



NEW JERSEY DEPARTMENT OF
CHILDREN AND FAMILIES

ANNUAL AGENCY

Performance Report



FISCAL YEAR 2010

July 1, 2009 - June 30, 2010



Dear Colleagues,

I am pleased to provide you with this Fiscal Year 2010 Annual Agency Performance Report which highlights the work of the New Jersey Department of Children and Families (DCF).

I believe that annual reports such as this one help us to reflect on the past year's accomplishments, as we focus on the work ahead. While more work still remains, this story of our work provides a snapshot of the progress made by DCF in strengthening families and achieving safety, well-being and permanency for New Jersey's children.

The success stories shared throughout the report are a true testament to the hard work of our dedicated staff, and the continued informed support of our community partners. The data shared in this report illustrates DCF's focus on maintaining manageable caseloads for Division of Youth and Family Services (DYFS) staff, implementing DCF's case practice change, moving children to permanency in a safe and timely manner, recruiting safe and loving foster homes for our most vulnerable children, building capacity in the child behavioral health system, and working to prevent child abuse and neglect by strengthening families and communities. You will also learn about some new and exciting DCF initiatives, such as Domestic Violence Liaisons, the DCF Fellows Program and Educational Stability for children in foster care.

To accomplish our mission and advance our work, we remain committed to collaborating with stakeholders and community partners to improve outcomes for New Jersey's most vulnerable children and families. DCF is also grateful to Commissioner Kimberly Ricketts, Acting Commissioner Janet Rosenzweig, and Acting Commissioner Kara Wood for their leadership during this time.

As we advance through Fiscal Year 2011, clearly, DCF is on the right path, making sustained progress toward creating an effective, integrated child welfare system—one that produces better outcomes for the children and families we serve.

I hope you enjoy reading about our work and welcome your collaboration and support in the years ahead.

In partnership,

A handwritten signature in cursive script that reads "Allison Blake".

Allison Blake, PhD, LSW
Commissioner
New Jersey Department of Children and Families

Table of Contents

Department of Children and Families	1
Overview of Achievements.....	2
Division of Youth and Family Services	3
Children Served by the Division of Youth and Family Services.....	3
Implementing Case Practice in DCF.....	4
Maintaining Manageable Caseloads for DYFS Caseworkers.....	4
Adoption and Permanency for Children.....	5
Recruiting and Licensing Resource Family Homes.....	5
Transitioning Adolescents.....	6
Hotline Calls to Central Screening.....	7
Hotline Calls to Central Screening and Institutional Abuse.....	8
Health Care Outcomes for Children in Out-of-Home Care.....	9
NJ Spirit and SafeMeasures.....	11
Division of Child Behavioral Health Services	12
Children with Mental and Behavioral Health Needs.....	12
Division of Prevention and Community Partnerships	14
Child Abuse Prevention & Family Support Programs.....	14
Department of Children and Families Interdepartmental Initiatives	18
Managing Outcomes by Data.....	18
Domestic Violence Initiatives.....	19
Educational Stability for Children in Out-of-Home Placement.....	20
Sustaining the Progress.....	21
Appendices A-D	i-ix



The Department of Children and Families (DCF) is the state agency charged with serving and safeguarding the most vulnerable children and families in the state. DCF, staffed by approximately 7,000 employees, encompasses:

- ▶ *Division of Youth and Family Services (DYFS)*
- ▶ *Division of Child Behavioral Health Services (DCBHS)*
- ▶ *Division of Prevention and Community Partnerships (DPCP)*
- ▶ *Institutional Abuse Investigation Unit (IAIU)*
- ▶ *State Central Registry/Child Abuse and Neglect Hotline (SCR)*
- ▶ *Office of Licensing (OOL)*
- ▶ *Office of Education (OOE)*

DCF's primary mission is focused on strengthening families and achieving safety, permanency, and well-being for all New Jersey's children. The department's priorities are focused on:

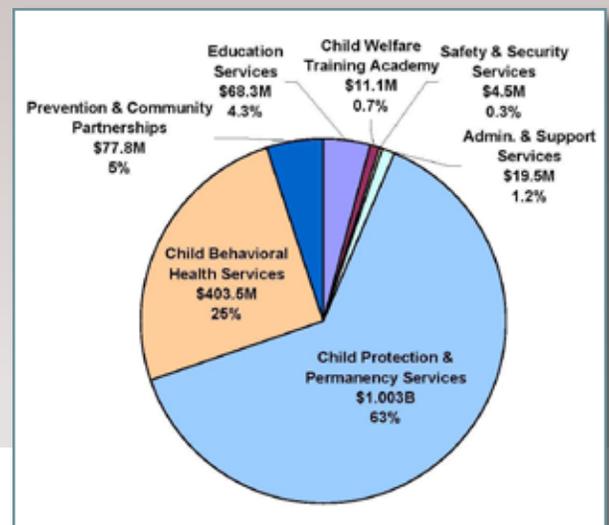
- ▶ Maintaining manageable caseloads for DYFS staff
- ▶ Continuing the implementation of DCF's case practice
- ▶ Continuing to move children to permanency in a safe and timely manner
- ▶ Continuing to recruit safe and loving foster homes for our most vulnerable children
- ▶ Building capacity in the child behavioral health system to further reduce the number of children receiving treatment out of state
- ▶ Working to prevent child abuse and neglect by strengthening families and communities
- ▶ Collaborating with stakeholders and community partners to improve outcomes for New Jersey's most vulnerable children and families
- ▶ Improving health care outcomes for children in DCF's care

DCF's budget in Fiscal Year 2010 represented continued preservation for essential and direct care services for the state's most vulnerable children and families.

DCF Fiscal Year 2010 Total:
\$1.59 Billion
(with state, federal and dedicated funds)

Breakdown of State Funds:
\$1.086 Billion

FY 2010 Budget Information





Overview of Achievements

- ▶ Safely and successfully reduced the number of children in foster care by more than nine percent—from 8,603 in Fiscal Year 2009 to 7,861 children by June, Fiscal Year 2010.
- ▶ Finalized 1,389 adoptions in Fiscal Year 2010, and achieved permanency for over fourteen 18-21 year olds.
- ▶ Served as a national model around foster parent recruitment and licensure of resource families, which include kinship, foster and adoptive caregivers. In 2010 alone, DYFS recruited 1,973 new resource families. This is the second highest number on record of total homes recruited in New Jersey in a single year.
- ▶ Provided extensive case practice training and coaching to 18 DYFS local offices. In fiscal year 2011, nine offices are scheduled to complete immersion training. The final phase will take place in 2012 with our remaining 13 offices scheduled to complete this intensive training.
- ▶ Continued remarkable progress in achieving manageable caseloads for caseworkers serving New Jersey's most vulnerable children and families.
- ▶ Increased the capacity to provide in-state child behavioral health services for 38 youth, reducing the number of youth sent out of state to just 28 by July 2010.
- ▶ Increased access to and improved health care for children in the state's care through the establishment of Child Health Units.
- ▶ Served more than 45,000 families in Fiscal Year 2010 through the state's network of 37 neighborhood-based Family Success Centers.
- ▶ Served 4,000 families through the home visiting programs in Fiscal Year 2010.

ABOUT THE MODIFIED SETTLEMENT AGREEMENT

New Jersey's Modified Settlement Agreement (MSA), which is divided into two phases, is the blueprint for child welfare reform in New Jersey. The first phase - July 2006 to December 2008 - focused on the fundamentals of child welfare, including caseloads, the development of data, improving adoption, and improving institutional investigations. The second phase, which began in January 2009, focuses on outcomes for children and families, such as providing improved access to healthcare for children in the state's care.

“By June 20, 2010 DCF reached or exceeded all of the expectations in the MSA pertaining to training its workforce.”

Monitoring Report for Charlie and Nadine H. v. Christie
January 1 - June 30, 2010



Children Served by the Division of Youth and Family Services

Entering FY 2005, NJ had almost 13,000 children in out-of-home care. By the end of FY 10, the number of children declined to about 7,800, a 39% decrease. This decrease reflects our practice change which has resulted in us serving more children in their own homes.

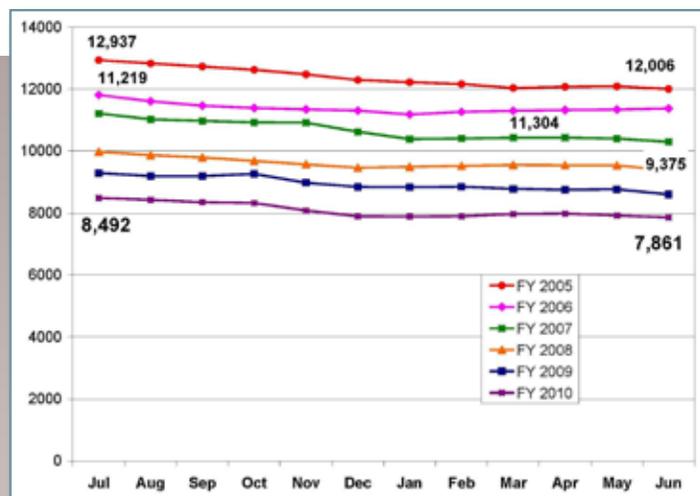
- ▶ At the end of FY 2010, the Division of Youth and Family Services served approximately 48,000 youth both in- and out-of-home.¹
- ▶ Approximately 70 percent of the children served by DYFS (both in and out-of-home) are under the age of 12.²
- ▶ For the children in out-of-home placement, most are placed in family settings, either with a foster/adoptive home or with relatives.

Children in DYFS Out-of-Home Placement³ Placement Types – FY08 v. FY10

	July 2008	July 2009	July 2010
Independent Living	156	201	180
Group Homes and Residential	1,247	1,069	924
Kinship and Relative	3,548	3,029	2,629
Resource Family (non-kin)	4,424	4,304	4,128
TOTAL	9,375	8,603	7,861

The number of children in placement has declined 39% from July 2004 to June 2010

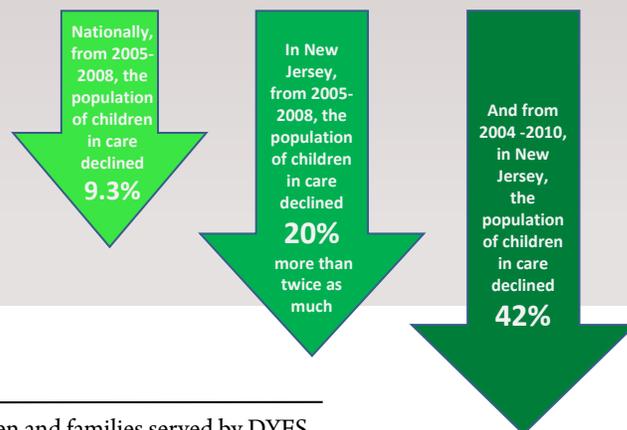
Children in DYFS Out-of-Home Placement FY 2005 – FY 2010



According to data from Casey Family Programs, from the end of federal fiscal years 2005 to 2008, nationally the number of children in care declined 9.3%. New Jersey's population in care declined more than twice as much over the same time period – 20%.

Early estimates of federal data indicate a national decrease of children in care of 17% from fiscal years 2004 to 2010. For the same time period, New Jersey data indicates a decrease of 42%.

Comparison of Children in Foster Care Nationally v. New Jersey



¹ See Appendix C for full chart comparisons on the total number of children and families served by DYFS.

² See Appendix C for full charts on the gender, age and race of children served by DYFS, including the total population of children, children served in their homes, and children in out-of-home placement.

³ See Appendix C for breakout of children in out-of-home placement by county.



Case Practice in DCF

New Jersey has continued to implement a case practice model focused on empowering families by identifying their individual strengths and needs.

In 2007, DCF published – for the first time in DYFS’ history - a model of case practice that details how we want to work with children and families. That model identified family engagement as a core strategy, and it articulates how DCF expects children and families to be treated and how they and their natural supports will be engaged and included in decisions affecting each child’s safety, permanency, and well-being.

DCF initially selected four local DYFS offices – Bergen Central, Burlington East, Gloucester West and Mercer North – to serve as the first immersion sites for more extensive case practice training and coaching. Since that time, in addition to those four offices, three additional offices completed their immersion training by June 2009. During Fiscal Year 2010, 18 more offices completed immersion training, making a total of 25 local offices. In fiscal year 2011, nine offices are scheduled to complete immersion training, making a total of 34 offices. Our final phase will take place in 2012 with our remaining 13 offices scheduled to complete this extended and intensive training.

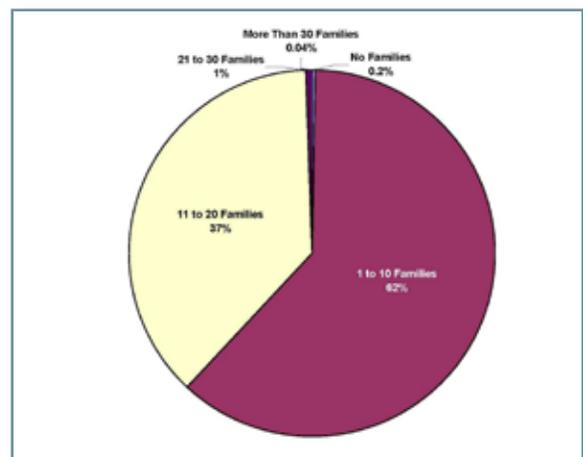
Manageable Caseloads for DCF Caseworkers

Manageable caseloads in the child welfare system allow us to engage the families we serve.

Families receive the necessary attention and services they need from child welfare staff when caseloads are manageable.

In March 2006, more than 100 caseworkers had caseloads of more than 30 families. With that many families, workers could not do the real work of child welfare – engaging and teaming with children and families to achieve better outcomes. As of June 2010, the average caseload was under 10 families. with one caseworker having more than 30 families.⁴

Average Caseload Size, Statewide As of June 2010



⁴See Appendix A for charts detailing caseloads for Fiscal Year 2010 for intake workers (initial investigators), permanency workers (workers with children being served in their homes and in foster care), adoption workers (caseworkers focused on finding forever families for kids in need), and worker to supervisor ratios. Each chart notes the MSA target for the office average, along with the standard for each timeframe.

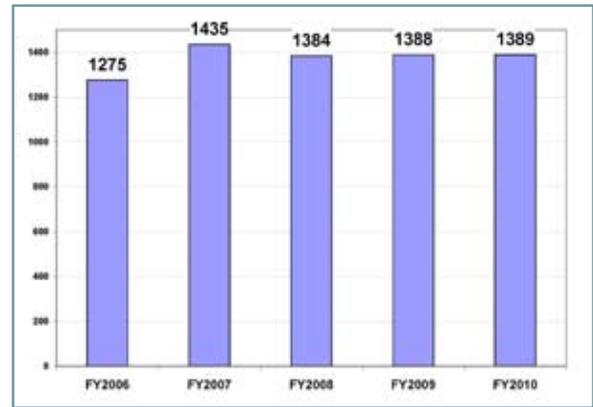


Adoption and Permanency for Children

DCF continued its success in moving children to permanency through adoption in Fiscal Year 2010. After rebuilding the adoption infrastructure in 2006, the state has achieved significant progress with record numbers of adoptions – more than 6,800 former foster children were adopted between Fiscal Years 2006 and 2010.

Adoption finalization numbers have started to decrease due to DCF’s success in diminishing the overall number of children in care. In the years since 2006, the overall number of legally free children available for adoption has steadily decreased. The welcome result is that the number of adoptions finalized annually now closely approximates the number of children legally free at the beginning of each year. This means that children achieve permanency through adoption more quickly than they did four years ago. It is likely that annual decreases in the actual number of adoption finalizations will continue due to the fact that DCF’s practice is successfully achieving permanency for children in care.

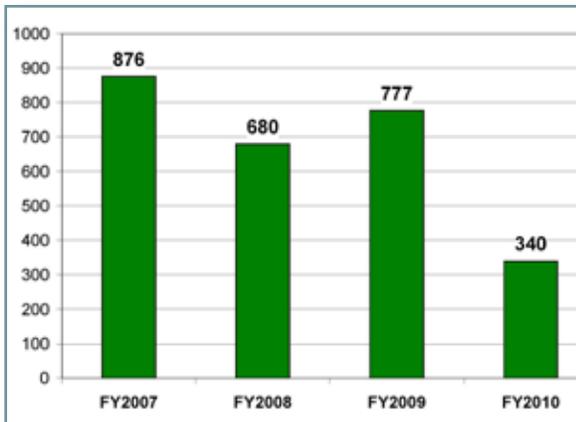
Finalized Adoptions FY 2006-2010



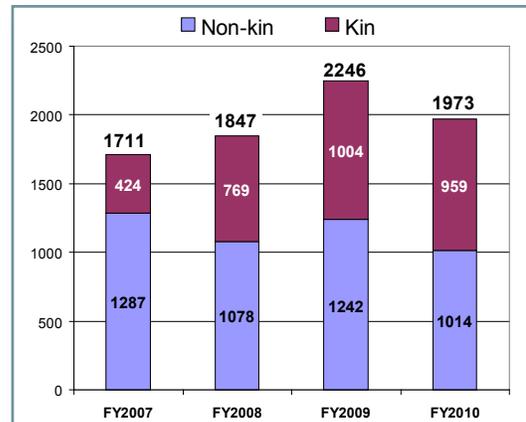
Recruiting and Licensing Resource Family Homes

In Fiscal Year 2010, DCF continued to maintain its success in recruitment and licensure of resource families, which include kinship, foster and adoptive caregivers. Over the past year, the increasingly high success rate of permanency outcomes of reunification, and adoption and Kinship Legal Guardian (KLG) through kin and non-kin resources, has contributed to a smaller net gain of families. (A net gain is the balance between new homes opened and the number of existing homes closed.) Closure data demonstrates that 80% of all closings were due to positive and natural consequences of permanency having been achieved for a large number of children in care. Although kinship retention efforts are pursued once permanency with related children is achieved, the data tells us that the majority of relatives decline or request closure of their home. It also reflects a shift in DCF’s recruitment efforts from volume to a more child specific approach.

**Net Gain of Resource Families
FY 2007 – 2010**



**Total Resource Family Homes Licensed
FY 2007 – 2010**





Transitioning Adolescents

DCF is committed to supporting youth, as they prepare for transition to adulthood. This is accomplished through program development in the areas of housing, vocational/training and/or secondary education.

Housing

DCF contracts with community agencies to provide transitional housing for older youth. DCF currently funds 240 beds throughout the state. While housing program models vary, all programs provide services such as: budgeting and money management, menu planning, shopping, cooking, personal hygiene, laundry, job interviewing and preparing for employment, recognizing differences between youth culture and adult/professional culture, dispute resolution, and linkages to mental health and legal services.

DCF also funds YouthCorp programs for transitioning youth ages 16 to 25. Corps members receive instruction in basic life skills, courses to obtain GED or adult high school diplomas, employability skills, instruction and counseling.

Building Effective Supports Through Assessment and Training

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. The four module training addressed areas such as: positive youth development, life long connections, competency-based life skills development and creative approaches to teaching life skills.

In addition, DCF provided follow-up training to local office staff in areas including: completion and documentation of Independent Living Skills Assessments and Transition Plans, Medicaid Extension for Young Adults, Permanency for older Youth, GLBTQI (Gay, Lesbian, Bisexual, Transgender, Questioning or Intersex) youth and Safe Space Liaisons, selecting a medical proxy, and the National Youth in Transition Database reporting system.

DCF continues to work with Casey Family Programs to improve economic outcomes for youth who age out of care. Through a pilot program in Union County, 14 youth participated in employment readiness and job seeking skills. Support for the pilot included a part time job developer and collaboration with community and industry members.

NEW JERSEY FOSTER SCHOLARS PROGRAM

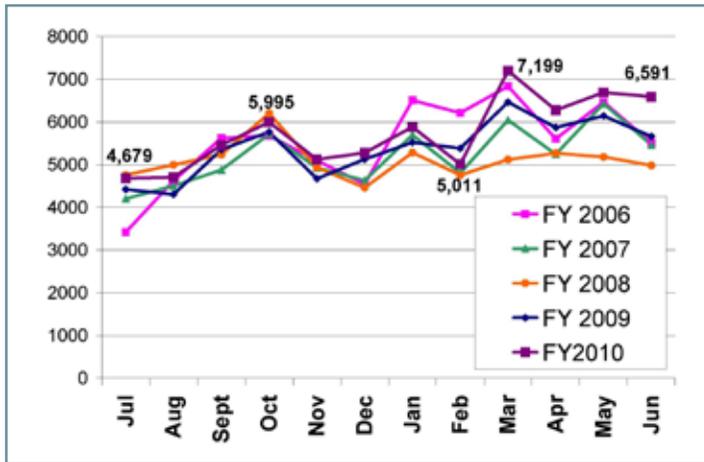
The New Jersey Foster Scholars Program was developed in 2003 and is specifically designed to help adoptive and foster families with the growing expenses of providing a college education to their youngsters. A college education is often the key to helping youth achieve a successful transition to adulthood and self-sufficiency. In addition to financial assistance with college expenses, participants in the Foster Scholars Program also receive services through Project MYSELF, a mentoring program sponsored through Rutgers, the State University of New Jersey. Project MYSELF helps current foster youth more successfully navigate the competing demands of post secondary education studies and provides support to youth so they can achieve their educational goals. In the Spring/ Summer 2010 semester, DCF provided scholarships to 216 young people.



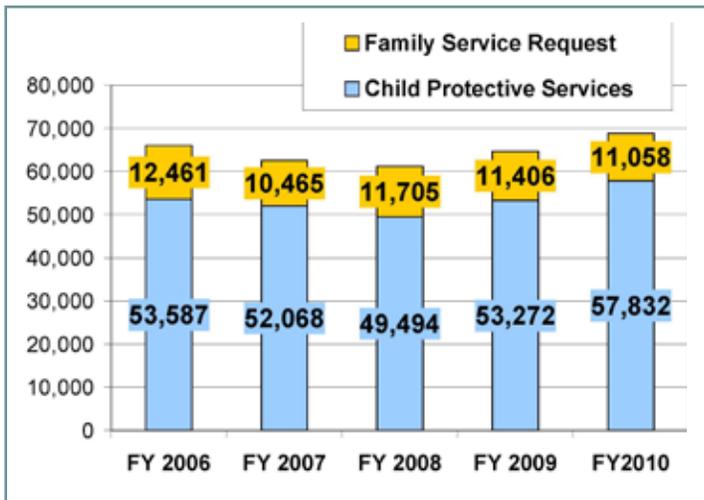
Hotline Calls to Central Screening

The State child abuse and neglect hotline also known as the New Jersey State Central Registry (SCR) is a 24 hour, 365 day a year, state-of-the-art call center that is the public's single point of entry to DYFS.

Hotline Referrals to all DYFS Local Offices



Hotline Referrals to DYFS Offices
Child Protective Services v. Family Service Requests



STATE CENTRAL REGISTRY CHILD ABUSE AND NEGLECT HOTLINE

With SCR's systems now in place, DCF is focused on using data to improve outcomes and service delivery as well as to identify training needs. Technology utilized by the SCR allows supervisors and staff to effectively and efficiently provide service in a critical time of need along with recording outcome data and trends used to evaluate how DCF delivers responsive service to families and children throughout New Jersey.

The State Central Registry, fields approximately 15,000 phone calls per month. Many of these calls are referred to local offices within the Division of Youth and Family Services (DYFS), and fall into two categories:

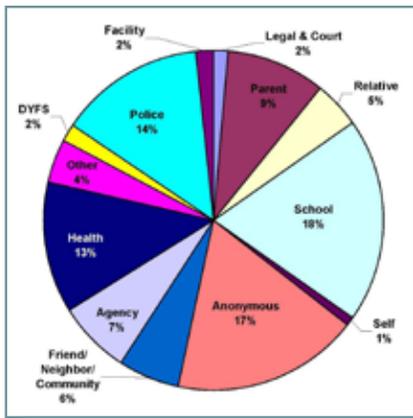
- ▶ **Child Protective Services (CPS):** an allegation of child abuse or neglect is made
- ▶ **Family Service Request (FSR)** also known as a Child Welfare Assessment : a family is in need of services but there is no allegation of abuse or neglect

In Fiscal Year 2010, more than 68,000 calls to the hotline were referred to a DYFS local office for investigation or follow-up. DCF experienced an increase of more than 4,200 referrals from fiscal year 2009.

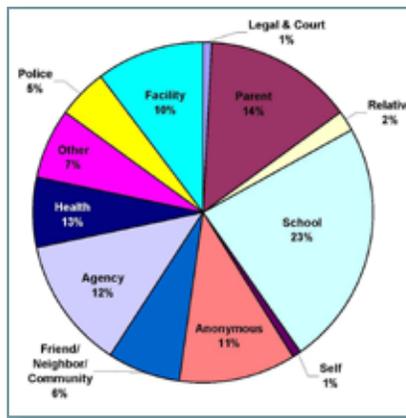
Hotline Calls to Central Screening and Institutional Abuse

DCF relies on many different community and outside partners to report when child abuse or neglect is suspected, or when a family is in need of services. Partners include schools and education professionals, police and law enforcement, and the health community.⁵

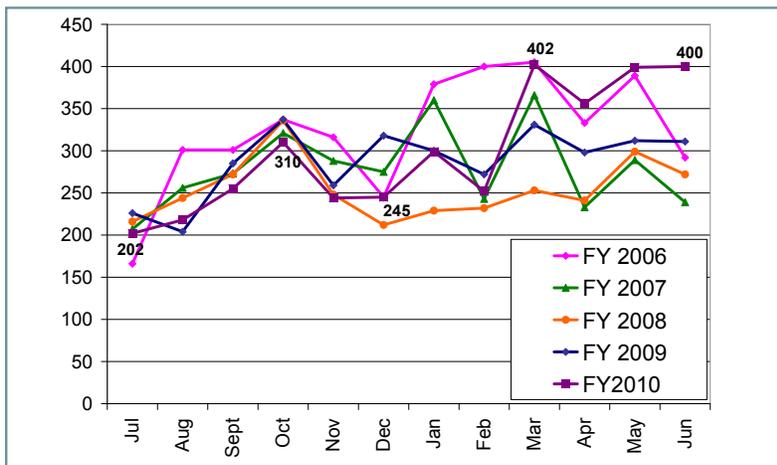
Source of All Hotline Referrals (CPS and FSR) Fiscal Year 2010



Source of All IAIU Referrals Fiscal Year 2010



All Hotline Referrals to IAIU FY 2006 - FY 2010



INSTITUTIONAL ABUSE INVESTIGATION UNIT

As part of New Jersey's legal mandate to investigate all allegations of child abuse and neglect, DCF includes the Institutional Abuse Investigation Unit (IAIU). This unit responds to allegations of suspected child abuse and neglect that take place in all public and private institutions and facilities. This mandate covers all public and private schools, child care centers, registered and unregistered family day care homes, children's residential treatment facilities and shelters, foster homes, detention and correctional facilities, camps and hospitals.

DCF's greatest resources for reporting child abuse and neglect in institutional settings are schools, parents, and other government agencies.

⁵ See Appendix B for additional details on referral numbers and sources specifically for Child Protective Services and Family Service Requests.

Health Care Outcomes for Children in Out-of-Home Care



The establishment of child health units in every local DYFS office yielded impressive outcomes for children involved in the New Jersey foster care system. These specialized units are staffed with clinical nurse coordinators, health case managers and staff assistants. The progress has been achieved largely due to the unique partnership between DCF and the University of Medicine and Dentistry of New Jersey's François Xavier Bagnoud Center

Children in foster care have access to New Jersey's health care infrastructure and are achieving the health care priorities outlined in DCF's 2007 Coordinated Health Care Plan for Children in Out-of-Home Placement,⁶ which are also widely recommended by the American Academy of Pediatrics and the Child Welfare League of America. Along with the services and care unique to children entering foster care, DCF is ensuring children in care achieve the array of preventative and on going health care recommended for all children by the pediatric community and are doing so at rates that are well above both their Medicaid and privately insured peers. Nationally, on average just under 60% of children receive semi-annual dental visits compared to 85% of New Jersey children in our care who meet this goal.

“Since the creation of these units and assignments of nurses to children in out-of-home care, DCF has achieved substantial results.”

Quote regarding
Child Health Units from the
Monitoring Report for
Charlie and Nadine H. v. Christie
January 1 - June 30, 2010

⁶ Report can be found at the DCF Web site: http://www.nj.gov/dcf/DCFHealthCarePlan_05.22.07.pdf

Children entering foster care:

Children entering foster care are receiving a pre- placement health assessment within 24 hours of placement with the intent of ensuring the child has no immediate or emergent health care needs.

- ▶ 99% of all children entering foster care received assessments.
- ▶ Further, children (98.3%) received this initial health assessment in an appropriate setting, bypassing emergency departments unless necessary so as not to further compound trauma of children entering care.

All children entering foster care receive a Comprehensive Medical Exam (CME). As of June 30, 2010:

- ▶ 96% of children received CME's within 60 days of placement.
- ▶ The large majority (79%) of these exams are done within 30 days of placement.

Preventative care and health maintenance:

With the support of the DYFS Child Health Units, children in foster care are receiving preventative and on going health care at rates that exceed much of the nation for well child care, immunizations, and dental care for all children.

Children in DYFS out of home placements are receiving well child care:

- ▶ 94.3% of children received Early Periodic Screening, Diagnosis and Treatment (EPSDT) well child care as required (age two and above); compliance rates for EPSDT/well child exams for children aged 12 to 24 months averaged 91.9% (January 1 to June 30, 2010).
- ▶ Children and youth in out of home placement are up to date with immunizations at a rate of over 93%.

Another significant achievement has been made in the area of preventative dental care:

- ▶ As of June 30, 2010, 85% of children three years of age and older who had been in care for six months or more were up to date in receiving a semi annual exam.
- ▶ Of the remaining 14% of eligible children, 11.2% had received a dental exam within the six months prior (July 1, 2009 to December 31, 2009).

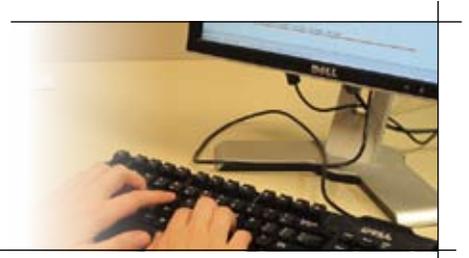
As of June 30, 2010, 85% of DYFS children three years of age and older who had been in care for six months or more were up to date in receiving a semi annual exam.

VS.

U.S. and children's access to dental care indicates that on average, just under 60% of all children receive semi-annual visits; for the Medicaid population rates are lower at 52.6%.*

**Summary Health Statistics for U.S. Children: National Health Interview Survey 2007. (January 2009). Series 10, Number 239*

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics



NJ Spirit

In 2007, DCF implemented NJ Spirit - New Jersey Statewide Protective Investigation, Reporting and Information Tool. This is a software application that serves as an electronic case record and also handles all fiscal functions for DYFS. NJ Spirit was partially funded by the federal government as part of its national Statewide Automated Child Welfare Information System (SACWIS) initiative. It allows for the easy review of case records and services provided to the children and families served by DYFS, enhances our ability to claim federal funds, and provides an unprecedented level of real-time data. From a management perspective, NJ Spirit was a big step in moving DCF forward towards a culture of managing by data.

Today, data collected through NJ Spirit is used in a wide variety of ways. On a macro level, it provides DCF and its stakeholders with longitudinal data that allows for year-to-year comparison of DCF performance in achieving desired outcomes for children and families.

SafeMeasures

On a day-to-day level, NJ Spirit data is transformed through the SafeMeasures software application into a reporting system that meets both the case management needs of frontline caseworkers as well as the reporting needs of supervisors and managers throughout the agency. Through interactive, user-friendly screens that are on everyone's desk top, over 50 key metrics are available to guide workflow and measure results. As a result, DCF is building a strong culture of transparency and accountability that supports continuous quality improvement.

New Jersey's progress in utilizing and managing by data will be strengthened further in the next two years. Through a technical assistance project funded by the federal Children's Bureau, DCF has begun to train 100 mid-level staff in data analysis and use for management purposes. These individuals will serve as the catalysts for further expansion and integration of data into the DCF organizational culture now and in the years to come.



Children with Mental and Behavioral Health Needs

DCF's Division of Child Behavioral Health Services (DCBHS) works hard to keep kids in their homes whenever possible, and serves the majority of youth – approximately 94 percent – at home, with less than six percent receiving care and services in out-of-home placement. Whenever youth are served outside the home, DCBHS strives to serve those children as close to home as possible, and has been increasing in-state capacity dramatically over the last several years.

Increasing the Capacity to Better Serve Children In-State

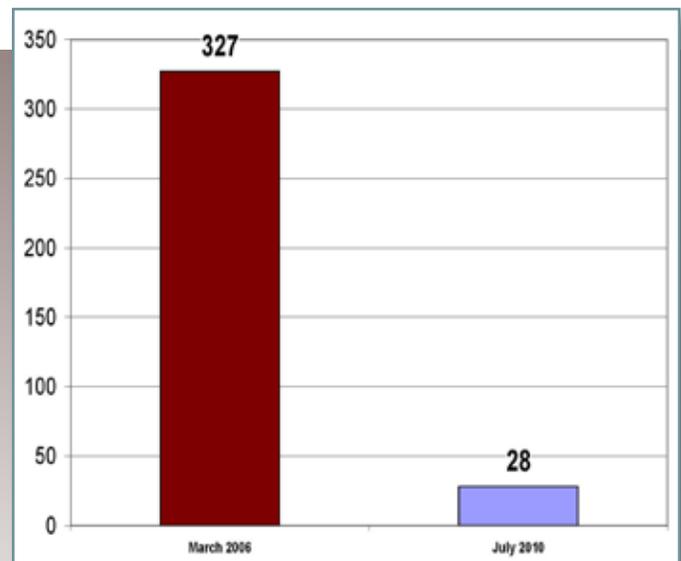
DCF continued its unprecedented success in reducing the number of children receiving behavioral health services in out-of-state facilities. This was accomplished by identifying the needs of young people using out-of-state programs and creating resources within New Jersey to meet their needs. DCBHS embarked on an intensive planning process to help those children already out of state return to New Jersey, either for residential treatment, or to return to families or caregivers.⁷

As of July 2010, only 28 youth were placed out-of-state – down from 66 youth in July 2009, approximately an 87 percent reduction since 2006.

Number of Children in DCBHS Out-of-State Placements March 2006 v. July 2010

Type of Service	FY2007	FY2008	FY2009	FY2010
Intensive In-Community	19,027	18,006	18,913	20,876
Mobile Response	7,341	7,669	8,792	9,404
Wrap/Flex	5,578	6,816	8,266	8,812
Behavioral Assistance	7,953	6,568	6,965	7,967
Outpatient	2,417	3,269	5,273	5,792
Out-of-Home Treatment	3,465	3,289	3,100	3,048
Partial Care	353	370	296	299
Hospital	145	168	178	146
Total	46,279	46,155	51,783	56,345

NOTE: The chart of services above reflects the number of services accessed, not individual children. Some children may access several different services over time.



⁷ See Appendix D for further information on youth in DYFS custody in juvenile detention post-disposition awaiting placement, January 2010 - June 2010.

Children with Mental and Behavioral Health Needs

Evidence Based Practices

DCBHS has invested in expanding the availability of evidence-based practices for the children and families served by the system of care. This began with the establishment of eight Multi-Systemic Therapy and Functional Family Therapy programs. These are two of the most highly researched and effective interventions available. These programs have shown strong results, with fewer than 5% of all youth served subsequently requiring residential treatment.

Additionally, DCBHS partnered with County Inter-Agency Coordinating Councils to train therapists on available evidence-based treatments, including Trauma Focused Cognitive Behavioral Therapy for children who have been victims of abuse or witnessed trauma. In all more than 200 clinicians around the state were trained in evidence-based practices and are available to children through currently funded programs.

Youth Suicide Prevention Efforts

The Traumatic Loss Coalition for Youth (TLC) is the contracted lead for youth suicide prevention in New Jersey. The TLC is a program of University Behavioral Health Care. The TLC addresses suicide prevention in several ways. One is through early identification of at-risk youth. This includes providing ongoing county, regional and statewide training programs. It also includes assisting schools in choosing and implementing safe, effective and best practice suicide awareness programming for students. A potential risk factor for suicide is the presence of an undiagnosed or untreated mental health disorder. TLC training has focused on increasing knowledge and skill in youth-serving individuals to assist them in recognizing, referring and treating youth suffering with mental health disorders, or exhibiting warning signs of suicide.

An extremely important factor in suicide prevention is the provision of postvention in schools and communities following a suicide attempt or completion. The purpose is to support the survivors, identify youth at risk for suicide, and prevent further death through suicide contagion. TLC recognizes that appropriate suicide postvention steeped in best practice and evidence-based principles is tantamount to good suicide prevention.

The State report completed by TLC in 2010 indicated that in the 18 month period ending March, 2010:

- ▶ **3,991** individuals received on-site trauma response assistance to schools and communities including postvention after a death by suicide, homicide, accident or illness, and other critical incidents.
- ▶ **9,740** individuals attended training programs on mental health disorders and suicide prevention for youth-serving individuals and groups.
- ▶ **2,448** individuals attended training programs for school and community personnel who must respond to the needs of youth in the aftermath of suicide, homicide, accidental death, and other critical incidents such as a natural disaster or terrorist strike (postvention).

CONTRACT SYSTEMS ADMINISTRATOR

During Fiscal Year 2010 DCBHS transitioned to a new Contract Systems Administrator, PerformCare. As with any large scale transition, there were implementation challenges, however, this transition has allowed DCBHS to create a new, up-to-date electronic behavioral Health record, CYBER, that is completely web-based and available to a larger group of providers. It has allowed more processes to be completed electronically and will enable greater outcomes and service reporting, as the system is fully developed. DCBHS expects to continue to refine both the operations of the CSA and to continue to improve CYBER over the coming year.



Child Abuse Prevention and Family Support Programs

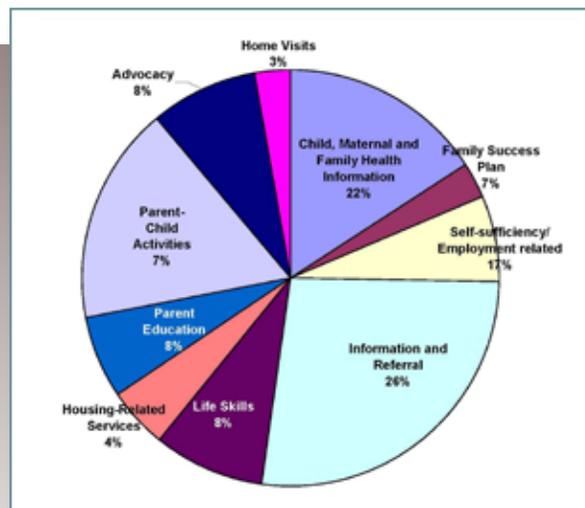
DCF has built a strong and diverse network of child abuse prevention programs that strengthen families and communities across the state.

Family Success Centers

New Jersey has one of the country's only statewide systems of publicly-supported Family Success Centers. These centers are neighborhood-based gathering places where any community resident can access family support, information and services. These centers have been an integral force in engaging and supporting families by serving as "one stop" shops with wraparound resources and supports for families before they find themselves in crisis.

Some of the services available through Family Success Centers include: employment, information and referral, parent education, health care, parent-child activities, home visiting, life skills training, advocacy and housing. There are currently 37 Families Success Centers represented in 16 counties. Since mid-2007, more than 90,000 families have been served by a local Family Success Center, with nearly 45,000 of those served in Fiscal Year 2010.

Types of Referrals from Family Success Centers FY 2010



Home Visitation Programs

New Jersey's Home Visitation programs provide services to families challenged by complex health related and/or social problems. This program focuses on young families who are at risk for abuse and neglect with primary prevention and early intervention services for pregnant women and children up to age five.

New Jersey has received national recognition as a leader in home visiting (HV). As one of 17 national recipients of federal grant funds from the Administration for Children and Families, New Jersey is leading the way in promoting evidenced-based HV programs in all 21 counties. In addition to direct services, federal funds are helping New Jersey develop a comprehensive system of care to link pregnant women/ parents with needed health and social support services. To this end, DCF is working closely across departments with health, human services, juvenile justice, early childhood, and education; as well as other state and local advocates to ensure that we more effectively reach families earlier—before birth—to prevent child neglect and abuse. This project supports a central intake point in several communities to coordinates referrals and offer families linkages to needed services that include home visitation and/or other community-based services.

DCF supported programs have the ability to serve 2,500 families at any given time in all 21 counties. In total, approximately 4,000 families were served throughout Fiscal Year 2010 by Healthy Families, Nurse-Family Partnership or Parents As Teachers programs.

New Jersey Child Abuse & Neglect Prevention Plan 2010-2013: *A Road Map to Child & Family Well-Being*

In January 2010, the New Jersey Child Abuse and Neglect Prevention Plan for 2010-2013 was released. The primary goal of the plan is to reduce the incidence of child abuse and neglect in New Jersey by increasing public and private efforts to strengthen families and improve the health, safety and well-being of infants, children, youth and families across the state.

The plan outlines prevention and family strengthening efforts of DCF. It is a framework that invites other stakeholders to fully participate in New Jersey's prevention efforts while delineating DCF's course of action.

Its goal is to inform the work of state and local partners to identify key concepts, resources and strategies to make the road easier and safer for families to travel. It builds upon prior planning efforts and recommendations, and incorporates current prevention research concepts, state and local input from recent community surveys, and evidence informed practices to prevent child maltreatment.

School-Linked Services

DPCP manages a variety of programs that are linked to schools all over the state. The programs are open to all youth ages 10 through 19 and provide services such as school-based youth services, family empowerment, adolescent pregnancy prevention, juvenile delinquency prevention, parent-linking program, family friendly centers, refugee children's programs and NJ Child Assault Prevention (NJ CAP). There are currently 229 total school-linked programs that served more than 120,000 youth in Fiscal Year 2010.

Outreach to At-Risk Youth

Outreach to At-Risk Youth is an initiative that was launched in 2007 designed to prevent crime and deter gang involvement by providing enhanced recreational, vocational, educational, outreach or supportive services to youth, ages 11 to 18, with the option to serve youth until age 21. Programs are located in communities with demonstrated high crime and gang violence. There are currently 21 total Outreach to At-Risk Youth programs represented in 10 counties. More than 2,200 youth participated in these programs in Fiscal Year 2010.

Domestic Violence and PALS Programs

DPCP is a primary funding source and oversight agency for 24 domestic violence shelter programs and three non-shelter programs. There is at least one DCF-designated lead domestic violence program in each of the state's 21 counties, including a shelter with a 24-hour hotline and response. Programs offer information and referral, counseling, support groups, financial, legal services, housing and general advocacy, children's services and community education.

DPCP oversees PALS (Peace: A Learned Solution) programs for children who have witnessed domestic violence. PALS, which served nearly 1,200 children in Fiscal Year 2010, is an intensive program that provides counseling and creative arts therapy for children who have witnessed domestic violence. The program serves children primarily ages four to 12. There are currently 11 total PALS programs represented in 11 counties.

SCHOOL-LINKED PROGRAMS HELP TEEN SUCCEED

Sheyla became a teen parent in her sophomore year in high school. With the support of the School-Based Youth Services and Parent Linking Programs, she persevered in her studies and made the honor roll. Sheyla also participated in after school activities and even worked at Dunkin' Donuts to help make ends meet. On the eve of her prom, Sheyla learned that she was awarded the Ronald MacDonald's House Charities HACER Scholarship, which assists students of Hispanic heritage. The \$40,000 scholarship will help Sheyla continue her education at Rutgers University where she plans to study math.

2NDFLOOR Statewide Youth Helpline 1-888-222-2228

The NJ 2NDFLOOR Youth Helpline is a Statewide, 24-hour interactive telephone line for youth and young adults (ages 10-24), staffed by counseling professionals and specially trained volunteers. The overall goal 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 Fiscal Year 2010 over 180,000 calls were received, with over 100,000 Web site hits.

Strengthening Families through Early Care and Education

The Strengthening Families Initiative (NJ SFI) is an approach to preventing child abuse and neglect by strengthening families through early care and education developed by the Center for the Study of Social Policy (CSSP). The fundamental principle is that certain protective factors contribute towards family resiliency and strength and have proven to be effective in preventing child abuse and neglect. There are currently 180 Early Care and Education Centers serving all 21 counties. More than 14,000 children in more than 12,000 families accessed services through NJ SFI in FY 2010.

Safe Haven Infant Protection Act 1-877-839-2339

In New Jersey, the Safe Haven Infant Protection Act is a law that allows an individual to give up an unwanted infant with no fear of arrest or prosecution. No names or records are required. The parents – or someone acting on their behalf – can bring a baby less than 30 days old to any hospital emergency room or police station. DYFS will immediately take the child into custody and place the infant in a foster or pre-adoptive home. No shame. No blame. No names. Since it was enacted in August 2000, a total of 45 infants (as of June 2010) have been safely surrendered under the law.

DCF'S COMMUNITY PROGRAM DIRECTORY

In addition to the programs noted here, there are many other services available in the community supported by DCF, including adolescent pregnancy prevention services and parent linking and empowerment programs. Information on all these services can be found in the DCF Community Program Directory, which can be found on the DCF Web site: <http://www.nj.gov/dcf/prevention/directory.html>.

This directory helps to increase access to resources that are designed to strengthen families and prevent child abuse or neglect, as well as serves as a tool for DYFS case-workers in the field. The services identified in the directory are funded by DCF's Division of Prevention and Community Partnerships, a grant-making and best practices team committed to strengthening New Jersey's families.



Managing by Data

DCF Fellows Program

In July, 2009, DCF began work on a comprehensive manage-by-data initiative in order to significantly expand the state's capacity to use data in all aspects of the child welfare system in order to best serve children and families.

The initiative was made possible through extended technical assistance and support from the Northeast and Caribbean Child Welfare Implementation Center (NCIC), a member of the Federal Training and Technical Assistance Network, within the U.S. Administration for Children and Families. New Jersey is honored to have been chosen as one of the first recipients of an NCIC grant. NCIC will be gathering information about DCF's experience to share regionally and nationally with other jurisdictions interested in best practice.

The ultimate goal of the project is to implement a comprehensive statewide management and supervisory practice that will lead to improved outcomes for children and families and that is transportable to other jurisdictions with similar needs. Managers throughout DCF will be trained to use data to identify problems, plan change strategies, monitor progress and document successes.

The DCF Fellows Program will provide an opportunity for 100 experienced staff to attend an 18 month seminar series in which they will be exposed to best practices in utilizing data to support improved case practice and outcomes for children and families.

The initiative will run through June 2013. The model will be a tool for managers to utilize every day, and will be sustained long after the implementation is complete.



Domestic Violence Initiatives

Domestic Violence Liaison Program

The Domestic Violence Liaison Program is a partnership of DCF and the NJ Coalition for Battered Women (NJCBW) to strengthen coordination and communication between the child protection and domestic violence service systems.

DV liaisons are specially trained professionals with extensive knowledge of domestic violence and available services, who are employed and supervised by the local domestic violence program. DV liaisons are co-located at DYFS offices to assist caseworkers in on-site assessment, case planning and safe interventions and domestic violence safety planning, support, and advocacy for domestic violence victims and their children. For Fiscal Year 2010, DV Liaisons provided direct services to 3,052 family members and assisted DYFS staff on an additional 4,867 cases. Liaisons have participated in 254 home visits and conducted 1,439 confidential contacts with non-offending parents.

Domestic Violence Protocol

DYFS, in conjunction with DPCP and the New Jersey Coalition for Battered Women, has created a Domestic Violence Protocol. The protocol provides consistent guidance for DCF staff to follow when they encounter the co-occurrence of child abuse or neglect and domestic violence. During the first half of 2010, approximately 1,000 DYFS staff were trained on the protocols and the remaining staff will be trained throughout the next year.

The protocol is another tool for caseworkers to use to help families. It presents a common definition of domestic violence, and outlines the statutory requirements, guiding principals, goals and objectives that are the underlying tenets of the case handling standards.

Domestic violence survivor shares her story

Even the baby boy in her arms did not stop Jackie's boyfriend from physically abusing her. After a violent incident, the police were called, and law enforcement in turn contacted the Division of Youth and Family Services. DYFS staff told Jackie that she and her baby were in danger, and she needed to keep herself and her child away from her boyfriend. Jackie listened to DYFS staff, and moved in with her mother.

DYFS staff, including the caseworker and the domestic violence liaison, conducted a Family Team Meeting with Jackie. Jackie's mother and her close friend were identified as supports, and have been sources of strength for Jackie. She was referred to Women's Space – a domestic violence support program. Jackie has received support from the program, and with the encouragement of her caseworker, mother and friend, continued to stay away from her abuser, despite phone calls and requests to see his son. DYFS staff advised Jackie that her child's father would have to go through the court system to attempt to set up visitation with the child, so Jackie would not have to see him.

Jackie continues to take care of her child, has enrolled in college, and remains empowered to move forward in her life.

Educational Stability for Children in Out-of-Home Placement



In October 2008, the federal government enacted a law – the Fostering Connections to Success and Increasing Adoptions Act – requiring all states to ensure educational stability for children placed in resource family homes.

For children, changing schools can affect their ability to thrive academically, socially, behaviorally and psychologically. This is especially true for children in resource family homes. For these children – who often suffer the lingering affects of abuse or neglect and the trauma of being removed from their homes and families – school can often be the most stable part of their lives.

As a result, legislation was introduced in New Jersey in 2010 that required changes to state law to assure compliance with the federal Act. Under the new law children can remain in their home school when they enter foster care if it is in their best interest to do so.

Anticipating the change in law, during March 2010 DCF began implementation of educational stability in local offices. All offices began documenting “best interest” assessments on children placed in foster care. DYFS staff began working closely with local school districts to allow children to remain in their pre-placement schools unless it was not in the child’s best interest.

In addition, during May 2010 an educational stability workgroup was established which included internal and external stakeholders for the purpose of implementing elements of the Fostering Connections to Success and Increasing Adoptions Act.

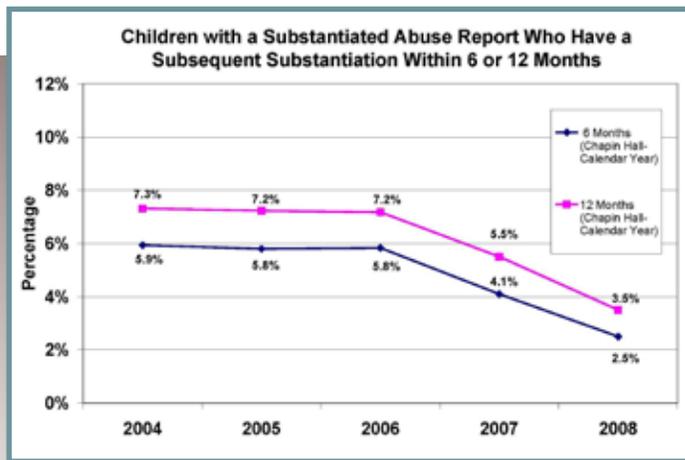
DYFS also has identified Educational Liaisons to serve as resource people to provide staff guidance on the implementation of educational stability on issues such as how to determine what is in the best interest of the child, how to interact with schools districts and courts around educational stability, and how to coordinate student transportation. These liaisons will serve in each Local Office and will educate Local Office staff – and help facilitate communication with the school system.

Sustaining the Progress

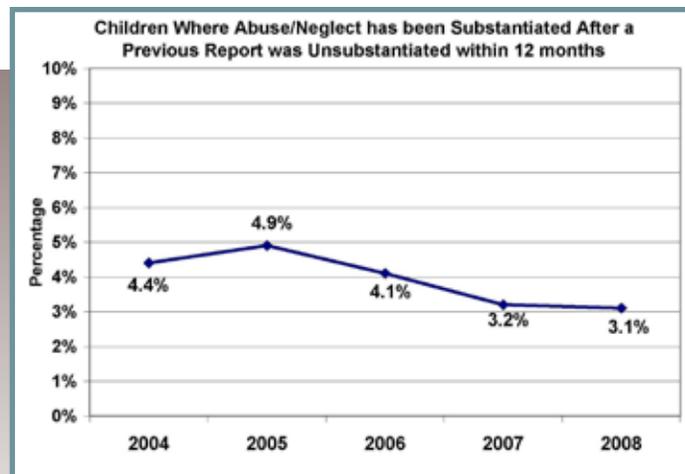
Child Safety

DCF continues to make steady progress in keeping children safe. The following data is provided to DCF by the Chapin Hall Center for Children at the University of Chicago, a research center that aids in program planning, evaluation and monitoring of outcomes for child welfare services.

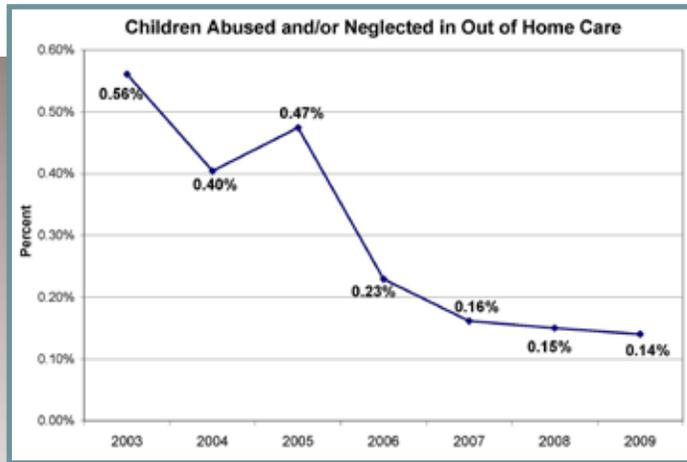
The below chart shows the percentage of children with a substantiated investigation, followed by another substantiated investigation within 12 months. The percentage of children abused has steadily declined. Tracking the resolution of multiple referrals helps us improve decision-making and focus on keeping children safe.



This chart shows the percentage of children with an unsubstantiated investigation, followed by a substantiated investigation within 12 months. Again, the percentage has declined.



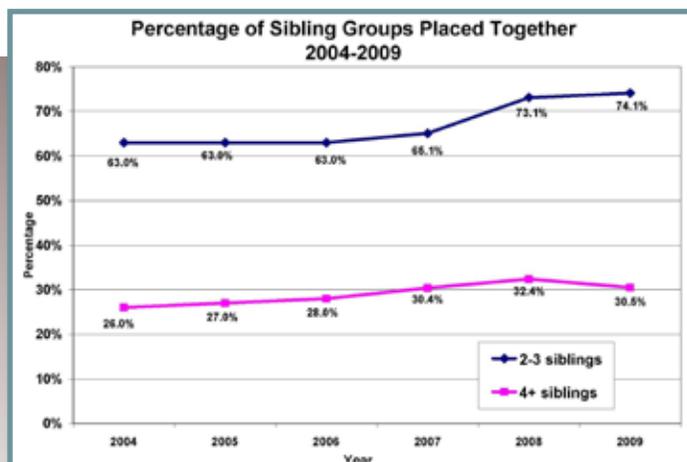
DCF also has improved safety for children who are in placement. Since 2004, the substantiation rate of children in placement has declined and is **well below the federal target of .57%**. This progress is strongly linked to the success of expanding our pool of foster parents and making better placement decisions.



Well-Being of Children in Placement

DCF has made significant progress in other areas of well-being, such as placing siblings together, through improved placement practice and targeted resource home recruitment. With a robust pool of resource homes, we have more choices and can better match children with homes, resulting in:

- ▶ Decrease in the maltreatment rate for children in care
- ▶ Increase in placement stability rates
- ▶ Increase in family placement rates
- ▶ Increase in sibling placements rates



Looking Forward

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. While we are committed to staying the course and remaining focused on our fundamentals: safety, permanency, and well-being; at the same time we understand that in order to continue our progress we must become better consumers of data in order to develop a deeper understanding of our practice and the work of our community partners. The diagram below represents our goals and the strategies we have committed to use in order to best serve the children and families of New Jersey.



Help New Jersey's Children by Making a Donation

Your donation can help support these programs.

For more information visit: www.nj.gov/dcf/home/sponsor

Children's Trust Fund

The New Jersey Children's Trust Fund (CTF) is a private/public partnership created by law to fund child abuse and neglect prevention programs in New Jersey communities. Grants are awarded to establish effective child abuse and neglect prevention programs. Funding is awarded on a competitive basis. You can contribute to CTF by checking the line on your New Jersey state income tax return or by making a donation any time throughout the year.

NJ Foster Scholars

A college education is often the key to helping youth achieve a successful transition to adulthood and self sufficiency. The NJ Foster Scholars Program was developed in 2003 and is specifically designed to help youth aging-out of the foster care system, or recently adopted teens, with the growing expenses of a college education.

Students who are enrolled full-time at a New Jersey state college or university are eligible to receive assistance for their full tuition, and youth who attend school part-time, at an out-of-state school, or a private in-state school can receive partial aid. Other expenses for items such as books, room and board, computers and transportation costs may also receive assistance.

Home for the Holidays

DCF celebrates families whose children have been reunified with them after having spent time in foster care. During the holiday season, Home for the Holidays events are held throughout the state with community based organizations to honor recently reunified children and families. Reunification can only happen when the parents demonstrate a commitment that often includes a lot of difficult work for families of limited means and with many other challenges in their lives. Your donation will be used to benefit the families involved in the events.

Contact Us

Address:

Department of Children and Families
222 South Warren Street
P.O. Box 729
Trenton, NJ 08625-0729

Web site:

www.nj.gov/dcf

Phone:

Constituents can call the DCF Office of Advocacy at 877-543-7864 with any questions or concerns regarding our programs and services.

ANNUAL AGENCY

Performance Report

FISCAL YEAR 2010

July 1, 2009 - June 30, 2010

APPENDICES A-D

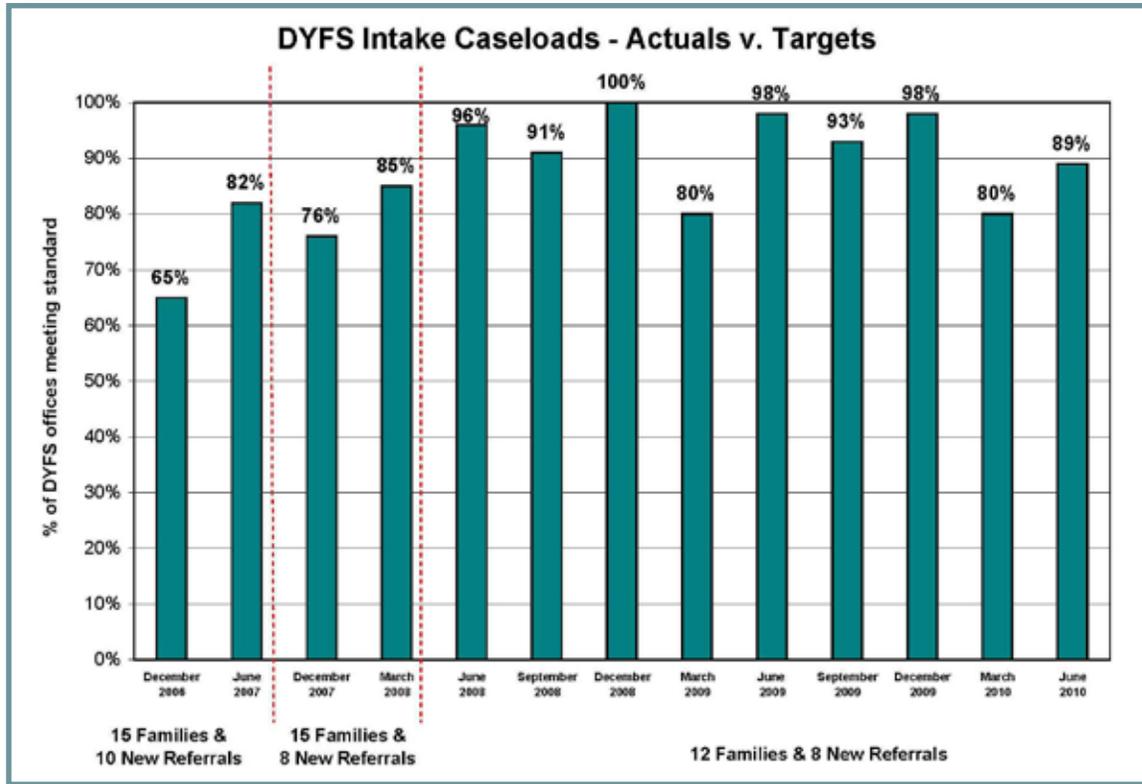


This appendix to DCF's Annual Agency Performance Report for Fiscal Year 2010 includes supplemental data and charts as noted in the full report.

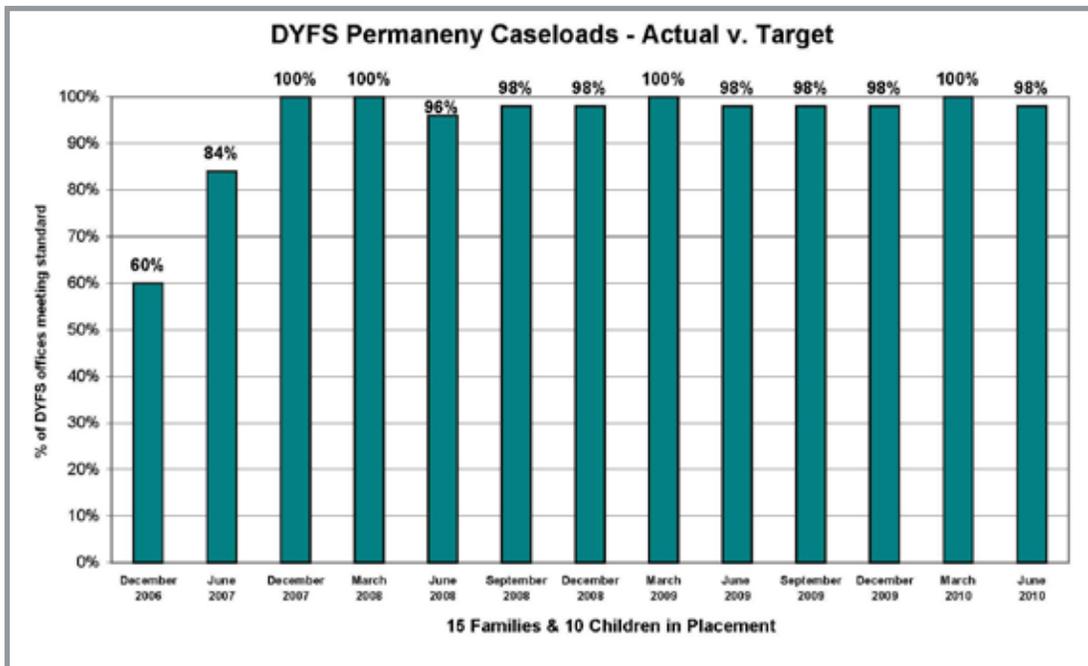
Readers can find additional statistics and data for New Jersey's child welfare system, updated regularly, on the DCF Web site: www.nj.gov/dcf

Caseloads

Intake Caseloads

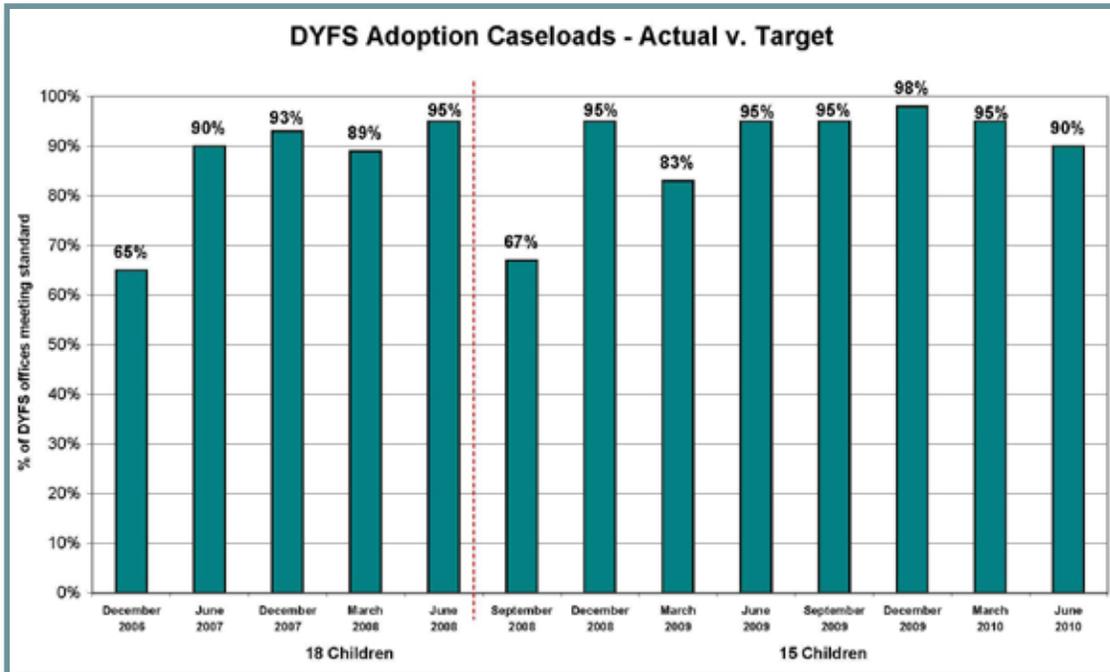


Permanency Caseloads

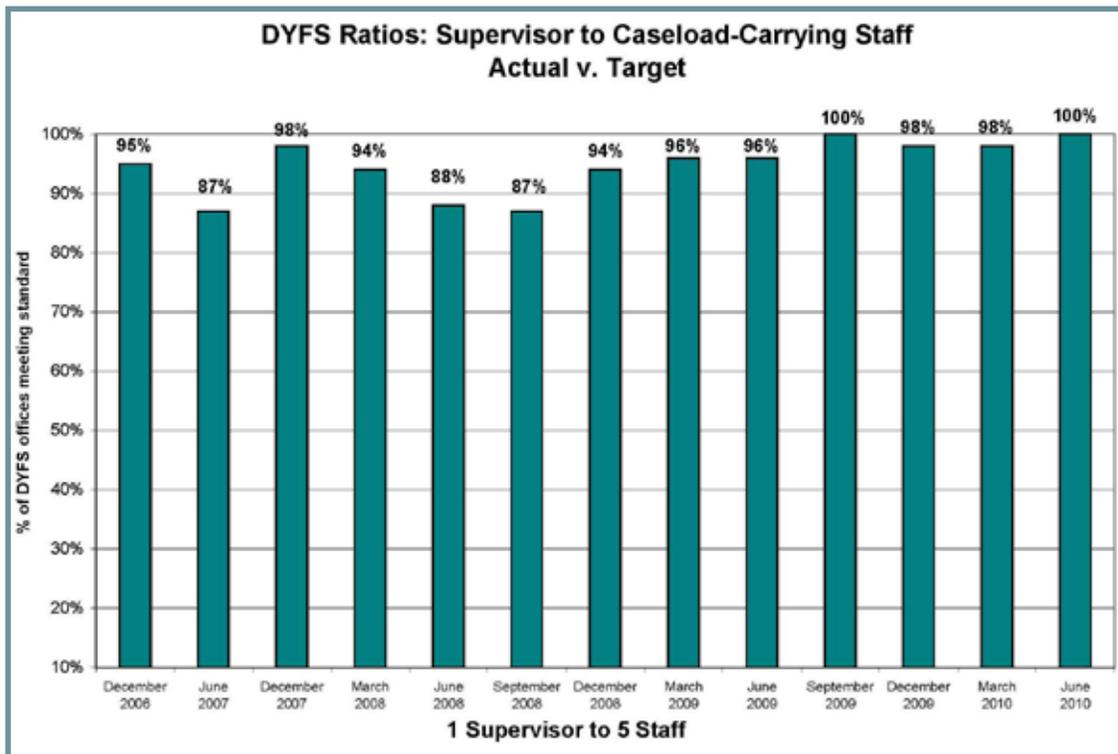


Caseloads

Adoption Caseloads

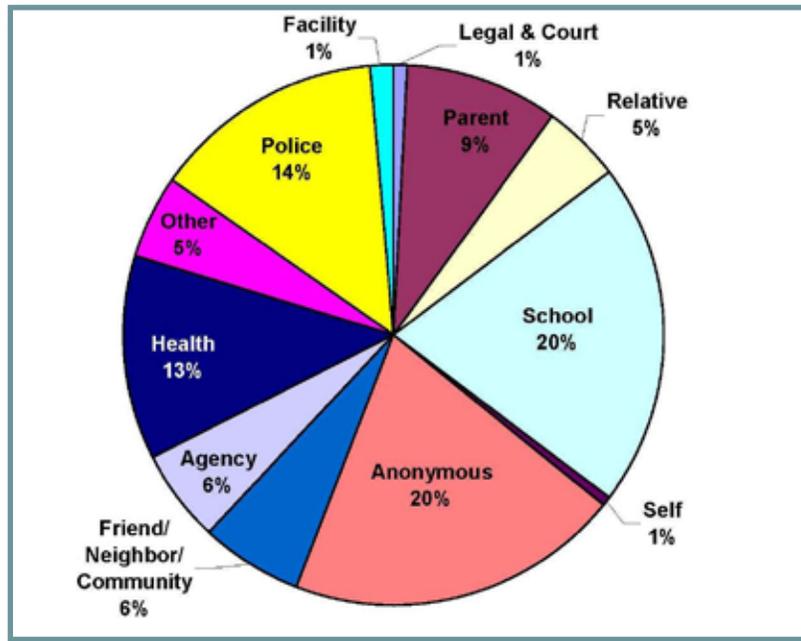


Supervisor Ratios

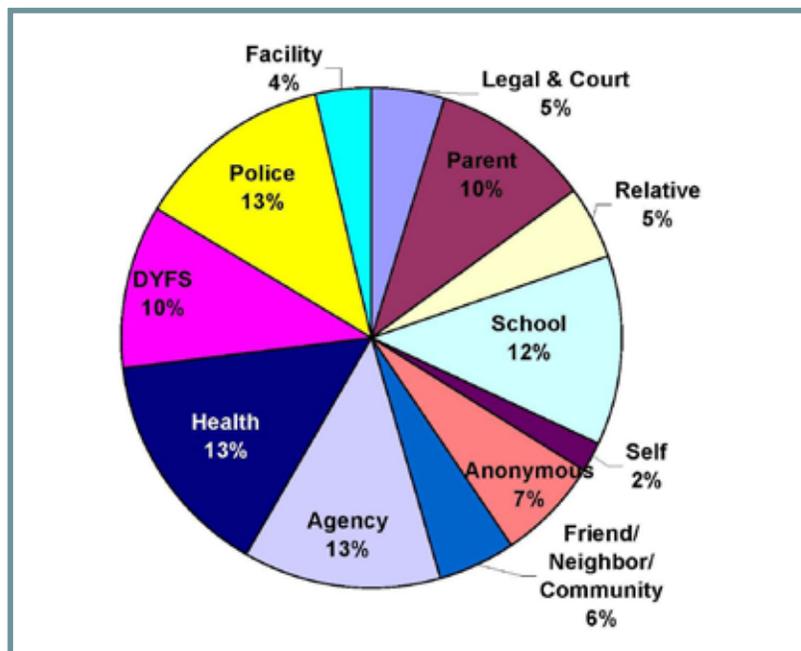


Initial Response/*State Central Registry*

CHILD PROTECTIVE SERVICES Source of Referral

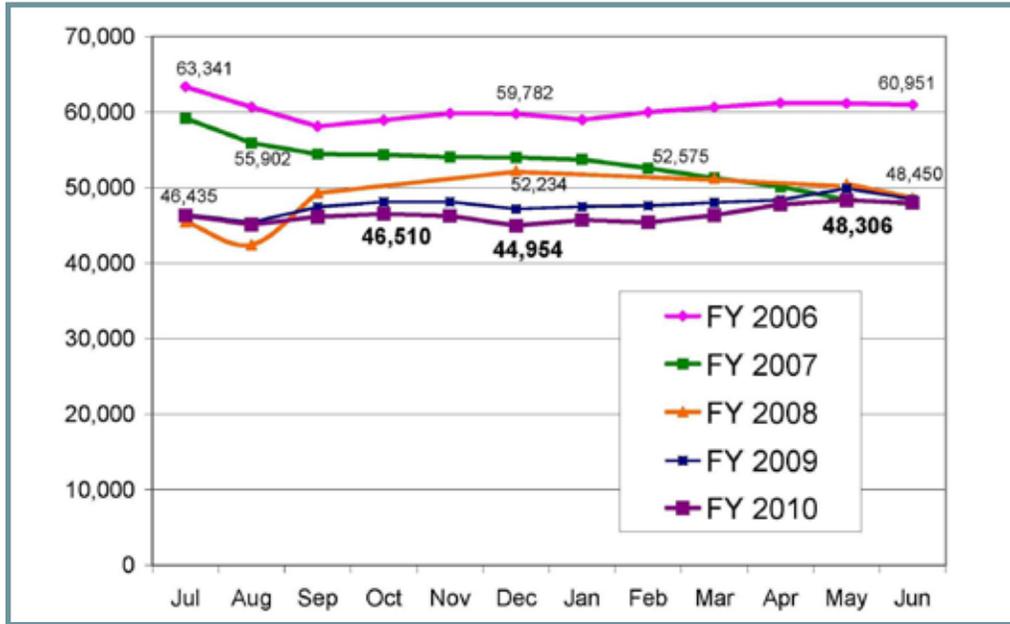


FAMILY SERVICE REQUESTS Source of Referral

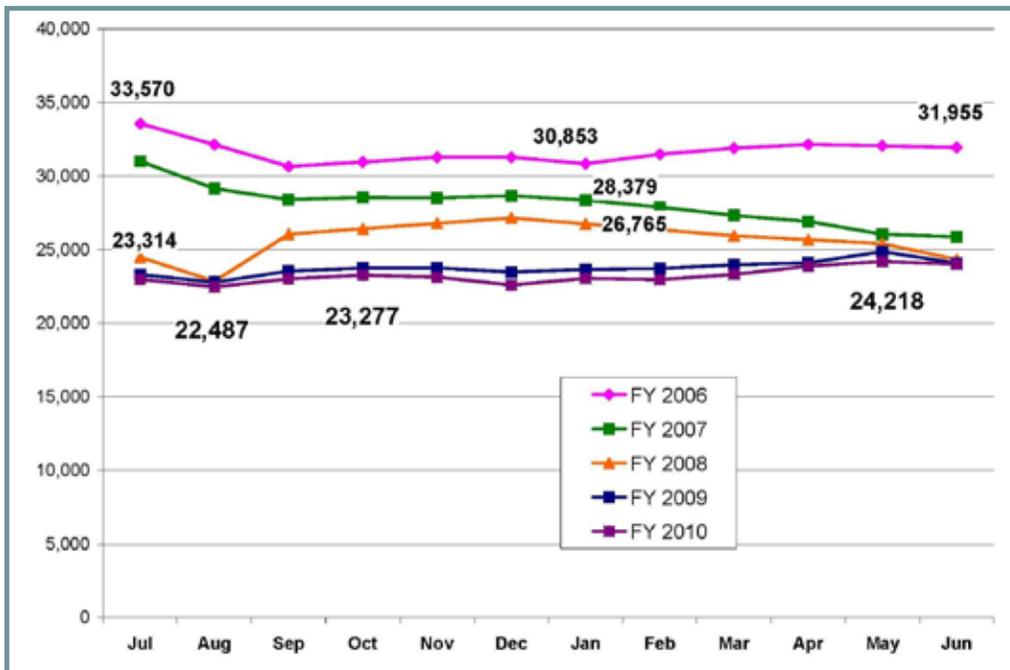


Children Served By DYFS

All Children Served by DYFS FY 2006 - FY 2010



All Children Served by DYFS FY 2006 - FY 2010



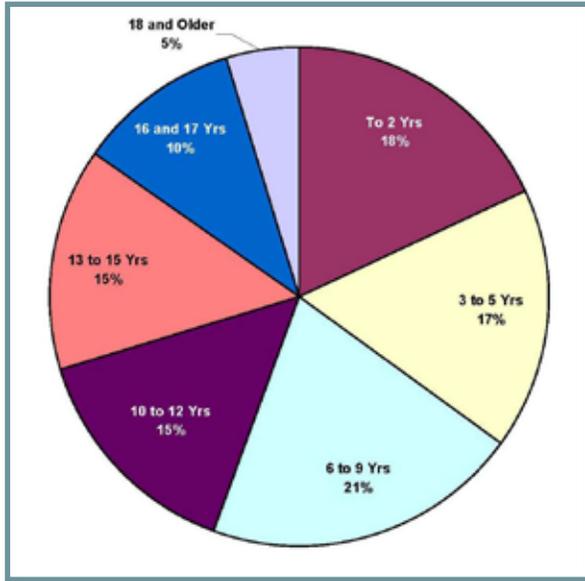
Children Served By DYFS

Demographic Data as of June 2010

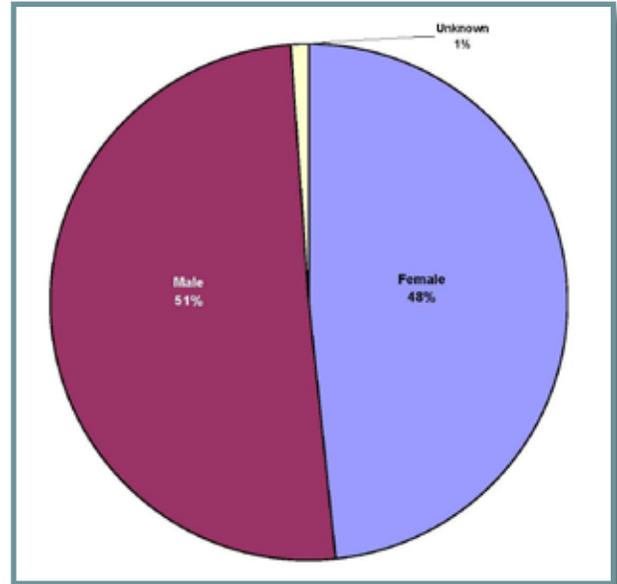
All Children Served by DYFS

Total: 47,976

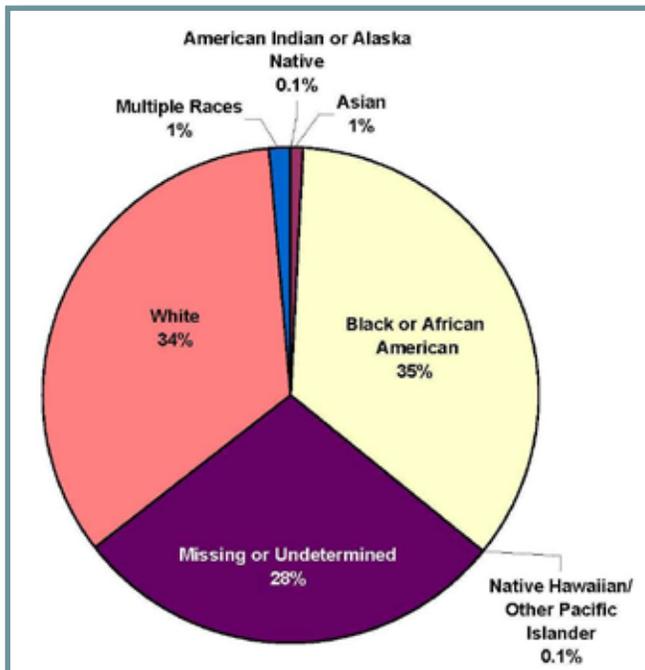
Age



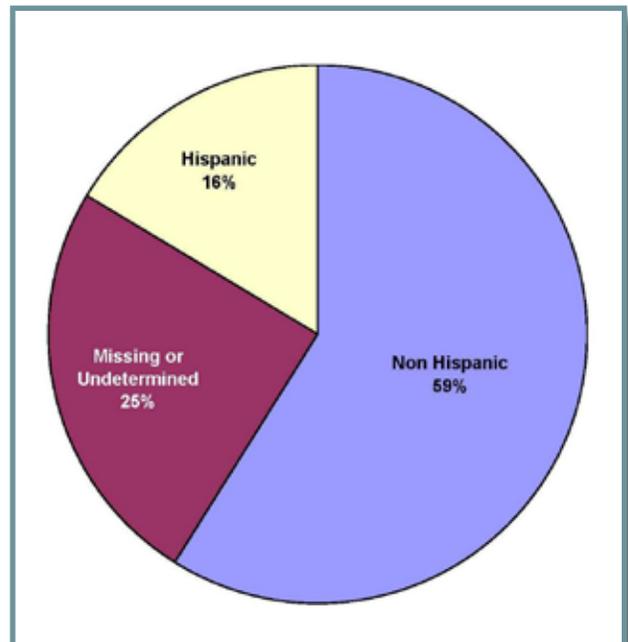
Gender



Race



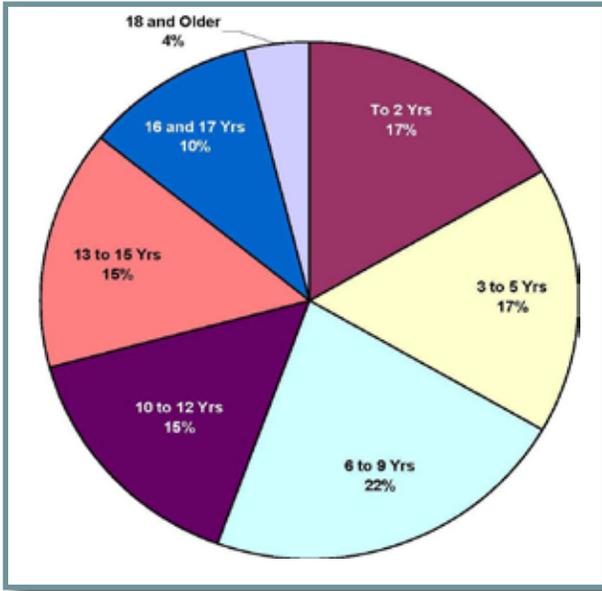
Ethnicity



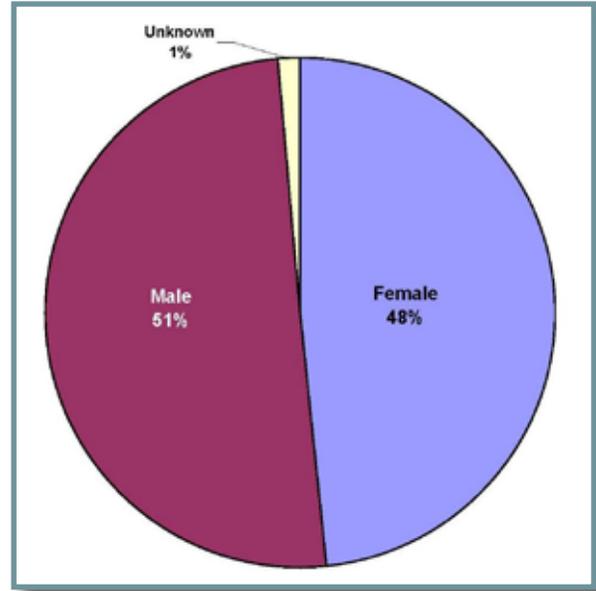
Children Served By DYFS

Demographic Data as of June 2010
Children in Own Homes Receiving DYFS Services
Total: 40,115

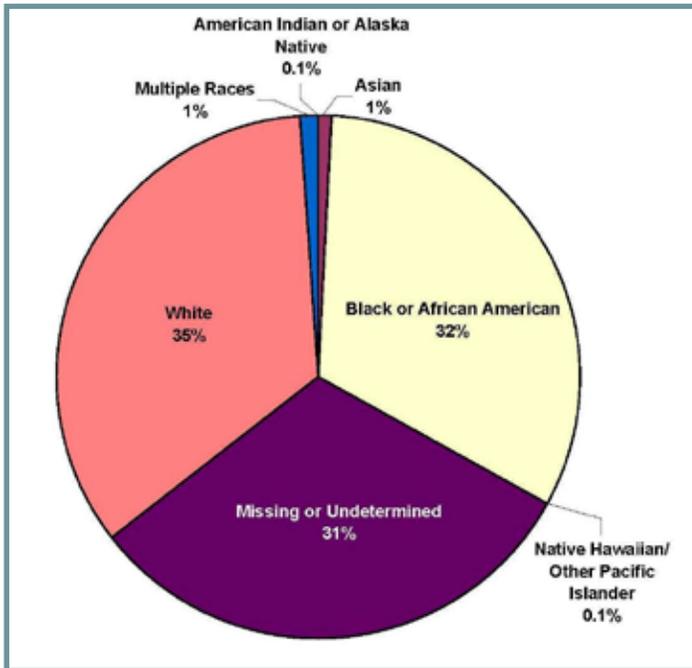
Age



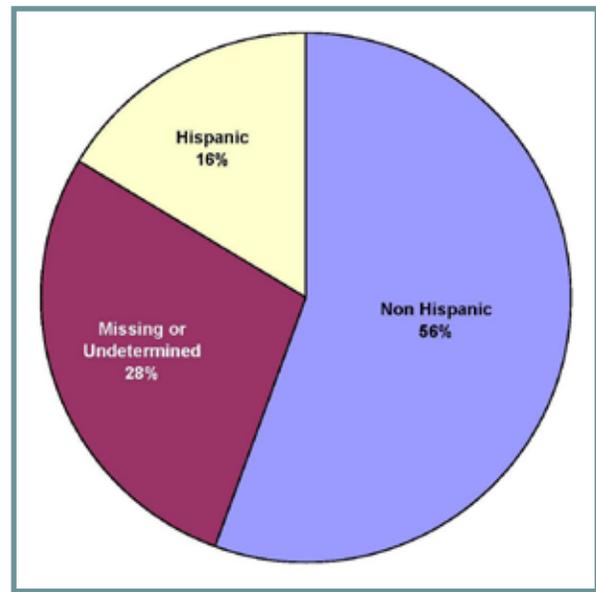
Gender



Race



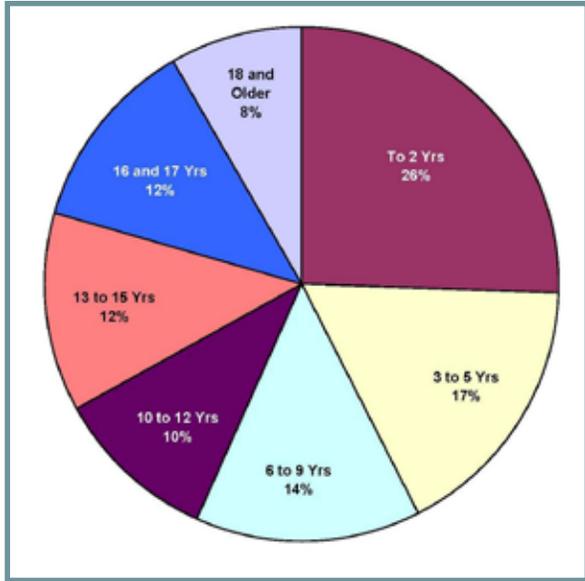
Ethnicity



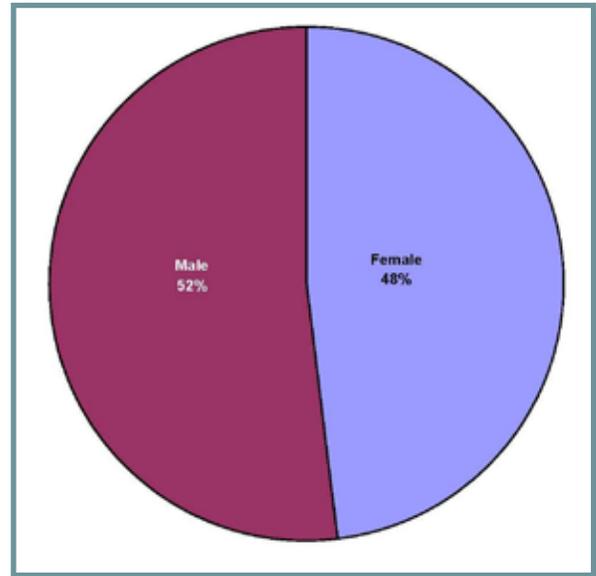
Children Served By DYFS

Demographic Data as of June 2010 Children in DYFS Out-of-Home Placement Total 7,861

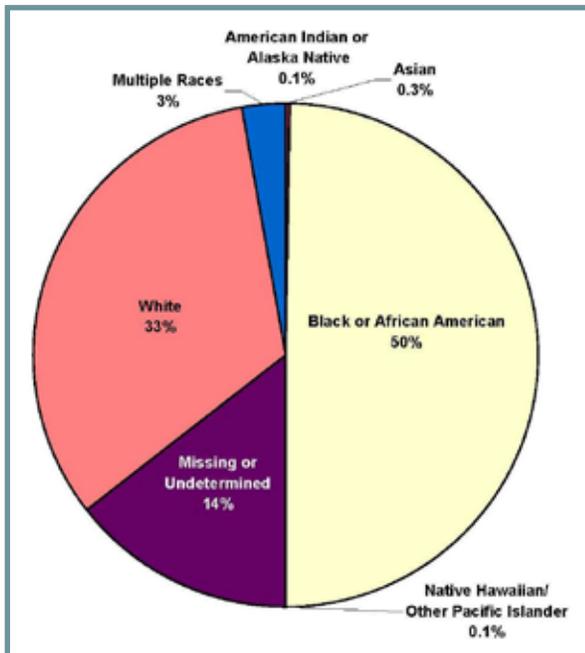
Age



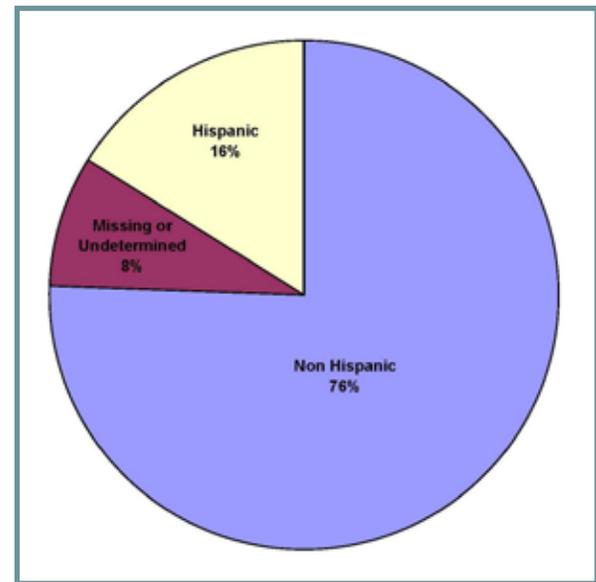
Gender



Race



Ethnicity



Children Served By DYFS

Demographic Data

Children in DYFS Out-of-Home Placement by County as of June 30, 2010

County	Number of Children
Atlantic	299
Bergen	291
Burlington	338
Camden	794
Cape May	159
Cumberland	278
Essex	1,495
Gloucester	289
Hudson	623
Hunterdon	46
Mercer	426
Middlesex	439
Monmouth	357
Morris	190
Ocean	357
Passaic	393
Salem	99
Somerset	148
Sussex	85
Union	522
Warren	205
Non-County Based*	28
Total	7,861

*Non-County Based consists of children supervised by the Adoption Subsidy Program, Area Offices, Chafee, DAG, IAIU, ICPC, Office of Licensing, Public Defenders Office, State Central Registry or Subsidized Legal Guardianship.

Child Behavioral Health

Youth in DYFS Custody in Juvenile Detention Post-Disposition Awaiting Placement

July 2009- June 2010

Length of waiting time	Number of Youth
0-15 days	13
16-30 days	13
Over 30 days	0