New Jersey Task Force on Child Abuse and Neglect Prevention Committee Maura Somers Dughi, Esq, Chair Diana Autin, Esq, Vice-Chair September 3, 2015 10:00 A.M. – 12:00 P.M. Minutes

In Attendance:

Pat Stanislaski Gina Hernandez Suzanne Conrad Jeannette Collins Andrea Breitwieser Maureen Braun-Scalera Arnold Christian Christine Baker Christina Colon Diane Dellanno Maura Somers Dughi Jessica Gregory Cheryl Mojta Niurca Louis Michelle Rupe Sunday Gustin	Partnering for Prevention, LLC Prevent Child Abuse – NJ Consultant Child Assault Prevention Program DHS-Div. of Family Development Rutgers School of Social Work Depart. Of Law and Public Safety Metro-RDTC at Newark Beth Israel Medical Center DCF-Family and Community Partnership Advocates for Children of NJ Child and Family Advocacy DCF-Family and Community Partnerships - Division on Women Child Assault Prevention Program Robins' Nest Inc. DCF-Child Protection and Permanency DCF- Family and Community Partnerships, Early Childhood Services DCF-Family and Community Partnerships and
	Division on Women
Kerrie Ocasio	Rutgers School of Social Work – Institute for Families
Roslyn Dashiell	Prevention Education, Inc. (PEI) Kids
Kristen Brady	ACNJ, Intern
Staff	

Ifeanyi Pole

DCF-NJTFCAN

Introduction and Review of Minutes

Introductions were made. The July 9th minutes were approved with edits.

Business

Prevention Standards Workgroup – Update

The Committee discussed if/how the New Jersey Department of Children and Families (DCF) could incorporate the Prevention Standards into the language of future grant contracts; this topic will continue to be discussed at a future meeting.

Kerrie Ocasio informed the Committee that she would be interested in integrating the Prevention Standards into course work in New Jersey's colleges and universities. The Committee voted to create a workgroup to explore the creation of a Prevention Standards college course. This workgroup will be chaired by Kerrie. Committee members that are interested in participating in this workgroup will email Ifeanyi and the group. The workgroup will conduct their first meeting in October via conference call.

Kerrie also provided the following update to the Committee on the Prevention Plan trainings:

- A. There will be web based self-assessments for DCF's funded programs to help disseminate the plan and better develop the curriculum. There may be an opportunity for non-funded DCF programs to complete this training.
- B. Three conference style trainings will be held in Northern, Central and South New Jersey.
- C. Five webinar training sessions will be held with national experts so that programs can constantly improve.

It was discussed that the grant should bring modules that will integrate with the previous modules in order to better the training spectrum. Kerrie informed the Committee that the purpose of the trainings is for the programs to assess their strengths/weaknesses and plan for their improvements. Kerrie also stated the importance of creating training materials and tools to take the programs to the next level.

The Committee once again discussed the possibility of charging a fee for others to use the New Jersey Standards for Prevention Programs: Building Success through Family Support document since it is copy written; this topic will be further discussed at a future meeting.

The Committee also discussed the possibility of presenting the Prevention Standards at conferences; this will be further discussed at a future meeting.

The Committee discussed the Standards being a direct requirement of receiving money from DCF's Family and Community and Partnerships (FCP). Jessica Gregory informed the Committee that DCF is strengthening its work around continuous quality improvement especially within Family and Community Partnerships (FCP) in which logic models have been a big part of this focus. Charmaine Thomas stated that it is important to teach the staff what is expected in the logic model. It was discussed that assessments need to be made for modules so that the trainers know what is applicable for each requirement and to ensure that needs the met. Program leads for the Standards must match with contracting thus this will be an ongoing process. It is important that each module must be completed before the trainee can move on to the next. Developing a logic model will be a preliminary requirement so that a path for this can be easily followed.

Prevention Plan Implementation Workgroup

Cheryl Mojta informed the Committee that she interviewed Karen Campbell as part of the Prevention Plan Implementation Workgroup and shared information with her about the Plan and Committee.

Sue Conrad informed the Committee that as a member of the Prevention Plan Implementation Workgroup, she has been focusing on trauma informed care.

Improving Outcomes for Families of Infants and Young Children

Maura provided a brief summary about the "Improving Outcomes for Families of Infants and Young Children" project in Newark and introduced Christina Colon of DCF's Family and Community

Partnerships to provide a progress report. The Committee received written handouts summarizing the project outcomes to date.

Christina informed the Committee that each of the local offices brought cases to be reviewed every each week in June. Directors are periodically checking in with the workers on the status of their cases. The ideas and assistance offered had been a strong guidance tool. Christina stated that three big issues facing the families she's visited have been housing, mental health and substance abuse. The families can be overwhelmed and thus some families are resistant. There are families where the parents initially came through the system themselves as children. Some parents have expressed that housing, employment and child care are their most important issues. Christina shared the following two anonymous client examples with the Committee to demonstrate the different dynamics in each family:

• Example A:

A 24 year old mother gave birth to a new born with developmental delays. The first child was removed and placed in foster care. The mother has some developmental delays as well and needs constant guidance. The caregiver wanted to be a co-parent for the mother's child and the mother. The mother was allowed to be a part of her child's life and take part in the care giving. Another service was called in to help in this situation.

• Example B:

A mom had her ninth child which was in the neonatal intensive care unit (NICU) and she did not go to see the baby. Services realized she had open cases with her previous children. The father was in the home only as a financial assistance, but not interacting or helping in the growth of the children.

Christina concluded that the dynamics in each family can be very different.

In addition, Kerrie shared information about the "Improving Outcomes for Families of Infants and Young Children" project in Newark and informed the Committee that she assesses its work into the following five buckets:

- 1. Engagement
- 2. Knowledge of Services
- 3. Family Engagement
- 4. Service Availability
- 5. Follow Through

Kerrie also reminded the Committee that these cases are with families that volunteer; their participation in the project is not required. Each family is evaluated at sixty days, six month, and one year intervals. The Protective Factors Training is part of the evaluation and there are three cases presented each week.

Announcements

Ifeanyi Pole reminded the Committee about the Task Force Conference reminder on September 9, 2015 in New Brunswick at the Hyatt Regency.

Next Meeting – November 5, 2015 – Trenton