✓	
Test internal and external interdependencies with respect to performance of essential functions			✓	
Train continuity personnel on roles and responsibilities			✓	
Conduct continuity awareness briefings or orientation for the entire workforce			✓	
Train organization's leadership on essential functions			✓	
Train personnel on all reconstitution plans and procedures			✓	
Allow opportunity for continuity personnel to demonstrate familiarity with continuity plans and procedures and demonstrate organization's capability to continue essential functions			✓	
Conduct exercise that incorporates the deliberate and preplanned movement of continuity personnel to continuity facilities			✓	
Conduct assessment of organization's continuity TT&E programs and continuity plans and programs			✓	
Report findings of all annual assessments.			✓	
Conduct successor training for all organization personnel who assume the authority and responsibility of the organization's leadership if that leadership is incapacitated or becomes otherwise unavailable during a continuity situation			✓	

Continuity TT&E Requirements	Monthly	Quarterly	Annually	As Required
Train on the identification, protection, and ready availability of electronic and hardcopy documents, references, records, information systems, and data management software and equipment needed to support essential functions during a continuity situation for all staff involved in the vital records program			✓	
Test capabilities for protecting classified and unclassified vital records and for providing access to them from the continuity facility			✓	
Train on an organization's devolution option for continuity, addressing how the organization will identify and conduct its essential functions during an increased threat situation or in the aftermath of a catastrophic emergency			✓	
Conduct personnel briefings on continuity plans that involve using or relocating to continuity facilities, existing facilities, or virtual offices				✓
Allow opportunity to demonstrate intra- and interagency continuity communications capability				✓
Allow opportunity to demonstrate back-up data and records required for supporting essential functions at continuity facilities are sufficient, complete, and current				✓
Allow opportunity for continuity personnel to demonstrate their familiarity with the reconstitution procedures to transition from a continuity environment to normal activities				✓
Allow opportunity for continuity personnel to demonstrate their familiarity with agency devolution procedures				✓

The NJ Department of Children and Families will formally document and report all conducted continuity TT&E events, including the event date, type, and participants. Documentation also includes test results, feedback forms, participant questionnaires, and other documents resulting from the event. Continuity TT&E documentation for the NJ Department of Children and Families is managed by the Office of Emergency Management and is found at 50 East State Street Trenton NJ Further, the NJ Department of Children and Families will conduct a comprehensive debriefing or hotwash after each exercise, which allows participants to identify systemic weaknesses in plans and procedures and recommend revisions to the organization's continuity plan.

The NJ Department of Children and Families has developed a CAP to assist in documenting, prioritizing, and resourcing continuity issues identified during TT&E activities, assessments, and emergency operations. The NJ Department of **Children and Families** CAP incorporates evaluations, AARs, and lessons learned from a cycle of events into the development and implementation of its CAP.

Capability	Observation	Recommendation	Corrective Action	Capability Element	Primary Responsible Office	Organization POC	Start Date	End Date
Planning				Planning	**NJ Department of Children and Families**			

HAZARD-SPECIFIC APPENDICES

ANNEX IMPLEMENTING INSTRUCTIONS

- Emergency Calling Directory
- Emergency Relocation Team Checklist and Essential Functions Checklist
- Continuity Site Acquisition Checklist
- Emergency Operating Records and IT Checklist
- Emergency Equipment Checklist
- Delegations of Authority
- Orders of Succession
- Maps and directions to the continuity facility and seating chart of the facility

I. Annex Implementing Instruction #1: Delegation of Authority

NJ Department of Children and Families
Delegation Number: Issue Date:
DELEGATION OF AUTHORITY
AND SUCCESSION FOR THE
Commissioner NJ Department of Children and Families

PURPOSE
This is a delegation of authority for the continuity of essential functions through the orderly succession of officials at the NJ Department of Children and Families to the Office of the Commissioner in case of the Commissioner's absence, a vacancy at that office, or the inability of the Commissioner to act during a disaster or national security emergency.

DELEGATION
I hereby delegate authority to the following officials, in the order listed below, to exercise the powers and perform the duties of the Commissioner, in case of my absence, inability to perform, or vacancy of the office and until that condition ceases.

1. Chief Of Staff

If this position is vacant, the next designated official in the order of succession may exercise all the powers, duties, authorities, rights, and functions of the Office of the Commissioner but may not perform any function or duty required to be performed exclusively by the office holder.

Eligibility for succession to the Office of the Commissioner shall be limited to officially assigned incumbents of the positions listed in the order of succession, above. Only officials specifically designated in the approved order of succession are eligible. Persons appointed on an acting basis, or on some other temporary basis, are ineligible to serve as a successor; therefore, the order of succession would fall to the next designated official in the approved order of succession.

AUTHORITIES
OFFICE OF PRIMARY INTEREST
The Office of the Commissioner is the office of primary interest in this delegation.

CANCELLATION

Commissioner
New Jersey Department of Children and Families

GLOSSARY

Activation – Once a continuity of operations plan has been implemented, whether in whole or in part, it is considered "activated."

Organization Head – The highest-ranking official of the primary occupant organization, or a successor or designee who has been selected by that official.

All-Hazards – The spectrum of all types of hazards including accidents, technological events, natural disasters, terrorist attacks, warfare, and chemical, biological including pandemic influenza, radiological, nuclear, or explosive events.

Alternate Facilities – Locations, other than the primary facility, used to carry out essential functions, particularly in a continuity event. "Alternate facilities" refers to not only other locations, but also nontraditional options such as working at home (teleworking), telecommuting, and mobile-office concepts.

Business Impact Analysis (BIA) – A method of identifying the effects of failing to perform a function or requirement.

Business Process analysis (BPA) – A method of examining, identifying, and mapping the functional processes, workflows, activities, personnel expertise, systems, data, and facilities inherent in the execution of a function or requirement.

Communications – Voice, video, and data capabilities that enable the leadership and staff to conduct the mission essential functions of the organization. Robust communications help ensure that the leadership receives coordinated, integrated policy and operational advice and recommendations and will provide the ability for governments and the private sector to communicate internally and with other entities (including with other Federal agencies, State, territorial, tribal, and local governments, and the private sector) as necessary to perform their Mission Essential Functions (MEFs).

Continuity – An uninterrupted ability to provide services and support, while maintaining organizational viability, before, during, and after an event.

Continuity Facilities – Locations, other than the primary facility, used to carry out essential functions, particularly in a continuity situation. "Continuity facilities" refers to not only other locations, but also nontraditional options such as working at home (teleworking), telecommuting, and mobile-office concepts.

Continuity of Operations – An effort within individual agencies to ensure they can continue to perform their Mission Essential Functions and Primary Mission Essential Functions during a wide range of emergencies, including localized acts of nature, accidents, and technological or attack-related emergencies.

Continuity Event – Any event that causes an agency to relocate its operations to an alternate or other continuity site to assure continuance of its essential functions.

Continuity Personnel – Those personnel, both senior and core, who provide the leadership advice, recommendations, and functional support necessary to continue essential operations

Corrective Action Program – An organized method to document and track improvement actions for a program. The Corrective Action Program (CAP) system is a web-based tool that enables Federal, State, and local emergency response and homeland security officials to develop, prioritize, track, and analyze corrective actions following exercises or real world incidents. Users may enter data from a finalized After Action Report/Improvement Plan, track the progress of corrective action implementation, and analyze and report on trends in improvement plans.

Delegation of Authority – Identification, by position, of the authorities for making policy determinations and decisions at headquarters, field levels, and all other organizational locations. Generally, pre-determined delegations of authority will take effect when normal channels of direction have been disrupted and will lapse when these channels have been reestablished.

Devolution – The capability to transfer statutory authority and responsibility for essential functions from an agency's primary operating staff and facilities to other agency employees and facilities, and to sustain that operational capability for an extended period.

Essential Functions – The critical activities performed by organizations, especially after a disruption of normal activities. There are three categories of essential functions: National Essential Functions, Primary Mission Essential Functions, and Mission Essential Functions.

Facilities – Locations where an organization's leadership and staff operate. Leadership and staff may be co-located in one facility or dispersed across many locations and connected by communications systems. Facilities must be able to provide staff with survivable protection and must enable continued and endurable operations.

Interoperable Communications – Communications that provide the capability to perform essential functions, in conjunction with other organizations/entities, under all conditions.

Leadership – The senior decision makers who have been elected (e.g., the President, State governors) or designated to head a branch of government or other organization.

Memorandum of Agreement/Memorandum of Understanding – Written agreement between departments/agencies that require specific goods or services to be furnished or tasks to be accomplished by one organization in support of the other.

Mission Essential Functions – The limited set of agency-level government functions that must be continued throughout, or resumed rapidly after, a disruption of normal activities.

Orders of Succession – Provisions for the assumption by individuals of organization senior leadership positions during an emergency in the event that any of those officials are unavailable to execute their legal duties.

Primary Operating Facility – The site of an organization's normal, day-to-day operations; the location where the employee usually goes to work.

Reconstitution – The process by which surviving and/or replacement organization personnel resume normal operations from the original or replacement primary operating facility.

Risk Analysis – The process by which risks are identified and evaluated.

Risk Assessment – The identification and assessment of hazards.

Risk Management – The process of identifying, controlling, and minimizing the impact of events whose consequences are or may be unknown, or events that are fraught with uncertainty.

Telework – The ability to work at a location other than the official duty station to perform work or emergency duties. This may include, but is not limited to, using portable computers, personal computers, high-speed telecommunications links, and mobile communications devices.

Testing, Training, and Exercises – Measures to ensure that an agency's continuity plan is capable of supporting the continued execution of the agency's essential functions throughout the duration of a continuity situation.

Virtual Offices – An environment where employees are not collocated and rely exclusively on information technologies to interact and conduct their work across distance from multiple geographic locations.

Vital Records – Electronic and hardcopy documents, references, and records that are needed to support essential functions during a continuity situation. The two basic categories of vital records are (1) emergency operating records and (2) rights and interests records.

AUTHORITIES AND REFERENCES

AUTHORITIES and REFERENCES:

1. **Executive Order 5.**
2. **Executive Order 50**
3. Directive 51/Homeland Security Presidential Directive 20, *National Continuity Policy*, dated May 9, 2007.
4. Continuity Guidance Circular 1, *Continuity Guidance for Non-Federal Entities (States, Territories, Tribal, and Local Government Jurisdictions and Private Sector Organizations)*, dated January 21, 2009.
5. Continuity Guidance Circular 2, *Continuity Guidance for Non-Federal Entities: Mission Essential Functions Identification Process (States, Territories, Tribes, and Local Government Jurisdictions),* dated July 22, 2010.
6. FEMA Continuity of Operations Plan Template Instructions.
7. FEMA Continuity of Operations Plan Template.
8. FEMA Devolution Plan Template.
9. FEMA Comprehensive Preparedness Guide 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, dated March 2009.

ACRONYMNS

AAR	After Action Report
BIA	Business Impact Analysis
BPA	Business Process Analysis
CAP	Corrective Action Program
CGC	Continuity Guidance Circular
ERG	Emergency Relocation Group
IT	Information Technology
MEF	Mission Essential Function
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
STTEF	State, Territorial, and Tribal Essential Function
TT&E	Test, Training, and Exercise

Section 14

Assurances and Certifications

Attachment C - States

Title IV-B, subpart 1 Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:

    a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;

    b. A case review system (as defined in section 475(5) of the Act) for each child receiving foster care under the supervision of the State/Tribe;

    c. A service program designed to help children:

        i. Where safe and appropriate, return to families from which they have been removed; or

        ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement which may include a residential educational program; and

    d. A preplacement preventative services program designed to help children at risk of foster care placement remain safely with their families.

2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children.

3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children.

4. The State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs.

5. The State assures that it will participate in any evaluations the Secretary of HHS may require.

6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: Allison Blake

Title: Commissioner

Agency: NJ Department of Children + Families

Dated: 6/12/14

Reviewed by: _____

(ACF Regional Representative)

Dated: _____

Title IV-B, subpart 2 Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432 (a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that after the end of each of the first four fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances.

2. The State assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishments of the goals, and on the basis of the final review:

   a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and

   b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b)) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year.

3. The State assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, time limited family reunification services, and adoption promotion and support services) of:

   a. The service programs to be made available under the plan in the immediately succeeding fiscal year;

   b. The populations which the programs will serve; and

   c. The geographic areas in the State in which the services will be available.

4. The State assures that it will perform the annual activities in the 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.

5. The State assures that Federal funds provided under subpart 2 will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of subpart 2.

6. The State will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's compliance with the prohibition contained in 432(a)(7)(A) of the Act.

7. The State assures that in administering and conducting service programs under the subpart 2 plan, the safety of the children to be served shall be of paramount concern.

8. The State assures that it will participate in any evaluations the Secretary of HHS may require.

9. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, time limited family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program.

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: Allison Blake

Title: Commissioner

Agency: NJ Department of Children + Families

Dated: 6/12/14

Reviewed by: _____

(ACF Regional Representative)

Dated: _____

Title IV-E, Section 477 Certifications

Certifications for the Chafee Foster Care Independence Program

As Chief Executive Officer of the State of New Jersey, I certify that the State has in effect and is operating a Statewide or areawide program pursuant to section 477(b) relating to the Foster Care Independence Program and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];
2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
5. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State with other Federal, State and Tribal programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];
6. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and
7. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].
8. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];
9. The State has consulted each Tribe in the State about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such Tribes; and benefits and services under the programs will be made available to Indian youth in the State/Tribe on the same basis as to other youth in the State; and that the State negotiates in good faith with any Indian tribe, tribal organization, or tribal consortium in the State

that does not receive an allotment under 477(j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriated portion of the State allotment for the cost of such administration, supervision or oversight [Section 477(b)(3)(G)];

10. The State will ensure that an adolescent participating in this program is provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the adolescent if the adolescent becomes unable to participate in such decisions and the adolescent does not have or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy or other similar document is recognized under State law, and how to execute such document if the adolescent wants to do so [Section 477(b)(3)(K)].

Signature of Chief Executive Officer

June 27, 2014

Date

State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Independence Program

As Chief Executive Officer of the State of New Jersey, I certify that the State has in effect and is operating a Statewide program relating to the Chafee Foster Care Independence Program:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
   - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
   - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).

Signature of Chief Executive Officer

June 27, 2014

Date