

# **New Jersey Department of Children and Families Case Practice Model**

## **I. Introduction**

The Department of Children and Families' (DCF) case practice model is intended to define who the agency serves, the expected outcomes of these services, and the guiding principles and expectations of the organization. This case practice model will help establish clarity about how we expect children and families to be treated and how they and their natural support networks will be engaged in the decisions affecting their safety and well-being. This document has been developed to define, guide, and support a strengths-based and family-centered model of practice which achieves safety, permanency and well-being for children.

The development and implementation of this model is dynamic and continuous, and will continue to be undertaken in collaboration with families, youth, staff, stakeholders, and the public. Achieving this model of practice with every child and family will take time, but it is the standard through which practice and future commitments will be assessed and measured. As such, DCF commits to an ongoing process of reevaluation of our progress against this model.

## **II. Mission and Outcomes**

The mission of DCF is to ensure the safety, permanency and well-being of children and to support families.

DCF's child welfare practice seeks to achieve three primary outcomes for children and families: safety, permanency, and well-being. These outcomes are based on what the professional research supports as the most critical outcomes for our work and include the six outcomes for which the federal Child and Family Services Review (CFSR) holds us accountable.

## **III. The Families and Children We Serve**

Within DCF, the Division of Youth and Family Services (DYFS) protects and serves children who have been abused or neglected, children who are alleged to be abused or neglected, children placed into the agency's custody, and families in which child abuse or neglect has occurred. DYFS also provides certain child welfare services in non-protective service matters as a result of state statutes, Memoranda of Understanding (MOU) with other state agencies, Court Orders for DYFS intervention, and a family's request for, or agreement to receive, services. Children and adolescents with emotional and behavioral health care challenges and their families are served through the Division of Child Behavioral Health Services (DCBHS). Through the Division of Prevention and Community Partnerships (DPCP), we support community-based, outcomes-focused

initiatives to strengthen families through training and direct services in order to prevent child maltreatment and avoid the need for foster care services. Beginning in 2007, this will include a pilot Differential Response program administered within select counties to create a coordinated, community-based response to the needs of families prior to the experience of child abuse or neglect.

The model of practice presented here focuses on DYFS and its work with children and families. Beginning in 2007, we will further develop this model of practice to include the strategies of DCBHS, DPCP and those we will embrace to achieve a more unified model of planning for, and serving, children and families who access services through any of DCF's principal divisions.

#### **IV. DCF Values and Principles**

The foundation of this case practice model is a clear understanding of the values and principles that we expect to be reflected in our work:

##### *Core Values*

- Safety: Children are, first and foremost, protected from abuse and neglect.
- Permanency: Children do best when they have strong families, preferably their own, and when that is not possible, a stable relative, foster or adoptive family. We must strive to ensure children do not enter foster care unnecessarily and do not leave our supervision without a permanent and stable family living situation.
- Well-Being: We will offer relevant services to children and families to meet their identified needs and promote children's development, education, physical and mental health.
- Most families have the capacity to change with the support of individualized service responses.
- Government cannot do the job alone; real partnerships with people and agencies involved in a child's life – for example, families, pediatricians, teachers, child care providers - are essential to ensure child safety, permanency and well-being, and build strong families.

##### *Principles*

- In making determinations about plans and services, we consider the child's safety and health paramount.
- We must provide relevant services with respect for and understanding of children's needs and children's and families' culture.
- No child or family will be denied a needed service or placement because of race, ethnicity, sexual orientation, physical or emotional handicap, religion, or special language needs.

- Where appropriate, families will be provided with the services they need in order to keep their children safe and at home in order to avoid the trauma of removal.
- Understanding the disproportionate representation of children and families of color among those supervised by DYFS, we will continually assess our tools, services and strategies to prevent racial and ethnic bias.
- Foster care will be as temporary an arrangement as possible.
- If at all possible, children in out-of-home placements will be safely reunified with their families within 12 months. Families will be provided with the services they need to allow for safe reunification whenever possible.
- If a child cannot be safely reunified within timeframes established under federal and state law, DCF will find a permanent home for the child, using child-specific recruitment plans when necessary, preferably with an appropriate relative or an adoptive family.
- We must work to ensure children in out-of-home placement have:
  - Stable placements that promote the continuity of critical relationships, including with their parents, siblings and capable relatives, to achieve a sustainable permanent family setting.
  - Placements in settings that are the least restrictive and meet their individual needs.
  - Decision-making that is informed by a long-term view of the child's needs, informed by the family team, and is consistent with federal and state timelines about achieving an exit from care to a sustainable, safe permanent home.

## V. **How We Work**

Reflective of these values, the practice model is a continuous set of activities that we will apply in practice. Our practice model emphasizes:

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

### 1. ***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. The process usually begins at the Statewide Central Registry (SCR), where we receive calls about child abuse or neglect. SCR is typically the first point

of contact between the community and DCF. We will respond to all callers promptly with respectful, active listening skills. We will gather essential information, including the identification of all individuals who are parents and other important family members. We will screen referrals using uniform instruments that structure the process of assessment and response to information related to child safety

Allegations of abuse or neglect are geographically referred to Intake Units within each of the local DYFS offices. We will:

- Begin the initial investigations of suspected child abuse or neglect within 24 hours and complete this work within 60 days, absent exceptional circumstances, using uniform instruments to make decisions about child safety.
- Assess and document the child's safety at every contact with the child and family.
- Develop safety plans with the active participation of the family if the immediate safety of the child is in question at any time during the initial assessment process.
- Secure necessary resources and quickly mobilize community and family supports.
- Work collaboratively with partners in law enforcement, health care, substance abuse, public welfare, and the education system.

Assessment starts with the Department's initial contact with the family or with the individual who is calling on behalf of a child, and continues throughout the family's involvement with DCF. Assessment is not the completion of forms but rather it is an ongoing process, which prioritizes the safety of children by "gathering and analyzing information that supports sound decision making."<sup>1</sup> Our assessments are made in large part by personal contact by the worker with the family and seeing them where they live. 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 parents and family members and with the family team and it is a continuous process.

In all of our assessment work, we will strive to:

- Use assessment instruments in order to identify services that protect against determined risk factors and enhance parental capacity.
- Assess family members' strengths and needs within their social and cultural environments.

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<sup>1</sup> United States Department of Health and Human Services, Rethinking Child Welfare Practice under the Adoption and Safe Families Act of 1997: A Resource Guide, Washington, D.C., U.S. Government Printing Office, 2000, p. 33.

- 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 in out of home placement.

When abuse or neglect is not alleged, but families are identified to SCR and request or agree to receive supportive services from DYFS, our Child Welfare Assessment work, like our assessment work in the context of an investigation, is designed to determine strengths, skills, and concrete and immediate needs. In these instances, since we are not investigating an abuse or neglect allegation, we will not utilize child protection, investigatory tools. We will use assessment and engagement strategies to unearth the family's needs and offer relevant, supportive services.

## **2. *Engaging Youth and Families***

Engagement is the foundation to build trust and mutually beneficial relationships among 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. Part of engagement involves understanding the culture of a family and helping the family identify all potential team members. Good engagement with children and families will help staff have an accurate and more comprehensive understanding of the strengths of the families as well as their challenges, and will help in the identification of appropriate services. Engaging a youth/family 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 about the services and supports they need 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.

## **3. *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 the involvement of the Department and help DYFS 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.

Who comprises the family team convened by DCF? The short answer is everyone 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 and youth, when age appropriate, and team members should become active participants in making decisions about what 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 still utilize family teams absent interested parental involvement.

Day-to-day practice with families and planning for children includes but is not limited to the following:

- Children are helped to have connections with their family networks and preferably with their parents and relatives when it is safe to do so.
- If a child must be separated from his/her birth family, we will strive to find an out-of-home placement that is safe, appropriate and the least restrictive necessary to meet the child's individual needs. We will strive to find a placement that keeps siblings together and in the child's community so that continuity of education, health care, and friendships are maintained.
- If siblings are not placed together, our efforts to appropriately reunite siblings will be active and ongoing.
- The overall family team is strengthened in most instances by sustained family interaction. We will provide immediate and ongoing support of frequent visits between children and their families, including with their siblings who may not live with them, unless it is unsafe to do so. Visits should occur in family-like settings in order to promote and facilitate interactions with one another and, to the extent those settings are elusive, we will strive to develop more of them.
- A team approach to consultation, planning, and decision-making must become central to our work. Family members in this process are key participants, as are relevant community partners (e.g., domestic violence agencies, substance abuse programs, mental health providers, schools and early childhood centers, public health centers, and the like).
- DCF will convene family team meetings regularly, including when a team member, such as a parent or foster/adoptive parent, requests such a meeting.
- DCF will convene a family team meeting prior to or within 72 hours of a child's out-of-home placement. The purpose of this meeting is to continue the family engagement and full disclosure process, to review the time frames as delineated under the Adoption and Safe Families Act, the child's need for permanency, and DCF's concurrent planning practice.
  - The meeting will cover the following items: (1) review efforts and services provided to prevent the need for the out-of-home care placement; (2) review the areas of concern identified in the

structured decision making process; (3) continue the identification of the family's strengths and needs; (4) identify relative resources (maternal and paternal) for placement and or other family supports; (5) develop a plan for visitation for the child and parents and the child and siblings; (6) establish paternity and initiate diligent searches for any missing parents; and (7) inform parents and any other potential caregivers that permanency within 12 months is the goal and what options will be considered.

#### **4. *Individualized Planning and Relevant Services***

Planning is neither a separate process from assessment nor an exclusive activity of DCF. Generally, our work involves families and/or youth committed to a plan, including decisions regarding needed services and supports. 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 for children and families to promote children's development, education, physical and mental health, and for children in out-of-home placement, connected to the reason for the out-of-home placement, barriers to reunification or childhood well-being. We will expand the sum – and our utilization of – flexible funds to address the unique needs of children and families.

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, we will commence the concurrent planning process immediately upon placement to ensure the child's permanency and well-being, and:

- We will make diligent efforts to identify, evaluate, and consider relatives for placement, consistent with child safety and well-being. Preference and available supports should be provided for relative placement.
- We will strive to place children in family settings that can be expected to become the child's permanent placement if necessary, unless another placement is temporarily needed for therapeutic reasons.
- We will make every effort to place children within the community or county of their parents' residence unless the reason for the location of the placement outside the community or county is to help the child achieve his/her goals.
- When a child is placed into foster care, placement selection will take into account the location of the child's school; we will strive to avoid the child having to change schools as the result of placement. The child shall be enrolled in school in a timely manner and the resource family shall be assisted in navigating the child's educational needs.

- We will strive to avoid temporary or interim placements for children.
- Children will receive a pre-placement assessment and a comprehensive physical examination and mental health assessment within 60 days of entry into out-of-home placement. Recommended treatment services will be provided on a timely basis.
- DCF will arrange enrollment in preschool or day care programs as appropriate or timely school transfers if needed.

We will protect children in out-of-home placement from abuse and neglect. Investigations of allegations of abuse and neglect in out-of-home placements by the Institutional Abuse Investigations Unit will be thorough and completed within 60 days, absent exceptional circumstances.

In addition, when adolescents are placed in out of home care:

- A permanency goal of “another planned permanent living arrangement” will not be used for any child under the age of 16 and only after other more permanent goals have been actively pursued and appropriately ruled out.
- We will advise youth, aged 14 and older, of educational, training, housing, and other transitional supports and make appropriate and timely referrals.
- Older youth in out-of-home care will be encouraged and provided the opportunity to complete high school and will be provided opportunities to learn a trade or apply for college.
- Youth turning 18 years old in out-of-home placement will be encouraged to remain in care to receive education and training services and other supports that will be provided to them through age 21. Eligible youth will be encouraged to apply for our Foster Care Scholars Program, which offers tuition assistance to youth in, or formerly in, out-of-home placement.
- Children, aged 14 and older, will have written plans that include connections to a caring adult, services, and supports to help the youth live safely and function successfully as adults.
- DCF will assist eligible, non-U.S. citizen youth without green cards to apply for and obtain green cards before they reach age 18.
- Youth who leave the out-of-home care system at age 18 will be assisted in applying for Medicaid so that there is no lapse in health and mental health care coverage upon their exit from out-of-home care.

## **5. *Continuous Review and Adaptation***

Ensuring that the family’s plan is implemented with the appropriate people, intensity, 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.

Day-to day practice with families and planning for children includes but is not limited to the following:



- 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 status, service progress, appropriateness of permanency goal, and results to ensure that the service plan maintains relevance, integrity, and appropriateness. The plan will be modified as goals are met and circumstances change.
- Continuous and ongoing attention will be paid to permanency for children.

## **6. *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.

Day-to-day practice with families and planning for children or youth includes but is not limited to the following:

- Safety and risk of harm will be assessed prior to transitions and closure.
- Services and supports should be put in place to facilitate a smooth, timely, and successful transition when changes occur.
- Families whose children are reunited will receive transitional supports that enable them to safely sustain their children in their home.
- Families and young adults will be connected with informal supports to assist them to function independent of outside supervision upon case closure.

## **Model of Practice Related to Program and Organizational Capacity**

The executive leadership of DCF recognizes that it is their responsibility to demonstrate the same values and practices with employees as workers demonstrate with families. Day-to-day practice with employees, communities, and other stakeholders includes but is not limited to the following:

### **A. Agency Management and Leadership**

- Managers at the state and local level will work together to focus on the continuous improvement of programs, services and staff, relying on current and accurate performance data, to meet the needs of the children and families and to produce positive outcomes.

- Managers and supervisors will provide leadership and support in order to create, affirm, and sustain an organizational culture and structure that supports a strengths-based, family-centered model of practice.
- Managers at the state and local level will demonstrate the same measure of respect for staff as staff is expected to demonstrate in their work with families.
- Managers, supervisors and staff will be accountable for implementing the strategies and values of this practice model in our work with children and families.

**B. Policies and Standards**

- The agency will continue to develop and implement policies and standards consistent with the model of practice that help children and families access quality services that promote their safety, health, permanency and well-being.
- Policies and standards will be congruent and consistently support this model of practice.

**C. Qualifications, Workload, and Professional Development of Staff**

- DCF will create conditions for staff that make positive outcomes-based work with children and families likely. We will strive to achieve workloads that enable practice to be consistent with the model of practice. Supervisors will not carry cases.
- DCF will implement an overall training and workforce development plan. Initial and ongoing professional development opportunities will be available to employees in order to address the skills and knowledge needed to carry out their duties related to safety, permanency and well-being and reinforce the values and standards delineated in the practice model. Training for agency staff will be standardized, field tested, evaluated, and competency-based.
- DCF will provide training for current and prospective foster parents, adoptive parents, and employees of licensed agencies that develop the skills and knowledge they need to achieve the values and standards of this model of practice.

**D. An Array of Services**

- Success for children and families means DCF must continue to develop an array of services that meet the needs of children and families. Most of the services necessary for children and families are provided by DCF-supported community agencies, which play an important role in preserving child safety, promoting permanency, developing child wellbeing and strengthening families. Community services to support, nurture and help

- families with problems must become more readily available so that involvement with DYFS is time limited, focused and outcome oriented.
- DCF must develop strong linkages at the state and local level for families to services or benefit programs that serve the same population – including public health, mental health, dental care, substance abuse, education, medical services, food assistance, and financial and work supports – to achieve positive outcomes for children and families.
  - DCF will work in partnership with community based providers and agencies to use organizational and community cultural strengths to develop more responsive services and supports to children and families.

**E. Information Systems**

- The statewide information systems, as they are modernized throughout DCF, will readily provide comprehensive, child-specific information to staff that helps them perform their work.

**F. Quality Assurance**

- DCF will track and publicly report on its performance across a continuum of key indicators. Decision-making will be data-driven and informed by the best, reliable information available to DCF.
- DCF will rebuild a process for continuous quality improvement that uses quality assurance information to identify and implement improvement in practice, policies and training.