



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Children, Youth and Families
330 C Street, S.W.
Washington, D.C. 20201

November 12, 2021

Christine Norbut Beyer
Commissioner
New Jersey Department of Children and Families
P.O. Box 729
Trenton, NJ, 08625-0729

Dear Christine Norbut Beyer:

Thank you for submitting New Jersey's Annual Progress and Services Report (APSR), including the annual report on the use of funds under the Child Abuse Prevention and Treatment Act, and the CFS-101 forms requesting funding for fiscal year (FY) 2022 to address the following programs:

- Title IV-B, subpart 1 (Stephanie Tubbs Jones Child Welfare Services) of the Social Security Act (the Act);
- Title IV-B, subpart 2 (MaryLee Allen Promoting Safe and Stable Families Program and Monthly Caseworker Visit Grant) of the Act;
- Child Abuse Prevention and Treatment Act (CAPTA) State Grant;
- Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program); and
- Education and Training Vouchers (ETV) Program.

These programs provide important funding to help state child welfare agencies ensure safety, permanency, and well-being for children, youth and their families. The APSR facilitates continued assessment, development, and implementation of a comprehensive continuum of services for children and families. It provides an opportunity to integrate more fully each state's strategic planning around use of federal funds with its work relating to the Child and Family Services Reviews and continuous program improvement activities.

Approval

The Children's Bureau (CB) has reviewed your APSR for FY 2022 and the annual report on the use of CAPTA funds and finds they comply with applicable federal statutory and regulatory requirements. Therefore, we approve FY 2022 funding for the programs listed above. For the Chafee program, your state has elected to serve eligible youth up to age 21.

Counter-signed copies of the CFS-101 forms are enclosed for your records.

The Administration for Children and Families' Office of Grants Management (OGM) will issue a grant notification award letter with pertinent grant information, which will be sent to the email

address listed on the FY 2022 CFS-101s. Please note that OGM requires grantees to submit additional financial reports, using the form SF-425, at the close of the expenditure period according to the terms and conditions of the award.

Training Plan

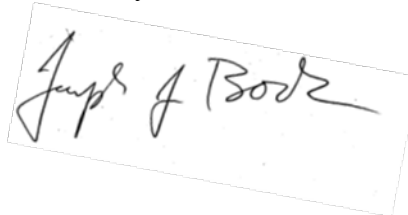
This approval for the FY 2022 funding for title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; Chafee; and ETV programs does not release the state from ensuring that training costs included in the training plan and charged to title IV-E of the Act comply with the requirements at 45 CFR 1356.60(b) and (c) and 45 CFR 235.63 through 235.66(a), including properly allocating costs to all benefiting programs in accordance with the state’s approved cost allocation plan.

Additional Information Required

Pursuant to Section 424(f) of the Act, states are required to collect and report on caseworker visits with children in foster care. The FY 2021 caseworker visit data must be submitted to the Regional Office by December 15, 2021. States that wish to use a sampling methodology to obtain the required data must obtain prior approval from the Regional Office.

The CB looks forward to working with you and your staff. Should you have any questions or concerns, please contact Alfonso Nicholas, Child Welfare Regional Program Manager, in Region 2, at (646) 905-8141 or by e-mail at Alfonso.Nicholas@acf.hhs.gov. You also may contact Evelyn Torres-Ortega, Child and Family Program Specialist, at (646) 905-8130 or by e-mail at Evelyn.Torres-Ortega@acf.hhs.gov.

Sincerely,



Aysha E. Schomburg, Esq.
Associate Commissioner
Children’s Bureau

Enclosure(s)

cc: Gail Collins, Director; CB, Division of Program Implementation; Washington, DC
Alfonso Nicholas, Child Welfare Regional Program Manager; CB, Region 2; New York, NY
Evelyn Torres-Ortega, Child and Family Program Specialist; CB, Region 2: New York, NY

2022 Annual Progress and Services Report (APSR)



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- A** – NJ DCF CFSR PIP Progress Report
- B** – NJ DCF 2022 APSR PSSF Table
- C** – NJ DCF 2022 APSR CPSAI Table
- D, E, F** – NJ DCF Written Responses to Citizen Review Panels
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General Information on NJ DCF's Collaboration Efforts

Engagement in Substantial, Ongoing and Meaningful Consultation and Collaboration

The New Jersey Department of Children and Families (DCF) envisions a state in which everyone in New Jersey is safe, healthy and connected:

Safe – absent from harm or maltreatment

Healthy – mentally, developmentally and emotionally well

Connected – bonded, or tied together through biology, familiarity, or community

Advances in psychology, health and related fields have demonstrated that these conditions are inter-dependent – that it is extremely challenging for humans to attain any one of these conditions without the other two also being present. DCF therefore is positioning the Department to support constituent achievement of all three conditions, across all services.

In year two, DCF continued to act on its commitment to engagement with children, youth, and families with lived experience, as well as with stakeholders and the Judiciary, as follows:

Constituent Engagement

Youth Council

Throughout 2019-2020, DCF's Office of Family Voice (OFV) developed a Youth Council that has and will continue to provide feedback and expertise to improve existing programs and planning, determine necessary supports and services, identify how best to achieve positive outcomes, and evaluate system reforms. In early 2020, Youth Council membership was finalized. The Youth Council formed three subcommittees: Aging Out and Communications; Resource and Kin Parent Training and Sibling and Advocacy. In August 2020, each subcommittee presented recommendations to DCF's executive team, which offered full support for the recommendations.

The Aging Out and Communications Subcommittee: This subcommittee is working to ensure young people are connected with the information they need. In Fall 2020, the subcommittee began working with DCF's Office of Information Technology, Office of Communications and Office of Adolescent Services to update the design and content of the [New Jersey Resource Spot website](#).

The Resource and Kin Parent Training Subcommittee: This committee is providing recommendations on the current training curriculums for resource parents and kinship providers. The subcommittee participated in a Nurtured Heart Approach training and

collaborated with the Greatness Project¹ out of Merced, California, during which they discussed how to empower young people impacted by child welfare involvement. In Fall and Winter 2020, the subcommittee worked with DCF's Office of Resource Families to provide feedback on the Parent Resources for Information, Development and Education (PRIDE) training curriculum.

The Sibling and Advocacy Subcommittee: This subcommittee proposed a peer-to-peer mentoring program that ensures that youth entering care have someone with similar lived experience they can go to for advice and guidance. In fall 2020, the subcommittee worked with the OFV, Office of Strategic Development and Office of Adolescent Services to create a logic model and, after reviewing existing peer-to-peer models from across the nation, selected a model. In December 2020, the workgroup began drafting a Request for Proposals for peer-to-peer programs. Three community-based providers were selected in May 2021 to deliver regional peer-to-peer mentoring programs.

Parent Council

Additionally, in year two, DCF's OFV took steps forward to establish a Parent Council, which will be aimed at transforming our system through sustained, meaningful engagement and leadership. The voices of birth parents, relative caregivers and foster parents with lived experience will provide ideas that inform system priorities and context reflecting community needs. DCF began reviewing national models and conducting key informant interviews. OFV continues to plan for a Parent Council, which will be aimed at transforming our system through sustained meaningful engagement and leadership. The Fathers with lived experience subcommittee as well as the DCF Youth Council will serve as the model for future parent councils. In FY 22, OFV is planning a 2-phase approach beginning with a Wisdom Council that will lead to the formation of a formal Statewide Parent Council.

Fatherhood Engagement Committee

OFV also leads the Department's Fatherhood Engagement Committee (FEC). DCF's FEC includes fathers, service providers and stakeholders and works to ensure fathers' voices are included in the work of the Department. In 2020, this Committee's meetings were temporarily suspended due to the COVID-19 emergency. The FEC reconvened bimonthly virtual meetings in December of 2020.

A subcommittee of the FEC consisting of fathers with lived experience has continued to meet since the fall of 2019. The subcommittee discuss their history and experience working with DCF and CP&P and speak openly about the challenges they have experienced. In February of 2020, the OFV added a Fatherhood Engagement Advisor (FEA). The FEA maintains regular communication with the members of the lived experience subcommittee. The fathers have continued to meet with the OFV virtually during the COVID-19 emergency. In December 2020, when the FEC reconvened, the

¹ Additional information about the Greatness Project can be found online at: <http://thegreatnessproject.com/>.

committee reviewed the work and the areas identified by the subcommittee and discussed how best to integrate their recommendations into the work of the FEC moving forward. In February 2021, a father from the lived experience subcommittee provided direct feedback to the FEC members as they worked on recommendations to increase engagement with fathers.

In March of 2021 fathers from the lived experience subcommittee spoke at the Children in Court Virtual Education Conference. They advised and informed attendees about the impact child welfare has had on their families and communities. The fathers reflected on their experiences in court and shared recommendations for how we might change practices to better engage parents and youth.

In May and June 2021, OFV led approximately 6 smaller meetings with identified FEC members as they finalized specific recommendations to be presented to the larger committee in August 2021. FEC will continue bimonthly meetings in FY22. For additional information on the FEC and subcommittee, please refer to [Goal 2](#).

Staff Engagement

The COVID-19 emergency significantly impacted the day-to-day professional and personal lives of all staff in the Department. DCF has taken a number of steps to ensure strong bi-directional communication between staff and leadership. In May 2020, the Department issued a staff remote work survey to begin to understand staff's remote work experiences and insights. The response rate for this survey was 87%. In June 2020, DCF publicly distributed the results, which can be found at: https://www.nj.gov/dcf/news/DCF_WFH_SurveyResults_June2020.pdf. In the months that followed, leadership analyzed the results and responded to the findings. DCF's responses included but were not limited to provision of a series of remote work tools, a flextime program and a staff appreciation week. These resources, as well as a summary of DCF's response, can be found at: https://www.nj.gov/dcf/wfh_resources.html.

Next, the Commissioner committed to live weekly video messages with all 6,600 DCF staff. These forums allow the Commissioner to communicate directly with staff and allow staff to submit questions and comments through the chat feature.

Finally, in 2021 the Commissioner embarked on a series of listening sessions with staff across all areas of the Department, to hear about what is and is not working about remote work, new Departmental policies, and other important issues.

Community Engagement

During year two, DCF collaborated with the New Jersey Education Association, school leaders, physician groups, local government groups, and law enforcement to encourage community engagement and vigilance in preventing child maltreatment. Additionally, DCF began to build relationships with non-traditional partners, such as the New Jersey Association of Counties, the League of Municipalities, the state Nurses Association, the

Academy of Pediatrics and about 45 other agencies and organizations to amplify messaging about child abuse prevention, race equity, domestic violence, Adverse Childhood Experiences (ACEs) awareness and prevention, and youth mental health services.

DCF has been working with the County Human Service Directors and the County Human Service Advisory Councils (HSACs) since October 2018 to develop a new needs assessment process. Through this process, county HSACs undertake a county-based needs assessment every two years. In year two, county HSACs, which were divided into Group 1 and Group 2, completed their assessments, undertaking a combination of surveys, focus groups and key informant interviews. DCF, through its Office of Quality, provided technical assistance to all counties including provision of individualized guidance and accommodations related to the COVID-19 emergency. Each county submitted reports to DCF. DCF reviewed those reports and facilitated feedback sessions with each county. Also, in year two, DCF and Rutgers University School of Social Work continued planning for a comprehensive report synthesizing the counties' findings. DCF expects the synthesis report to be available in May 2021. Additional information related to the needs assessment, including county needs assessment reports can be found here: https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html.

Regional Forums

In November 2020, DCF, in partnership with Advocates for Children of New Jersey (ACNJ), facilitated another round of regional forums. The forums provided an opportunity for DCF's senior leaders to update stakeholders on the Department's progress toward its strategic plan and provide information on DCF's continued commitment to keep families safe, healthy and connected throughout the pandemic. There were approximately 3,400 participants comprised of advocates, service providers, attorneys, DCF staff, and local stakeholders engaged in the virtual regional forums. An additional series is planned for Fall 2021.

Judicial Engagement

Throughout year two, executive leaders from the Department continued to participate in the New Jersey Children in Court Improvement Committee (CICIC), and several subcommittees. Through this forum, DCF continued to provide updates on the Department's strategic plan, the Child and Family Services Plan (CFSP) and the Child and Family Services Review (CFSR) Program Improvement Plan (PIP).

Additionally, in year two, DCF and the judiciary worked together to enhance data sharing. A workgroup met regularly to develop new permanency and appellate data reports and improve data quality. Finally, members of the Department's Race Equity Steering Committee and additional representatives of the Division of Child Protection and Permanency have joined the CICIC's Race Equity Leadership Team to collaborate on the development and execution of a statewide race equity strategy.

COVID-19 Engagement

The unprecedented COVID-19 emergency led to rapid and significant changes in the Department's operations and services to children, youth and families. From the onset of the pandemic, DCF committed to frequent communication across multiple stakeholder groups. Major efforts in this area include:

- Commissioner telephone calls and video conferences with providers of congregate care, domestic violence services, sexual assault services, children's behavioral health care services, visitation services, home and community-based services, kinship navigator programs, Family Success Centers, and school-based youth services, and providers of child care.
- Use of DCF website and social media accounts to provide accurate and timely information related to COVID-19 and dissemination of Departmental guidance. DCF's COVID-19 Information can be found here: <https://www.nj.gov/dcf/coronavirus.html>.
- Routine surveys administered to service providers across DCF's network to assess local needs, impact on continuity of operations and service delivery, and ability to respond, as well as the creation of a daily congregate care survey, now administered to all congregate care providers in DCF's network to track incidence of, and response to COVID-19.
- Direct outreach to child abuse reporters through Executive Leadership's participation in video conferences and webinars with groups including law enforcement, county and municipal governments, and healthcare workers.

State and Local Partnerships

In year two, the following state and local partnerships were continued or launched:

Children's System of Care Planning

In 2019 the Children's System of Care (CSOC) convened 16 stakeholders from across NJ on a short-term task force to help define and shape the Division's behavioral and physical health integration model. In partnership with Casey Family Programs and facilitated by the Center for Health Care Strategies, this initiative was aimed at making CSOC more responsive to the needs of children, youth and young adults and their families and to increase performance on key outcome measures. The CSOC Stakeholder Task Force reviewed and discussed various materials and initiatives and arrived at a strategic framework to evolve CSOC's programs and services. NJ DCF was in the process of preparing a report when the COVID-19 emergency struck. During year two, DCF leadership worked to review and update the report recommendations in the context of the current health and economic climate. It will be shared with the task force in late summer and published on the DCF website in early fall 2021. Additional information on the Task Force, including meeting agendas and summaries, can be found here: https://www.nj.gov/dcf/about/divisions/dcsc/csoc_taskforce.html.

NJ Task Force on Child Abuse and Neglect Prevention

The New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) includes officials from state agencies such as the Office of the Attorney General, Office of the Public Defender, Administrative Office of the Courts, Departments of Health, Corrections and Human Services, elected officials, advocates, and local providers of health care and social services. The purpose of the Task Force is to study and develop recommendations regarding the most effective means of improving the quality and scope of child protective and preventative services provided or supported by state government.

For additional information on the activities of the NJTFCAN, please see [CAPTA State Plan Requirements and Updates, Section D, Children's Justice Act.](#)

County Councils for Young Children

In December 2019, DCF was awarded the Preschool Development Grant Birth-5 (PDGB-5) renewal in the amount of \$11,178,000 from the Administration for Children and Families (ACF) for three years contingent on the availability of federal funds. The PDGB-5 renewal grant will continue the activities of the initial award, including the County Councils for Young Children (CCYCs), which develop strategies to increase access to services that promote the healthy development of children and enhanced family outcomes through referrals and connections to other supportive services. Each of New Jersey's 21 County Councils is comprised of diverse, culturally and linguistically competent parents/families, early childhood providers and other community stakeholders. The County Councils play a vital role in supporting and engaging parents. Their feedback will continue to enhance New Jersey's mixed delivery approach to help families learn about and access childcare options and family support services.

In June 2020, DCF hosted a virtual statewide meeting for grantee administrators and staff members. This virtual meeting was an opportunity to connect, to share collaboratively and to discuss innovative strategies to engage families amid the COVID-19 emergency challenges. The local CCYCs shared best practices and success stories for connecting with families, particularly fathers. The primary focus of the CCYCs is to develop relationships with the community and many of the activities were initially intended to occur in person. Therefore, the CCYCs have had to make adaptations in the ways they conduct business to ensure the safety of staff and families. Due to the change in the implementation of services, there have been event delays and postponements.

In fiscal year (FY) 2021, the County Councils will receive additional support from the Boston Medical Center's (BMC) Vital Village Network. The Vital Village Network will assist the CCYCs to build a robust set of knowledge, skills, and tools to scale and sustain equitable transformation of early childhood, education, and health systems in their neighborhood, city, or county. The CCYCs will be an avenue for parents to advocate for the needs of pregnant women, infants, and young children at the local and county level. Parent leaders from the CCYCs receive training and are informed on issues that impact

children and their families throughout the state, so that they may meet with state policymakers to share their experiences regarding services and provide recommendations on how to improve service delivery and outcomes for children and families in New Jersey.

A successful communication plan will be developed to create feedback loops and provide guidance regarding the exchange of information among the Interdepartmental Planning Group (IPG), New Jersey Council for Young Children (NJCYC), Early Learning Collaborative (ELC) and CCYCs. The plan will facilitate increased collaboration and shared accountability. County Councils for Young Children currently function in 20 of the 21 state counties. A Request for Proposals (RFP) is being developed for the one county to resume services.

Project HOPE

In October 2018, NJ was one of seven states selected to receive a Technical Assistance Grant from BUILD, Vital Village and Nemours called Project HOPE. Project HOPE is designed to generate real progress towards equitable outcomes for young children (prenatal to age five) and their families by building the capacity of local communities, state leaders, cross-sector state teams, and local coalitions to prevent social adversities in early childhood and promote child well-being. DCF and the Department of Health (DOH) are co-leads on this initiative.

During the early months of the COVID-19 emergency, with on-the-ground organizing by Parents Empowering Parents (PEP), local partners have distributed 443 kits, containing education materials, hand sanitizer, masks, gloves, infant formula, and diapers to help expectant families and families with children ages birth to five. The PEP group worked diligently to find families that were not connected to formal supports. Atlantic City Police Athletic League, St. James A.M.E (Atlantic City), and Mount Zion A.M.E (Bridgeton) were among the community organizations that helped mobilize distribution of the kits. Food insecurity and housing remain daily worries for many families in both Atlantic City and Bridgeton. Additional efforts of this state and local partnership provided the opportunity to offer summer childcare in Atlantic City in 2020.

At the onset of the COVID-19 emergency, much of the committee work was put on hold to respond to immediate needs. However, the committees met twice in July 2020, initially to hear a report on the COVID-19 emergency efforts funded through the HOPE grant, and second to reactivate the efforts of Project HOPE.

Reactivated efforts of Project HOPE included:

The Department of Education (DOE) met with Project HOPE to discuss the Preschool Learning Standards. These standards were last updated in 2014. More than 80 applications were submitted from people who want to contribute to the update, including Head Start and preschool teachers, higher education teachers, district administrators and others, with a well-rounded geographical spread. Subcommittees include home schooling, learning environment, documentation and assessment, visual and performing

arts, English, Math, Science, Social Studies and others, aligned to K-12 curriculum. Review will include both major and minor revisions, as well as creating more user-friendly ways to present content standards. Subcommittee recommendations were reviewed in December 2020, and revisions will be complete by June 2021. It was requested that Project HOPE help to engage family voice in the home schooling and community engagement subcommittee work.

As part of Project HOPE and IPG efforts, the New Jersey Department of Labor and Workforce Development (NJDOL), with the partnership of the Department of Human Services (DHS) and DOE Head Start, is launching a pilot project to integrate a two-generation approach among the workforce development programs in Atlantic and Cumberland Counties. This concept grew out of Project HOPE dialogues that included leadership from One Stop Career Centers and county workforce development agencies, as well as numerous local agencies serving parents and children.

One of the goals of this pilot is to facilitate stronger links between the workforce agencies and New Jersey's childcare systems, including Head Start and Child Care Resource & Referral Agencies. Access to quality and reliable childcare allows parents and caregivers to participate more fully in state and county workforce programs, and with their careers. When families have access to better jobs, higher income, or job training, it increases economic stability and ability to continuously meet children's needs.

In the first phase of this pilot, Project HOPE will facilitate meetings between the workforce development and childcare agencies, and help the group begin to identify opportunities, challenges and next steps. Two provider meetings were held in the past year to continue the good work and discuss the recent successes and strategize remaining barriers.

Central Intake

New Jersey Central Intake (CI) is a comprehensive prevention system, managed by DCF in partnership with the Department of Health (DOH). It provides communities one single point of access for family assessment and referral to family support services. CI addresses both care coordination and system integration by improving communication between families and providers across sectors. This single based point of entry allows families access to information, eligibility, assessment, and referral to local family support services, while attempting to reduce duplication of services. CI strives to increase family supports to improve prenatal and preventative care and improve birth outcomes. During the COVID-19 emergency, these programs/services transitioned to remote work. Services were sustained and maintained as most of their work is done via phone. For additional information on the New Jersey Central Intake, please refer to the [Service Coordination for Families in the Community](#) section of this report.

Help Me Grow

Since April 2012, the Office of Early Childhood Services (OECS) has led the Help Me Grow New Jersey (HMG NJ) initiative. Help Me Grow promotes the development of an integrated early childhood system that supports children (0-8 years old) and their families

to achieve optimal wellness. HMG NJ is building upon New Jersey's strong foundation in early childhood systems to improve coordination and integration of services and programs. HMG NJ streamlines services across systems of care that encompass four core departments: DOH, DHS, DOE, and DCF. As a result, pregnant women and parents of infants and young children will have access to earlier prevention, detection, intervention, and treatment services.

In August 2013, DCF was funded by Health Resources and Services Administration (HRSA) to implement the Early Childhood Comprehensive Systems Initiative (ECCS) – whose priorities parallel that of Help Me Grow. These priorities include the development and building of a comprehensive early childhood system to ensure early linkages and supports for families and children from pregnancy to age eight to support healthy growth and development. In August 2016, DCF was awarded the competitive continuation contract now titled ECCS Impact. The ECCS Impact initiative aims to increase the number of children birth through age three to achieve age-appropriate developmental health benchmarks by 25% by July 31, 2021. This aim is achieved with the coordination and technical assistance provided by the State's ECCS Impact Grantee (OECS) within the five Place-Based Communities (PBC) (Camden, Cumberland, Essex, Middlesex, and Passaic Counties). Using the Collaborative Improvement Innovation Network (CoIIN) approach, the PBC's collective impact would lead to statewide policy development and procedures. In September 2019, the ECCS work expanded beyond the five PBCs to the entire statewide New Jersey Central Intake (CI) system in all 21 counties with support and implementation by the Early Childhood Specialist. The Early Childhood Specialist expanded CI's reach of developmental health promotion screening and linkage to an additional 160 screenings, nearly doubling the reach of children to a total of 316 developmental screens completed by the end of December 2019. In calendar year 2020, despite the COVID-19 emergency, the statewide CI system reached 914 children, providing developmental screening at no cost. For additional information on the HMG NJ initiative, please refer to the [Service Coordination for Families in the Community](#) section of this report.

As depicted above, DCF strives to continuously enhance collaborative efforts statewide. DCF continues to engage constituents and professional stakeholders to assess and monitor performance. The following offers a description of assessment and monitoring efforts.

Participatory Evaluation

DCF utilizes a collaborative teaming approach to develop and implement evaluation processes for various initiatives. Teams include service providers, technical assistance partners, consultants and various staff from across the Department and feedback from individuals served. For information regarding the Keeping Families Together (KFT) and Family Preservation Services (FPS) evaluation activities, please see section [Goal 2 Research and Evaluation Activities](#). The [Service Coordination for Families in the Community](#) section of this report provides information regarding Home Visiting Enhanced Workforce Development activities. Additionally, section titled [Goal 1 Research and](#)

[Evaluation Activities](#), provides information on Home Visiting evaluation endeavors. DCF routinely reviews information developed through these evaluation activities, both internally and with providers, and creates plan for improvements or adjustments in services accordingly. For example, DCF shares and discusses KFT and FPS evaluation findings with Departmental program leadership and providers during quarterly provider meetings and uses those discussions to identify necessary changes in the operation of the service network to improve service delivery, client experiences and outcomes, and to identify and celebrate successes in overcoming challenges. With respect to home visiting, the Department of Health and DCF review evaluation data on a weekly basis as part of the network management strategy. Quarterly dashboards are used to work with providers on provider specific CQI processes. Quarterly supervisor meetings are used to discuss themes, identify challenges and improvement strategies, and support peer learning and discuss information with providers throughout the year.

The Department remains committed to making performance data available to the public, continuously prioritizing data transparency. Efforts in this regard include the publication on the DCF website of:

[Commissioner's Monthly Report²](#)

This report gives a broad data snapshot of various DCF services, including information regarding child protection, permanency, adolescent services, community prevention services, institutional abuse investigations, and the Children's System of Care.

[Screening and Investigations Report³](#)

This report details State Central Registry (SCR) activity, including data regarding calls to the Child Abuse and Neglect Hotline, assignments to the Division of Child Protection and Permanency (CP&P) offices and trends in Child Protective Services (CPS) Reports and Child Welfare Services (CWS) Referrals.

[Children's Interagency Coordinating Council Report⁴](#)

This report details referral and service activity for CSOC. It includes demographic data, referral sources, reasons for and resolutions of calls to CSOC, information on substance use and school attendance, as well as authorized services provided.

[New Jersey Child Welfare Data Hub⁵](#)

DCF collaborates with the Institute for Families at Rutgers University School of Social Work to publish the New Jersey Child Welfare Data Hub. Built upon the principles of

² <http://www.nj.gov/dcf/childdata/continuous/>

³ <http://www.nj.gov/dcf/childdata/protection/screening/>

⁴ <http://www.nj.gov/dcf/childdata/interagency/>

⁵ <https://njchilddata.rutgers.edu/>

transparency and accountability, the Data Hub seeks to improve the lives of children and families by making New Jersey child welfare and well-being data available to the public.

The Data Hub includes the New Jersey Child Welfare Data Portal, which allows users to explore key indicators of child well-being through customizable visualization and query tools, and the New Jersey Child Welfare Data Map, which allows users to explore key child welfare and well-being measures, population characteristics, and socioeconomic variables at the state and county-level.

Update to the Assessment of Current Performance in Improving Outcomes

DCF uses quantitative and qualitative data to inform policy, strengthen standard operating procedures, and maintain its focus on continuous quality improvement. Tools used in support of this work include data gathered from NJ SPIRIT, New Jersey's statewide automated child welfare information system, state of the art reporting tools, such as SafeMeasures, that make real-time data available to child protection caseworkers⁶, as well as qualitative methods such as a qualitative review (QR) process that reviews the quality of the CP&P case practice in each county biennially, and additional targeted case reviews. Prior to the COVID-19 emergency, quantitative and qualitative information was reviewed and discussed within CP&P during senior leadership meetings, and was input to regular ChildStat meetings, which were a CQI process at which county teams comprising child protection staff, Children's System of Care stakeholders and providers, and departmental leadership discussed community context and child protection performance, and identified areas of work in need of improvement. These forums served to reinforce and support problem-solving around major departmental initiatives, such as the safe reduction in the use family separation and increases in the use of kinship placements. In combination, the Division planning and leadership, reinforced by CQI processes, has yielded observable progress: from 2018 – 2020, NJ safely reduced the placement rate from 1.7/1,000 children to .09/1,000 and increased the use of kinship placements for children entering foster care from 29% in December 2018 to 42% by December 2020.

During the COVID-19 emergency, DCF temporarily suspended many of its typical review processes, including QRs, in order to dedicate staff and resources to the safe and effective management of the pandemic. DCF completed two QRs during 2020, and subsequently dedicated CQI staff and resources to efforts such as rapid-cycle feedback of key performance indicators for leadership, twice weekly updates regarding the emerging scientific and policy developments locally and nationally related to the COVID-19 emergency, emergency reviews of case practice, the creation and provision of surveys of congregate care, child care and other providers, and to the development of tools and management dashboards necessary to monitor the pandemic's impacts on DCF's network of services. Quantitative and qualitative information from these reviews

⁶ <https://www.nj.gov/dcf/about/divisions/opma/docs/Qualitative.Review.Overview.pdf>

and activities is reviewed regularly at an executive level Safety and Performance Management meeting. These COVID-19 reviews and data collection efforts have helped to inform policy and guidance decisions needed to mitigate the spread of COVID-19, maintain appropriate staffing levels, and ensure effective communication and collaboration between DCF and system partners.

The Department has built multiple efforts to gather community and stakeholder input on the extent to which the Department is meeting the needs of its constituents, as described in the [General Information on DCF's Collaboration Efforts](#) section of this report. Data is routinely made available to the public at large through a partnership with Rutgers University and monthly performance and descriptive reports that are published to [DCF's website](#).

Using these quantitative and qualitative methods, DCF identifies strengths and areas in need of improvement in performance. In July 2017, DCF participated in Round 3 of the Child and Family Services Review (CFSR), the findings of which align with DCF's own assessment. For the CFSR 3, DCF opted to complete a traditional on-site review of 65 cases (40 placement and 25 in-home) across Essex, Monmouth and Warren counties. In addition, 21 focus groups of key statewide stakeholders were conducted during the week review.

Key findings from the CFSR 3 in NJ are similar to other states nationwide in that none of the seven outcomes met the 90% or 95% threshold required to be considered in substantial conformity. However, several important strengths emerged:

- Protection of children from abuse and neglect: **89%** of cases substantially achieved
- Safely maintaining children in their homes when possible and appropriate: **75%** of cases substantially achieved
- Preserving continuity of family relationships and connections: **83%** of cases substantially achieved
- Ensuring children receive appropriate services to meet their educational needs: **89%** of cases substantially achieved
- Ensuring children receive appropriate services to meet their physical and mental health needs: **73%** substantially achieved

Regarding performance on the Systemic Factors, NJ was found to be in substantial conformity for five key systemic factors:

- Statewide information system
- Quality assurance system
- Staff and provider training
- Agency responsiveness to the community
- Foster and adoptive parent licensing, recruitment, and retention

In particular, the review commended DCF's ongoing commitment to continuous quality improvement facilitated by the state's internal qualitative review process and statewide automated child welfare information system, NJ SPIRIT.

The CFSR 3 also noted key areas for improving child welfare programs and practice. Areas for growth include:

- Performance related to in-home cases
- Implementation of ongoing safety and risk assessments
- Efforts to achieve timely permanency
- Engagement of parents in case planning (fathers in particular)
- Assessment of parents underlying needs to better align with the identification of the appropriate service to meet the individual needs of families

Through on-going collaboration with key stakeholders to include the NJ Administrative Office of the Courts (AOC), the Capacity Building Center for State and for Courts, as well as the Children's Bureau, these targeted improvement areas are the focus of NJ's CFSR Program Improvement Plan (PIP) and are leveraged into NJ's 2020-2024 Child and Family Services Plan (CFSP). During the second half of 2020, DCF engaged in conversations with ACF about the impacts of the COVID-19 emergency on its PIP strategies, activities and targeted timeframes for conclusion. In December 2020, ACF accepted DCF's proposals for modification. Due to the impact of the COVID-19 emergency, DCF submitted a formal request for and was granted an extension of its CFSR PIP Implementation Period.

DCF completed a baseline CFSR in 2019. This review included 25 in-home and 40 out of home families from across six counties (Burlington, Camden, Cumberland, Essex, Morris and Somerset) to measure DCF's progress on the CFSR PIP. During 2020, DCF completed a virtual CFSR in the same counties and with the same sample size. During the 2020 review, DCF met its measurement goals on seven out of eight goals and showed improvement on the final outstanding goal.

Below is a snapshot of NJ's current performance and functioning of the CFSR outcomes and systemic factors.

CFSR Child and Family Outcomes

Data elements from Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) noted in the February 2021 New Jersey CFSR 3 data profile in figure 1 shows that NJ consistently exceeds the national average performance in the following areas:

- Placement stability
- Maltreatment in care
- Reoccurrence of maltreatment

DCF is on target with the national average in:

- Permanency in 12 months (entries)
- Permanency within 12 months (24+ months)
- Re-entry to foster care

New Jersey performs below the national performance in the areas of:

- Permanency in 12 months (12-23 months)

DCF has made permanency outcome #1 and the case review system the primary focus of the CFSR PIP; targeting strategies to improve outcomes that are included in the 2020-2024 CFSP.

Figure 1



Risk Standardized Performance (RSP)

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

- State's performance (using RSP interval) is statistically better than national performance
- State's performance (using RSP interval) is statistically no different than national performance
- State's performance (using RSP interval) is statistically worse than national performance

DQ = Performance was not calculated due to exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator. Exceeding a limit on a DQ check will result in performance not being calculated on the associated indicator(s) that require the affected submission(s) to calculate performance. A DQ flag will likely impact multiple reporting periods. See the data quality table for details.

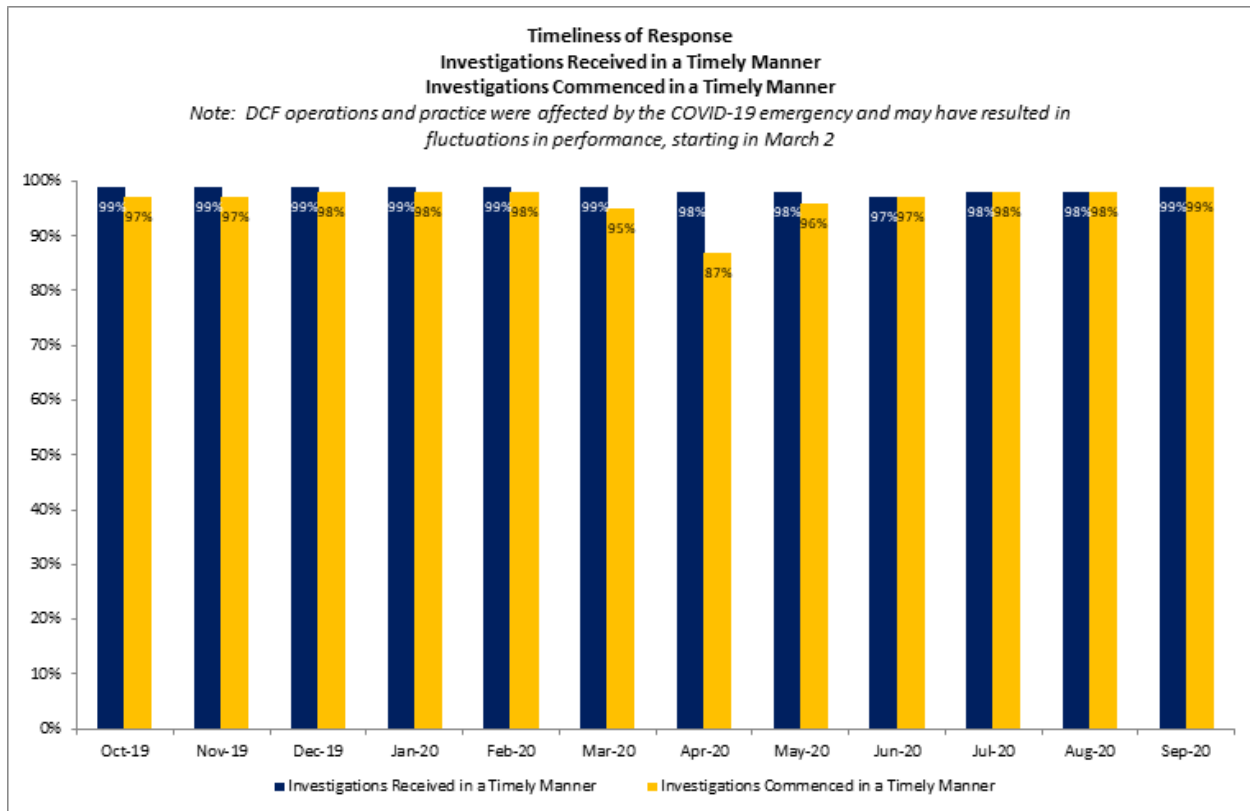
	National Performance	15B16A	16A16B	16B17A	17A17B	17B18A	18A18B	18B19A	19A19B	19B20A	20A20B
Permanency in 12 months (entries)	42.7%▲	RSP	43.0%	42.2%	41.9%	42.4%	42.4%	42.7%			
		RSP interval	41.4%-44.6% ²	40.6%-43.9% ²	40.3%-43.6% ²	40.7%-44.2% ²	40.7%-44.1% ²	41.0%-44.5% ²			
		Data used	15B-18A	16A-18B	16B-19A	17A-19B	17B-20A	18A-20B			
Permanency in 12 months (12 - 23 mos)	45.9%▲	RSP				43.8%	41.1%	44.2%	49.6%	51.1%	42.1%
		RSP interval				41.6%-46.0% ²	38.8%-43.3% ³	41.9%-46.5% ²	47.2%-51.9% ¹	48.7%-53.4% ¹	39.7%-44.6% ³
		Data used				17B-18A	18A-18B	18B-19A	19A-19B	19B-20A	20A-20B
Permanency in 12 months (24+ mos)	31.8%▲	RSP				34.8%	32.6%	34.9%	37.6%	37.3%	33.5%
		RSP interval				33.3%-36.4% ¹	31.0%-34.2% ²	33.2%-36.6% ¹	35.9%-39.2% ¹	35.6%-39.1% ¹	31.6%-35.3% ²
		Data used				17B-18A	18A-18B	18B-19A	19A-19B	19B-20A	20A-20B
Re-entry to foster care	8.1%▼	RSP	12.2%	11.4%	11.9%	12.3%	10.1%	8.5%			
		RSP interval	10.4%-14.2% ³	9.7%-13.5% ³	10.0%-14.1% ³	10.3%-14.6% ³	8.3%-12.2% ³	6.9%-10.6% ²			
		Data used	15B-18A	16A-18B	16B-19A	17A-19B	17B-20A	18A-20B			
Placement stability (moves/1,000 days in care)	4.44▼	RSP				4.08	4.06	4.29	4.29	3.54	2.93
		RSP interval				3.91-4.27 ¹	3.88-4.25 ¹	4.1-4.5 ²	4.08-4.52 ²	3.34-3.75 ¹	2.73-3.14 ¹
		Data used				17B-18A	18A-18B	18B-19A	19A-19B	19B-20A	20A-20B
Maltreatment in care (victimizations / 100,000 days in care)	9.67▼	RSP	16AB, FY16	17AB, FY17	18AB, FY18	FY16-17	FY17-18	FY18-19			
		RSP interval	4.61	4.24	6.37						
		Data used	3.73-5.69 ¹	3.38-5.32 ¹	5.24-7.73 ¹						
Recurrence of maltreatment	9.5%▼	RSP	16A-16B, FY16-17	17A-17B, FY17-18	18A-18B, FY18-19						
		RSP interval				8.2%	7.6%	6.5%			
		Data used				7.5%-8.9% ¹	6.9%-8.4% ¹	5.8%-7.2% ¹			

▲ For this indicator, a higher RSP value is desirable. ▼ For this indicator, a lower RSP value is desirable.

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

DCF is committed to its vision that all NJ residents are safe, healthy and connected. Over the years, DCF has maintained its safety practice of timely investigations. During the 2017 CFRS, NJ was commended for ensuring that state policies of timely initiation of investigations for reports of child maltreatment and face-to-face contact with children were met. Figure 2 below highlights that response timeliness for investigations received and investigations commenced are still areas of strength for NJ.

Figure 2



As noted in the *Child Maltreatment 2019* report recently published by the Administration for Children and Families (ACF)⁷, and highlighted in figure 3, NJ’s response time to reports of child maltreatment is among the fastest across the nation.

Figure 3

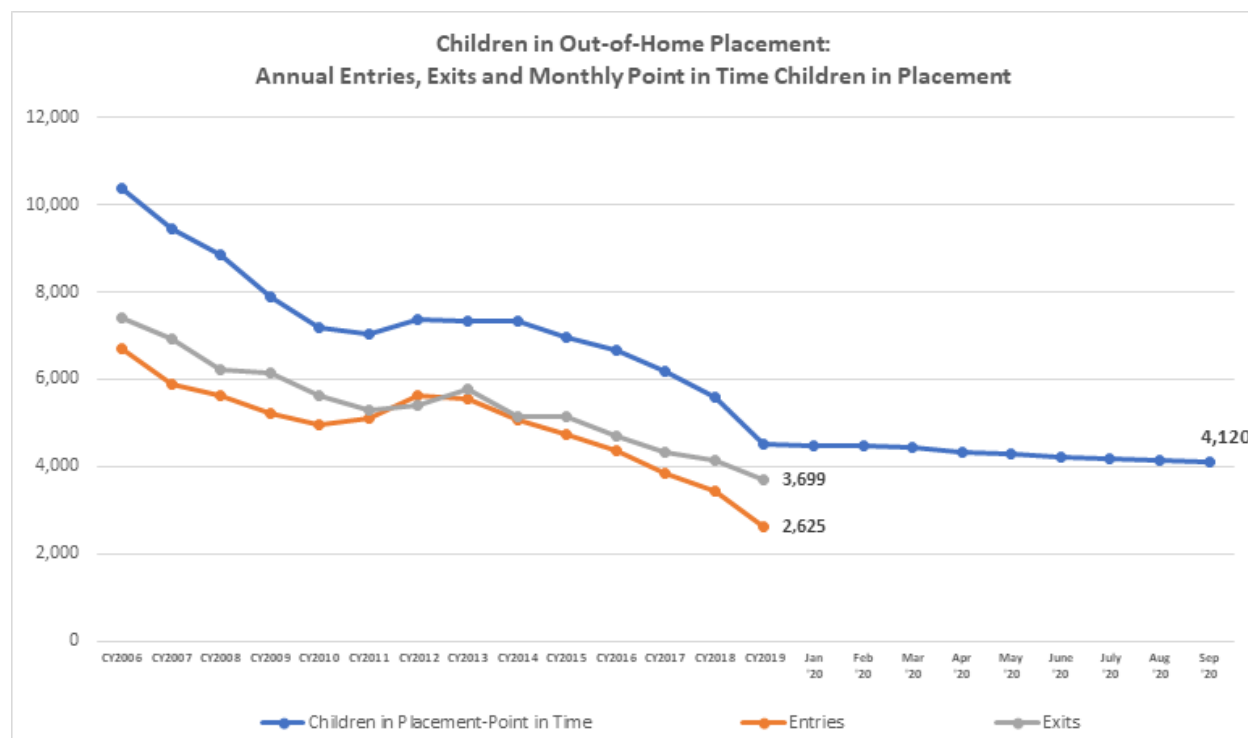
National Average Response time in Hours	NJ Average Response time in Hours
102	19

⁷ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2021). *Child Maltreatment 2019*. Available from <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2019.pdf>.

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

In December 2020, CP&P provided services to 31,708 children⁸ and is committed to keeping children safe in their own home, subsequently reducing the trauma of family separation. Figure 4 illustrates this commitment as seen by the over 68% reduction in the number of children entering out-of-home placement from the onset of the DCF reform in 2006 with over 13,000 children in placement to 4,120 as of September 2020.

Figure 4



The 2017 CF SR highlighted that in most cases reviewed, appropriate safety services were provided to families so that removal of children was not necessary. When children were removed from their birth families, the CF SR found that removal was necessary to ensure their immediate safety.

The New Jersey Quality Review process also looks at two safety indicators when reviewing cases:

1. Safety: Home Setting indicator is used to assess the living environment of children who are living at home with their parents as well as those residing in out of home placement in a family setting.

⁸ Commissioner’s Monthly Report February 2021.
<https://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report.2.21.pdf>

2. Safety: Other Setting indicator is used to assess other environments in which children spend time such as their neighborhood, community and/or educational setting.

An indicator is considered a “strength” with 70% or more of cases receiving an acceptable rating. When assessing the Safety: Home Setting indicator, reviewers incorporate questions about high-risk behaviors of the caregivers and the child, domestic violence and/or addictive behaviors, other safety or risk identifiers listed on the Structured Decision Making (SDM) tools, and disciplinary measures used in the home. Cases receive an overall rating using a six-point scale ranging from optimal (6) to unacceptable (1).

The same standards are used by reviewers when assessing the Safety: Other Setting indicator to include the child’s placement environment, educational environment and the neighborhood/community in which they live.

Comparison data in figure 5 between the Qualitative Review (QR), the 2017 CFSR and the 2019 CFSR PIP Baseline Review support that DCF continues to have strong practice concerning safety. In the 2020 CFSR measurement review, safety remained a strength in New Jersey.

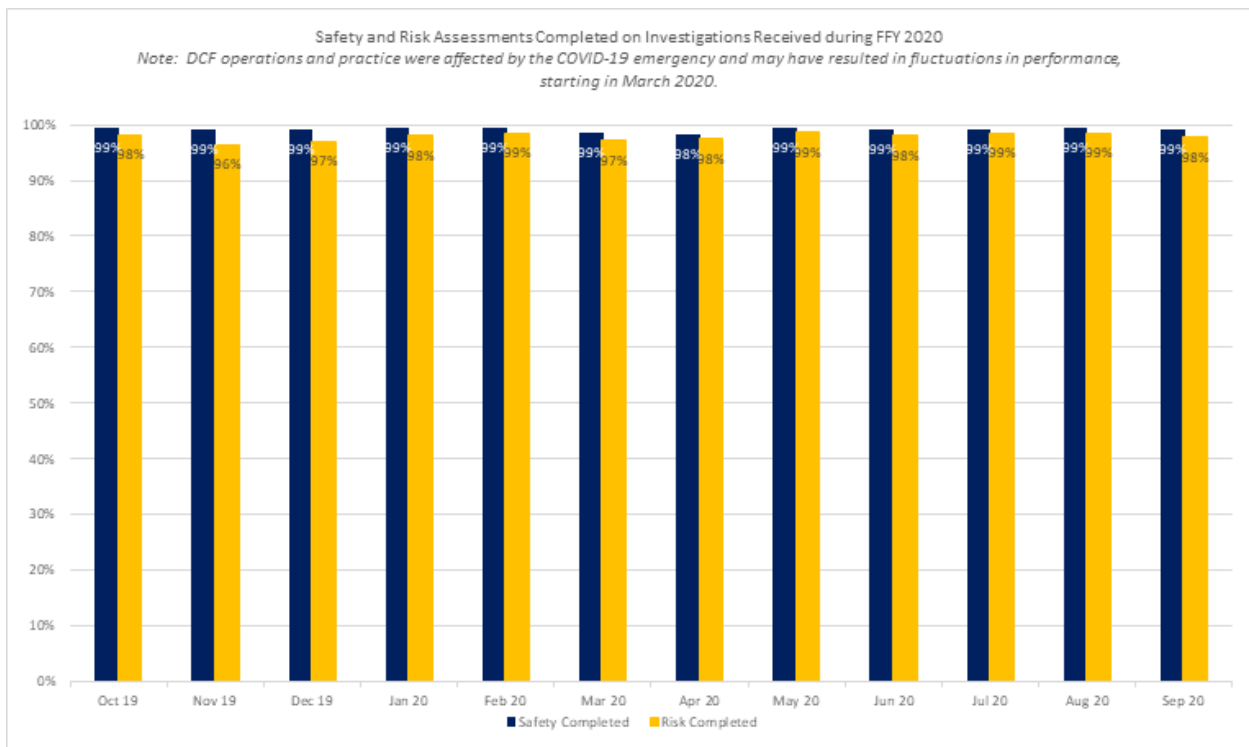
Figure 5

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	2017 CFSR Strength Rating			2019 CFSR PIP Baseline			2020 CFSR Strength Rating		
				Item 1	Item 2	Item 3	Item 1	Item 2	Item 3	Item 1	Item 2	Item 3
Safety Home Setting	96%	99%	100%	89%	67%	77%	97%	100%	89%	84%	100%	91%
Safety: Other settings	99%	98%	99%									

When child protective service investigations begin, initial assessments of safety and risk help guide decision-making on the front end to determine whether children are safe to remain in their own home and whether families have the supportive tools necessary to maintain their families. When families are found in need of supportive tools, initial assessments will identify what additional formal and informal supports are necessary to sustain the family beyond system involvement. Figure 6 reflects the most up-to-date

performance in NJ for initial use of safety and risk assessments that are part of a suite of SDM tools.

Figure 6



While NJ has strengths in ensuring safety, and children at risk remains low, the 2017 CFPSR also revealed areas for improvement. One area identified for improvement related to the lack of ongoing assessment of safety and risk. Ongoing assessment informs critical decision points throughout the life of a case, which assists with stabilization and permanency planning with families. This area for improvement also led to inadequate service provision. The use of Safety Protection Plans was also identified as an area for improvement.

Root cause analysis identified barriers including inconsistent utilization of the SDM tools statewide, and staff reports that the SDM tools are not congruent with NJ's Case Practice Model. While the Risk Re-assessment tool for in-home cases is being utilized at higher rates to assist in practice decisions for families, the Family Reunification tool utilization

continues to be an area upon which to improve and better assist in permanency decision making, as noted in figure 7 below.

Figure 7

CY2020 Ongoing Assessment Utilization		
In-Home Risk Reassessment <i>n=9,292 cases</i>	Reunification Assessment (completed every 90 days child is in placement) <i>n=1,379 children</i>	Reunification Assessment (at least 1 completed prior to placement discharge) <i>n=1,379 children</i>
87%	35%	70%

It should be noted that there was a significant improvement in this area during the CF SR baseline in 2019 and the CF SR measurement round in 2020. Additionally, DCF identified a need to assess the quality of CP&P’s work with families during the pandemic which included virtual contact with families (facetime, zoom, skype, etc.). In July 2020, a review of Risk Assessments was completed to ensure that the assessments accurately reflected the families’ current risk level. It was learned that almost all of the risk assessments in the sample were completed accurately. The data from these targeted reviews was analyzed by county, by race, and by risk level. The information was shared with DCF and CP&P leadership to assist them in understanding and supporting staff’s work with children and families in the field.

NJ has identified strategies and activities within the CF SR PIP Progress Report to address this area for improvement under Strategy 1.1: Use of Structured Decision Making to assess safety and risk throughout the life of the case, which can be reviewed in attachment A, NJ DCF’s CF SR PIP Progress Report.

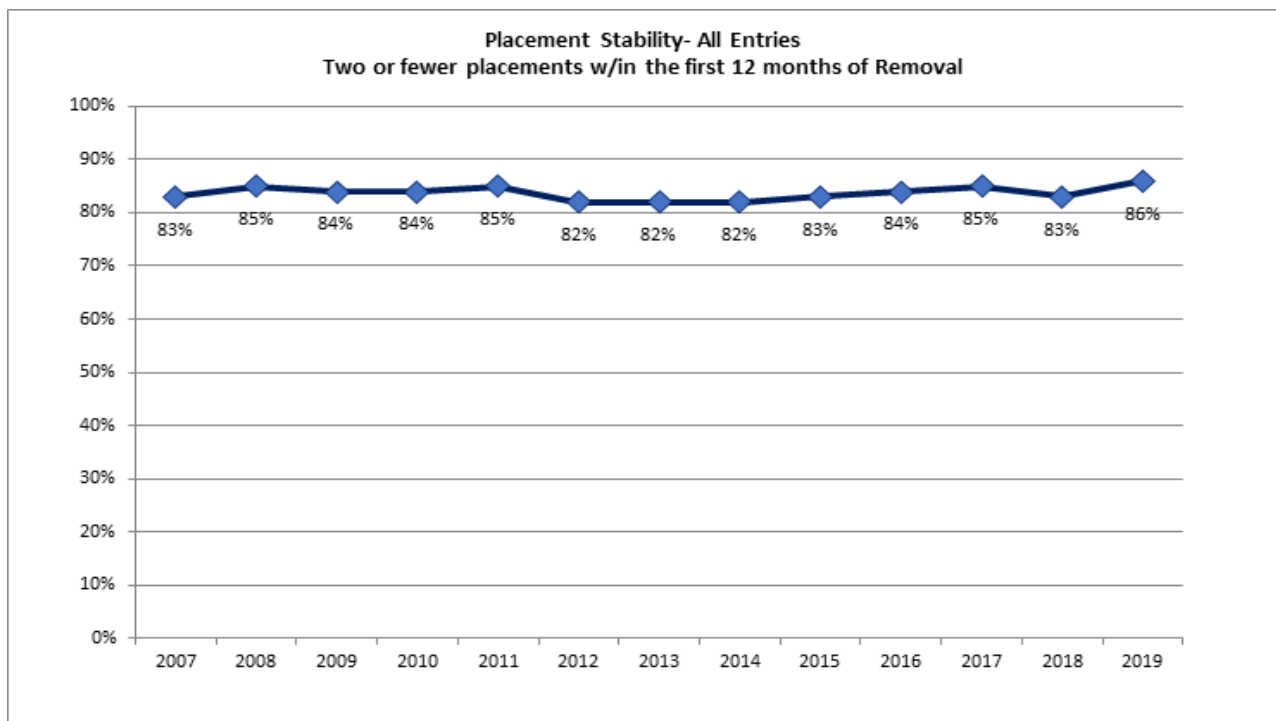
CF SR Outcome #3: Permanency Outcome 1: Children have permanency and stability in their living situations

DCF is committed to ensuring stability for children at home, in their community, in a placement setting, and in educational settings. As noted in figure 1, NJ continues to exceed the national performance for placement stability.

The 2017 CFSR identified that placement stability was also a strength. In fact, 97.5% of cases reviewed cited that current placements for children were stable. In addition, the CRSR baseline in 2019 found stability to be a challenge, with 67.5% experiencing stability. Yet NJ demonstrated significant improvement in this area in the 2020 CFSR measurement round, with 85% of the cases showed the children experiencing stability.

Figure 8 demonstrates the most recent complete data of children who had two or fewer placements within the first 12 months of a removal episode. This shows consistency in this area over time even as the number of children entering out-of-home placement continues to decline.

Figure 8



The NJ Qualitative Review (QR) Process also assesses stability through two indicators:

1. Stability: Home indicator assesses a child’s positive and enduring relationships with parents, caregivers and community to ensure consistency of settings and routines to promote optimal social development.
2. Stability: Education indicator assesses a child’s educational setting to include changes or disruptions for reasons other than academic promotion.

Figure 9 displays data comparing the QR and CFSR findings related to stability for children. DCF continues to have strong practice in this area. While there was a decrease between the 2017 CFSR and the 2019 CFSR PIP Baseline Review for stability,

NJ is confident that stability remains a strength, which is reflected in the 2020 CFSR measurement round.

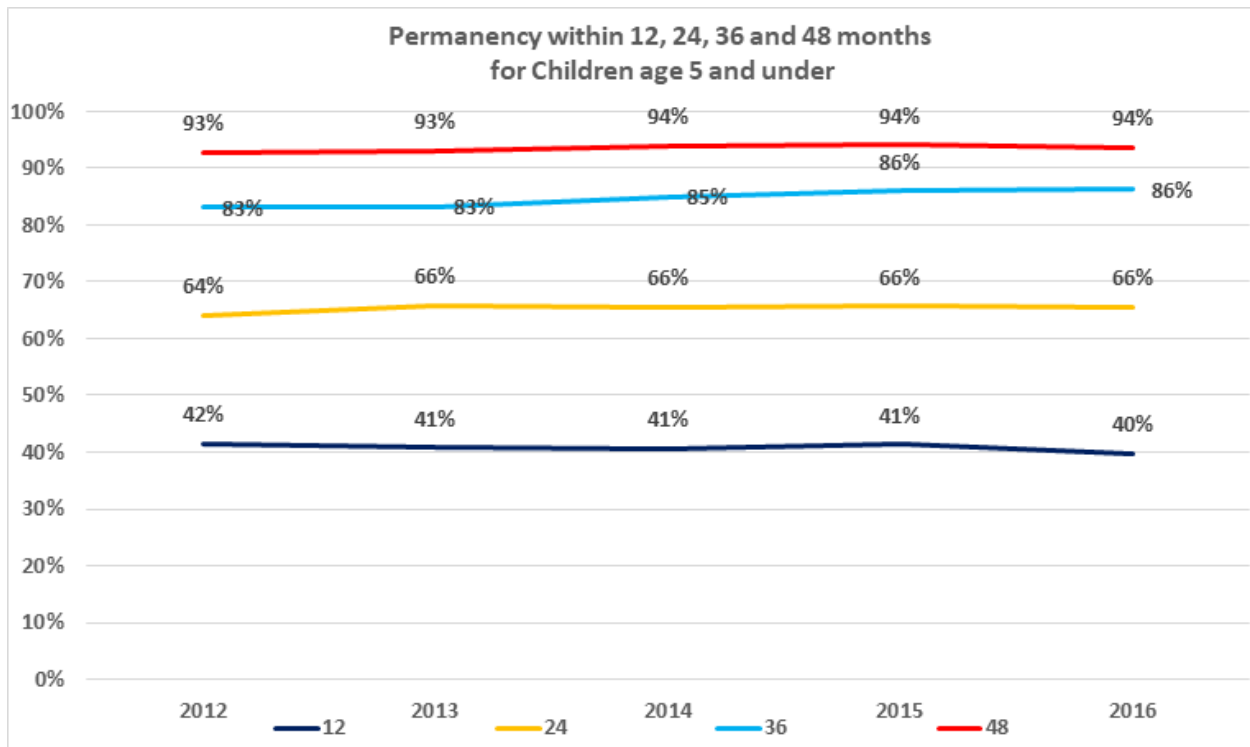
Figure 9

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	2017 CFSR Strength Rating Item 4	2019 CFSR PIP Baseline Item 4	2020 CFSR Strength Rating Item 4
Stability: Home	83%	86%	85%	80%	68%	85%
Stability: Education	93%	92%	94%			

NJ continues to struggle, as highlighted in the CFSR as well as in Figure 1, to establish timely and appropriate permanency goals for children in out-of-home care and to achieve those identified goals in a timely fashion. NJ data shows delayed permanency outcomes for children under five are the greatest area in need of improvement, especially for children in out-of-home care 36 months and beyond. Figure 10 represents the most up-to-date and complete entry cohort of permanency outcomes⁹.

Figure 10

⁹ 2016 entry cohorts and beyond are not complete but can be viewed here: <https://njchilddata.rutgers.edu/portal/permanency-outcome-report>



The NJ Qualitative Review (QR) process examines permanency through the *Prospects for Permanence* and *Long-Term View* indicators. These indicators measure whether specific steps to achieve permanency are implemented timely and that support systems and plans are in place for children and families to be successful.

Figure 11 compares QR and CFSR results, as well as the 2019 CFSR PIP Baseline Review and the 2020 CFSR Measurement round. These data highlight that permanency outcomes continue to be a challenge for NJ.

Figure 11

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	2017 CFSR Strength Rating		2019 CFSR PIP Baseline		2020 CFSR Strength Rating	
				Item 5	Item 6	Item 5	Item 6	Item 5	Item 6

Prospects for Permanence	70%	68%	76%	67%	30%	73%	58%	77%	65%
Long Term View	53%	49%	54%						

Through review and analysis, DCF has identified practice issues related to concurrent planning and kinship placements that are negatively influencing permanency outcomes for children. In addition, focus groups post CFSR highlighted the need for more collaboration between DCF and NJ Judiciary partners to include data sharing and opportunities to discuss permanency challenges statewide and locally.

These challenges and areas for improvement are focus strategies in the NJ CFSR PIP Goal 3.0: *Improve the timeliness of permanency for children entering foster care in NJ*. Under this goal, the following strategies have been identified to monitor and assist NJ in improving permanency outcomes for children and families:

- 3.1: Strengthen concurrent planning practice and accountability
- 3.2: Increase the use of kinship care
- 3.3: Strengthen NJ DCF’s partnership with child welfare stakeholders and the Judiciary

Updates to these strategies can be viewed in attachment A, NJ DCF’s CFSR PIP Progress Report.

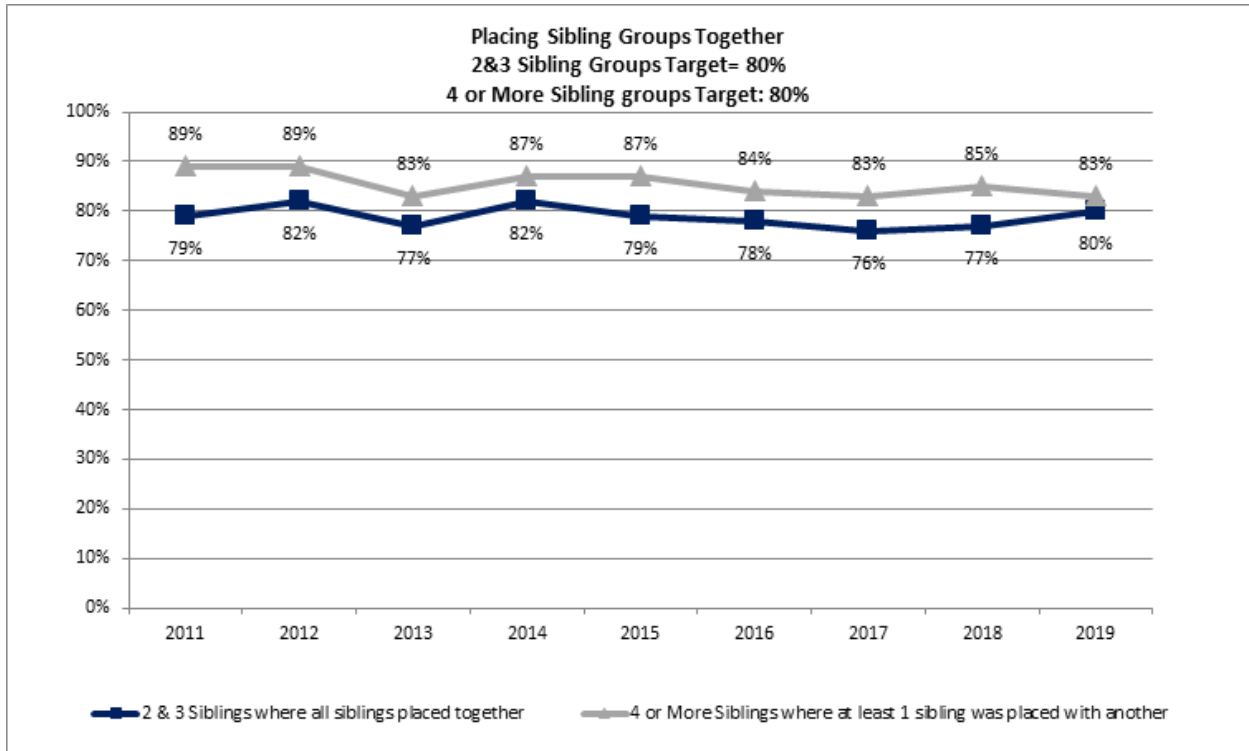
CFSR Outcome #4: Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

When families must be separated to ensure the safety of children, placement with kinship caregivers, as well as frequent and appropriate opportunities for contact with families and/or visitation will help maintain family ties. This includes opportunities for connections that are conducted in locations conducive to family activities and offer "quality time" for advancing or maintaining relationships among family members. Such opportunities include increased or graduated visits from brief supervised visits in safe locations to overnight or weekend visits. Other methods of contact such as phone calls, letters, and/or exchange of photos are also promoted. In an effort to maintain and promote positive and nurturing relationships, when appropriate, parents, siblings, or others with an identified significant relationship are encouraged to participate in school activities, medical appointments, and possibly therapeutic sessions.

Several strengths were highlighted during the 2017 CFSR for NJ to include the preservation of connections for children in care with their families. This includes strong efforts to place siblings together which was a strength in almost 87% of cases

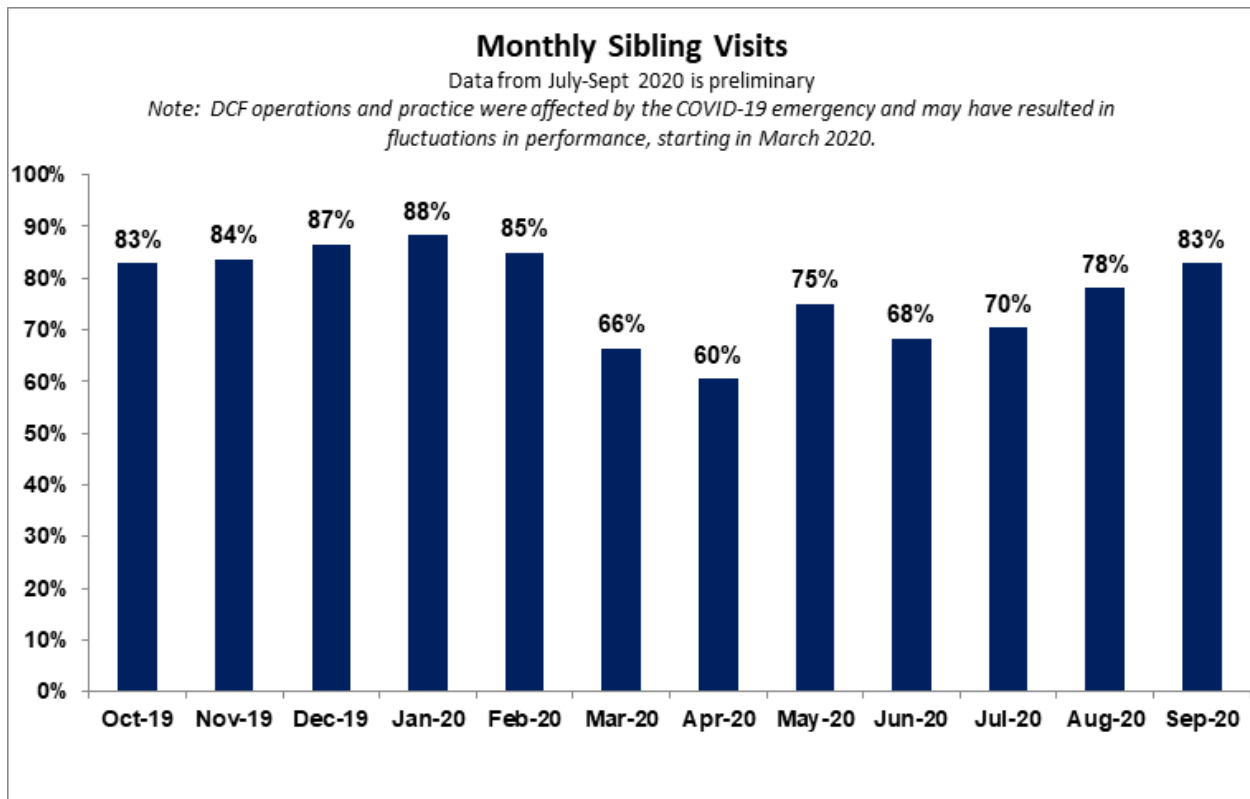
reviewed. The 2019 CF SR Baseline found that efforts to place siblings together was a strength in 82% of cases reviewed and the 2020 CF SR measurement round found this to be a strength in 80% of cases. As noted in figure 12 below, NJ continues to make positive efforts to place siblings together.

Figure 12



When sibling separation was necessary, NJ ensured that frequent, quality visits with siblings occurred. In fact, sibling visitation was a strength in 92% of cases reviewed during the CF SR. In the 2019 CF SR baseline this was a strength in 69% of cases reviewed and the 2020 CF SR measurement round this was a strength in 85% of cases reviewed. Figure 13 below shows DCF’s efforts to consistently ensure monthly sibling visits occur.

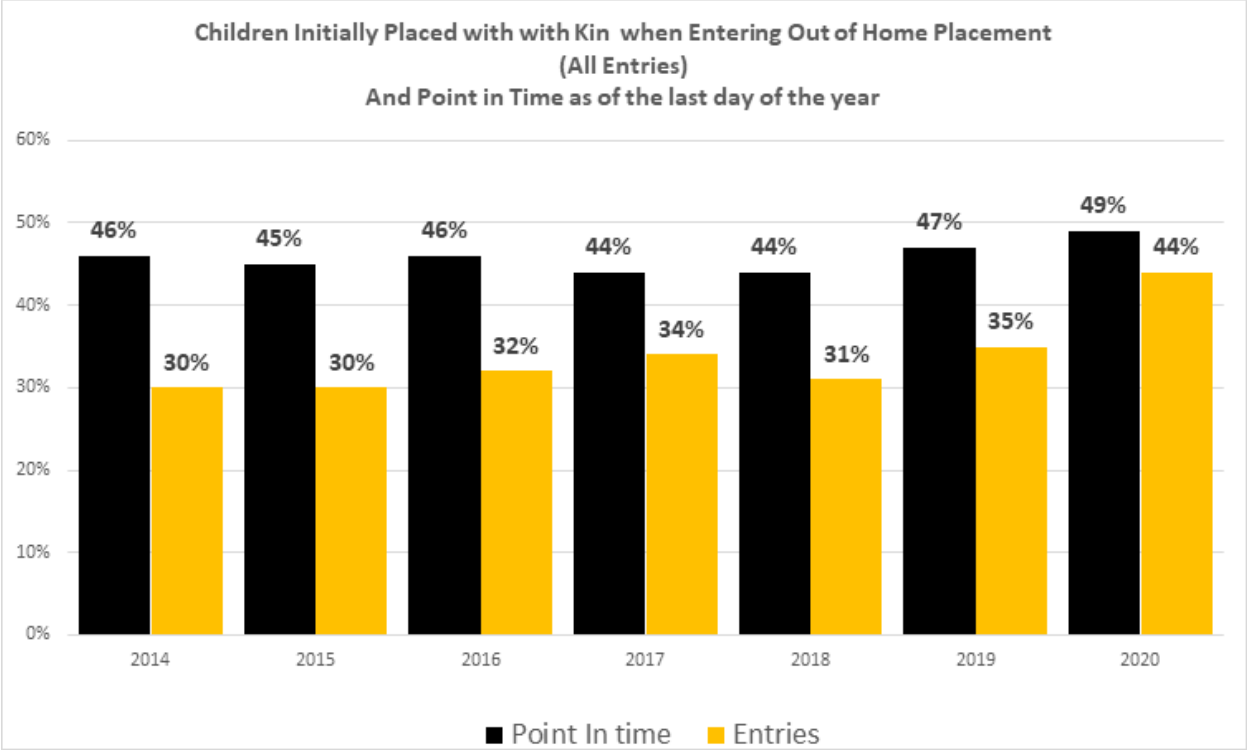
Figure 13



When children require separation from their birth families, placement with kinship caregivers can reduce the trauma of that separation and assist with maintaining familial connections. DCF is focused on making sure that children can remain with extended family or family friends and, as such, has made “preserving kinship connections” a transformational goal and priority in its strategic plan. Data reflected in the DCF Commissioner’s Monthly report shows that as of December 2020¹⁰, 41.6% of children requiring out-of-home placement were placed with kinship caregivers. Despite a slight dip in 2018, over time NJ has seen positive trends in placing children with relatives, as noted in figure 14.

Figure 14

¹⁰ Commissioner’s Monthly Report February 2021.
https://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report_2.21.pdf



The CFSR also highlighted that there was strong practice in ensuring family connections with extended family were maintained. However, practice can be enhanced in the area of connections with parents, especially with fathers. The CFSR identified practice differences between visits and other opportunities to promote relationships between children and their mothers versus children and their fathers. This difference is also seen in Qualitative Review (QR) results for *Family and Community Connections*, which reviews the described opportunities in the first paragraph of Permanency Outcome 2.

Comparison data between the QR and CFSR in figure 15 highlight that while placements with siblings, preservation of connections with siblings and placement with kinship caregivers continue to be strengths in NJ, more work is needed in ensuring connections between children and their parents is strengthened and preserved.

Figure 15

QR Performance Indicator	2017 QR Strength Rating	2018 QR Strength Rating	2019 QR Strength Rating	CFRS Items	2017 CF SR Strength Rating	2019 CF SR PIP Baseline	2020 CF SR Strength Rating
Family and Community Connections Mother	74%	78%	81%	Item 7	87%	82%	80%
				Item 8	78%	69%	85%
Family and Community Connections Father	55%	61%	60%	Item 9	87%	78%	95%
				Item 10	82%	74%	91%
Family and Community Connections Siblings	79%	93%	83%	Item 11	64%	52%	76%

CF SR Outcome #5: Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs

Outreach and engagement efforts to include quality visits between caseworkers and families is a critical step in the assessment and understanding of the needs of children, parents and resource parents. Establishing positive interactions with children and parents will assist in collaborative case planning and can strengthen outcomes for families.

Quantitative data shows strengths in caseworker visits with parents (monthly) and children as noted in figures 16 and 17 below.

DCF identified a need to assess the quality of CP&P’s work with families during the pandemic which included virtual contact with families (facetime, zoom, skype, etc.). In April 2020, the Office of Quality began with reviewing CPS and CWS referrals that were not assigned to a caseworker. Through this review, it was learned that the majority of these reports were initiated by a caseworker and contact had been made with the family. In April 2020, the Office of Quality also completed a review of contacts with high/very high-risk families. In May 2020, the Office of Quality completed a review of contacts with families who had Safety Protection Plans, high/very high-risk families with children under the age of three and families with challenges with domestic violence. Through these reviews, it was learned that most families did have contact (virtual and/or in person) with a caseworker. The data from these targeted reviews was analyzed by county, by race, and by risk level. The information was shared with DCF and CP&P leadership to assist them in understanding and supporting staff’s work with children and families in the field.

Figure 16

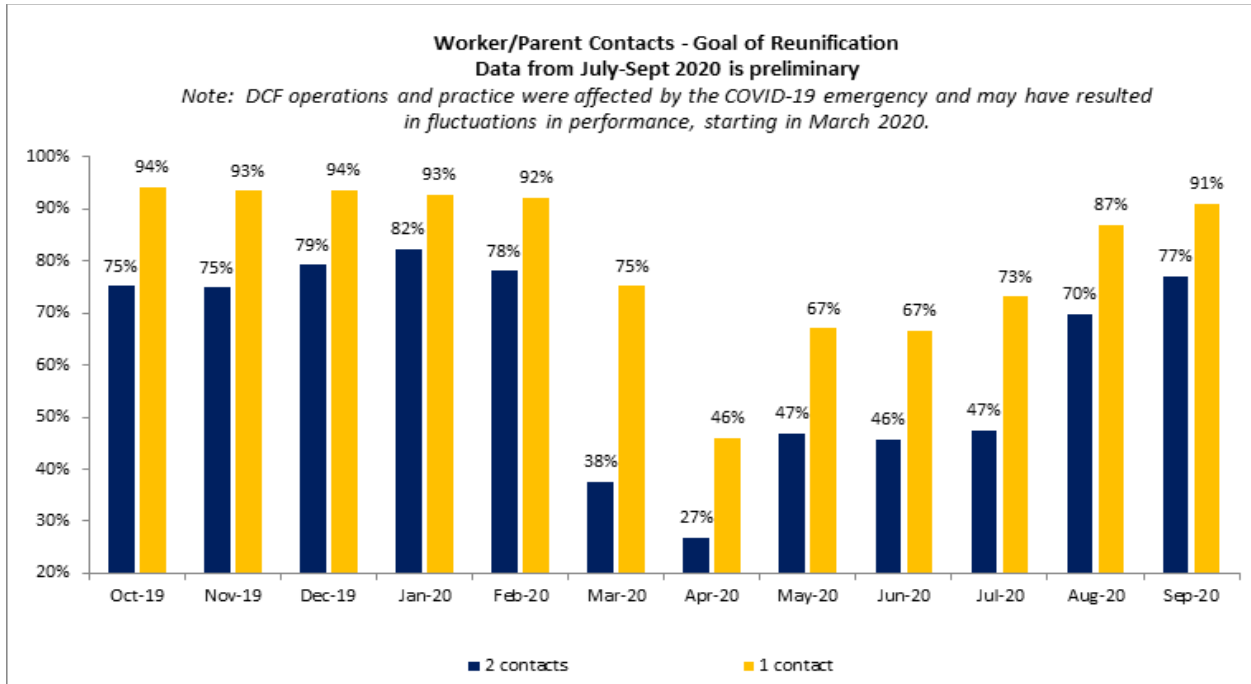
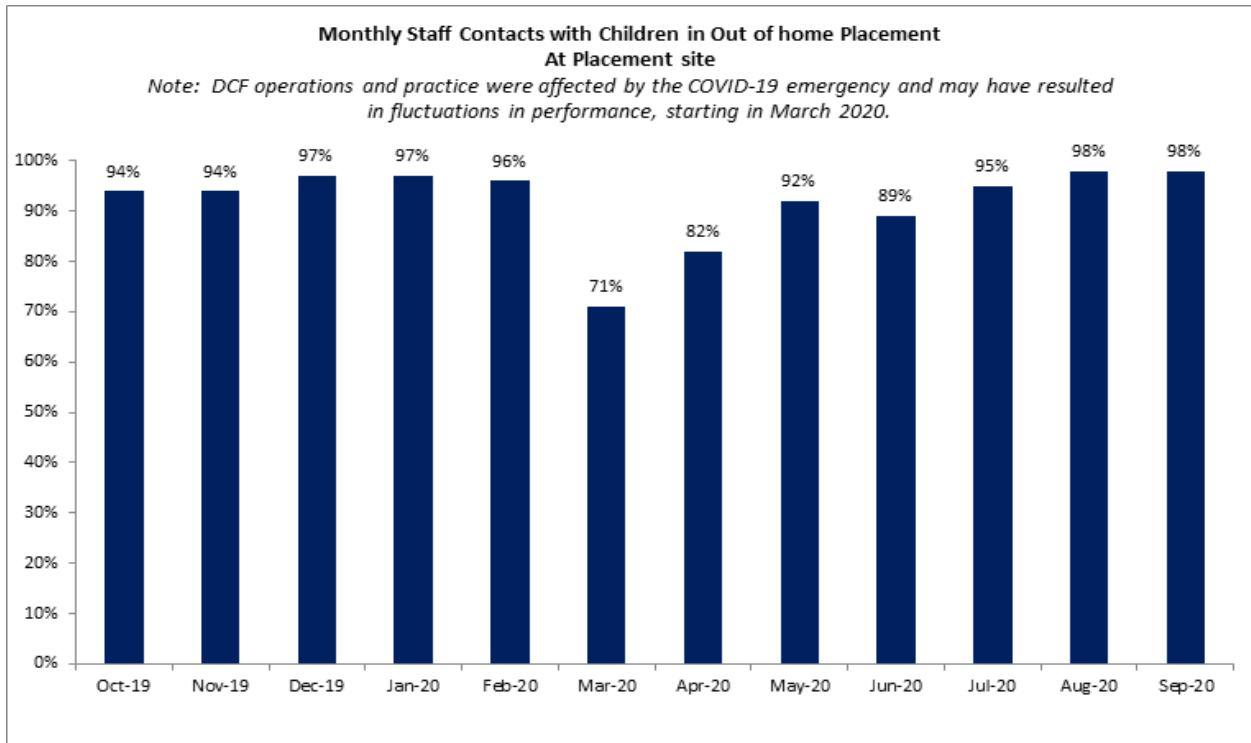


Figure 17



While quantitative data around caseworker visits with parents and children reflect strengths in performance, it does not reflect the quality of those visits.

Quality of visits is measured through several QR indicators to include *engagement, ongoing assessment process, teamwork, and coordination* as well as *child and family planning process*.

- *Engagement indicators* assess the development of a collaborative and working relationship that supports on-going assessment, understanding and service planning.
- *On-going assessment indicators* evaluate how well the agency gathered information using both formal and informal assessments to understand the strengths, underlying needs, behavioral expressions and risk factors for children, parents and resource caregivers.
- *The Teamwork and Coordination indicator* focuses on whether CP&P, children, families and service providers collaborate, communicate and function as a team to support families to achieve goals. It also assesses whether there is effective coordination in the provision of services across all providers.
- *Child and Family Planning Process indicator* assesses how well case plans were individualized to include the family voice to address the identified needs and meet specified goals.
- *Case Plan Implementation indicator* evaluates how the identified resources, services and interventions were implemented through examining the timeliness, appropriateness, availability and quality of the service providers to meet the individual needs of the family.

Similar to the results of the 2017 CFSR, the 2019 CFSR PIP Baseline, the 2020 CFSR measurement round, as well as the QR results for these indicators, shows that while NJ has strengths in engaging and assessing the needs of children and resource parents, continued challenges are evident in these areas for parents, especially between our work with mothers versus fathers, as shown in figure 18 below.

Figure 18

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	CFSR Item	2017 CFSR Strength Rating	2019 CFSR PIP Baseline	2020 CFSR Strength Rating
Assessment of child	80%	77%	84%	Item 12A	83%	77%	94%
Assessment of mother	35%	40%	46%	Item 12B	44%	40%	55%
Assessment of father	25%	22%	33%				
Assessment of Foster parents	89%	90%	91%	Item 12C	76%	81%	97%
Child and Family Planning Process	57%	55%	62%	Item 13	53%	47%	60%
Plan implementation	64%	64%	68%				
Teamwork and coordination	54%	53%	53%	Item 13	53%	47%	60%
Engagement of child	89%	89%	93%	Item 14	82%	77%	89%
Engagement of mother	58%	62%	60%	Item 15	45%	29%	45%
Engagement of father	40%	34%	49%				
Engagement of Resource Parent	89%	90%	95%	N/A	N/A	N/A	N/A

Like the Qualitative Review (QR) results, case planning with families was found to be an area for improvement during the 2017 CFSR as well as the 2019 CFSR PIP Baseline and 2020 CFSR measurement Review. Further analysis of the QR and CFSR show that there is a lack of comprehensive assessments to help align the right supports for families. This includes a deficit of the family's voice in their case plan, defaulting to caseworkers facilitating the plan as opposed to the family.

In an analysis of engagement in practice with mothers versus fathers, mothers revealed feeling that the relationship with the caseworker was superficial or non-productive, a lack of trust for the caseworker, and interactions did not address underlying or sensitive issues. Barriers for engagement with fathers included a lack of diligent efforts or inadequate search efforts to locate fathers, a lack of contact due to incarceration, and personal biases towards fathers. These barriers present challenges in our work with families and negatively impacts family outcomes.

These challenges are focus areas for NJ CF SR PIP *Goal 2.0: Improve the quality of child welfare case practice in New Jersey, particularly around engagement and assessment of parents* to include the following strategies:

- 2.1: Implement behavior-based case planning practice
- 2.2: Promote a culture and practice that prioritizes father engagement and assessment

Updates to these strategies can be viewed in attachment A, NJ DCF's CF SR PIP Progress Report.

CF SR Outcome #6: Child and Family Well Being Outcome 2: Children receive appropriate services to meet their educational needs

Supporting the educational needs of children continues to be a priority for DCF. During the 2017 CF SR, assessment of a child's educational needs was found in 89% of applicable cases reviewed. In the majority of cases, concerted efforts to provide appropriate services to meet identified needs was found as well. This remained a strength in both the 2019 CF SR baseline review and, in fact, was a 100% strength in the 2020 CF SR measurement review.

The *Learning and Development* indicators through the Qualitative Review (QR) focus on the extent to which children are regularly attending school in a grade level consistent with their age, engaging in instructional activities, reading at grade level or within Individualized Education Plan (IEP) expectations, and meeting requirements for annual promotion and course completion leading to high school graduation. For older youth, this may include completing GED requirements, attending vocational training, and preparing for independent living and self-sufficiency, or transitioning to post-secondary education. High school-aged youth should also be developing goals for future education or work and should be assisted with the transition to adult services, if developmental or mental health needs exist. Reviewers consider a variety of questions when assessing learning and development in children ages five and older, including whether they are regularly attending school, performing at grade level and receiving specialized educational supports as necessary. For older youth, reviewers also consider the extent to which services leading to self-sufficiency and independent living are in place.

As noted in figure 19 below, results of the QR and the CF SR show that the educational needs of children remain a strength for DCF.

Figure 19

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	2017 CFSSR Strength Rating Item 16	2019 CFSSR PIP Baseline Item 16	2020 CFSSR Strength Rating Item 16
Learning and Development under age 5	94%	94%	94%	89%	81%	100%
Learning and Development over age 5	90%	87%	84%			

CFSSR Outcome #7: Child and Family Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Ensuring children receive services to meet their health needs has been and continues to be a high priority for DCF. Strong partnerships and coordination of services with internal and external stakeholders including the Office of Clinical Services (OCS) and the Children’s System of Care (CSOC), help maintain optimal physical and mental/behavioral health for children.

Many strengths were cited during the 2017 CFSSR that reveal children are receiving adequate services to meet their physical and mental health needs. Assessment of health and dental needs were appropriately completed on 96% and 92% of cases reviewed and oversight of prescription medications for health or dental needs was completed on 92% of cases. For the 2020 CFSSR measurement review, continued strength was evident as assessment of health and dental needs were appropriately completed on 98% and 92% of cases reviewed and oversight of prescription medications for health or dental needs was completed on 100% of cases.

The 2017 CFSSR showed assessment of mental/behavioral health needs were appropriately completed on 92% of cases reviewed, appropriate services were provided on 85% of cases, and oversight of psychotropic medications was completed on 100% of cases. For the 2020 CFSSR measurement review, continued strength was evident as assessment of mental/behavioral health needs were appropriately completed on 96% of cases reviewed, appropriate services were provided on 100% of cases, and oversight of psychotropic medications was completed on 100% of cases.

Several performance indicators through the QR process evaluate child wellbeing outcomes:

- *Physical Health of the Child* indicator examines whether children are in good health and their basic physical health needs are met. It also assesses if children are receiving routine preventive health care services on a timely basis, such as

periodic examinations, immunizations, and screenings for possible developmental or physical concerns.

- *Emotional Well-Being* indicator examines whether children and young adults present emotional and behavioral well-being in their home and school settings that are consistent with their age and abilities. It also identifies that children and young adults have enduring supports with their parents, caregivers and friends. This indicator also examines whether children and young adults have been emotionally and behaviorally stable and are functioning well through life adjustments and in all key areas of social/emotional development for an extended time.
- *Provision of Health Care Services* indicator determines if the level and continuity of health care services provided are appropriate given the unique physical and behavioral health care needs of each child.

Figure 20 below shows that both the CFSR and QR findings illustrate that NJ continues to be committed to the physical and mental/behavioral health needs of children.

Figure 20

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	CFSR Item	2017 CFSR Strength Rating	2019 CFSR PIP Baseline	2020 CFSR Strength Rating
Physical Health	98%	95%	98%	Item 17	80%	79%	85%
Provision of Health Care Services	95%	95%	97%				
Emotional Well-Being	93%	92%	94%	Item 18	83%	77%	96%

Additional information on the physical and dental health as well as mental-and behavioral health of children can be reviewed in the updated 2020-2024 Health Care Oversight and Coordination Plan.

CFSR Systemic Factors

Systemic Factor: Statewide Information System

During the CFSR, NJ’s Statewide Information System, also known as NJ SPIRIT, was once again identified as a strength. Data quality and timeliness of data entry was cited as key contributing factors for this strength rating.

NJ SPIRIT is the case management system used by the Division of Child Protection and Permanency. This is a mission critical application used 24 hours a day, 7 days a week. NJ SPIRIT is physically located at the HUB Data Center (West Trenton, NJ), run by the Office of Information Technology (OIT). OIT is also responsible for the storage and backup of NJ SPIRIT. Administration of the application is the responsibility of the Department of Human Services' (DHS) various departments. Networking falls under the purview of both OIT and DHS. Development of the application is managed by DCF.

The NJ SPIRIT application readily supports documenting and reporting of children's case status, demographic characteristics, locations, and goals. This information is gathered for all case participants including those children in foster care. Specific data elements such as those for reporting in the *Adoption and Foster Care Analysis and Reporting System* (AFCARS) and the *National Child Abuse and Neglect Data System* (NCANDS) are required fields in NJ SPIRIT and must be completed before proceeding through the system. Within 30 days of a child's placement the caseworker and supervisor must have entered an approved case plan into NJ SPIRIT. Within the case plan is the case status, child's date of birth, goals and if completed during a Family Team Meeting (FTM), the family voice. At times multiple levels of supervisors, review and approve work for data quality.

Users of NJ SPIRIT are the key stakeholders to provide input on the functionality of this system to maintain conformity of this systemic factor. End users include clerical staff, transportation aides, caseworkers, supervisors, business staff, legal staff, managers, executive staff, Deputy Attorneys General (DAG), nurses and a very limited number of contracted providers. When end users have questions or encounter issues, the Application Support Team known as the Help Desk is available from 9am-5pm Monday through Friday to provide technical assistance and support as outlined in "Ongoing Support" below.

Users have provided positive feedback regarding ongoing and new functionality that assists them in getting their job done quicker and easier. Some examples of recent functionality where feedback was received include:

- **Worker safety notifications:** positive feedback was received on worker safety notifications, that allows users at all levels to immediately see when there is a worker safety issue because the case name, which typically is a blue link, turns red following a worker safety note.
- **Participant view:** providing an alternate view for users to see work specific to an individual, as opposed to a comprehensive view of the case was cited as very helpful.
- **Interstate Compact on the Placement of Children (ICPC) forms:** ICPC forms were incorporated into NJS, reducing the need for manual tracking. This addition elicited positive feedback from ICPC staff.
- **Wildcard searches:** when searching addresses, the wildcard allows a user to search for a street name with minimal criteria to include the maximum amount of possible results. Positive feedback was received from State Central Registry

(SCR) citing this search criteria option assists when searching for individuals when information provided during calls to the hotline is scarce.

COVID-19 emergency IT response

As a result of the COVID-19 emergency the follow strategies were implemented:

- DCF leveraged an existing PC refresh order of 2,160 HP tablets and 2,950 HP Mini Desktops to mobilize the entire Department.
- Provided workers with the ability to access SafeMeasures and NJ SPIRIT remotely.
- emergency NJ SPIRIT enhancements:
 - Added rate and service line for COVID-19 babysitting services
 - Added Specialized placement rate for children diagnosed with COVID-19 in care
 - Added COVID-19 medical diagnosis
 - Added virtual visits option for contact and resource notes
 - Allowed for emergency Response Team assignment

These measures were taken to allow DCF to continue to meet the essential needs of the New Jersey population we serve.

In an ongoing effort to keep our children and families safe, healthy, and connected, several video conferencing applications were added to state issued smartphones. These included:

- Microsoft Teams
- Skype
- WhatsApp
- Zoom Cloud Meetings

While Microsoft Teams is the department's recommended method for video conferencing, the alternatives listed above were also made available to accommodate constituent family's unique needs.

NJ SPIRIT Disaster Recovery Exercise Planning

DCF's Office of Information Technology began updating the NJ SPIRIT Disaster Recovery Plan early in 2021 in preparation for our biannual exercise.

The purpose of the failover exercise will be to:

- Verify that hardware resources at the DR location can support day-to-day operations
- Highlight potential risks, concerns and dangers associated with failing over to and running in DR mode.
- Confirm that all batch and interfaces remain operational from the DR location

- Verify the accuracy of the documented disaster recovery process
- Test Extranet Partner connectivity

As part of pre-exercise activities, a checklist was created that details the necessary steps that will need to be completed for the exercise to run smoothly. Teams that will need to be involved were identified from all agencies. Communication consisting of email, conference calls and in-person meetings will be conducted to advise every one of their tasks and monitor to ensure that responsibilities will be completed on time.

Exercise templates and support will be provided by the disaster recovery team at OIT. This will ensure that documentation of the exercise is properly recorded.

As mentioned above, Departments and units from three state agencies will be included in the exercise (DCF, OIT and DHS). DCF will have technical and managerial staff from their IT department. OIT will have staff from their Storage, Disaster Recovery, Security and Networking team. DHS members will include their Enterprise Business Systems Unit Networking, Firewall and Application Development Support Unit.

The test will be conducted over a three- to four-week period scheduled to be completed within calendar year 2021. This time frame was specifically chosen to incorporate all interfaces and batches (daily, weekly, and monthly) during the testing.

Mobilization of NJ SPIRIT

The initial phase of this initiative, dating back to 2011, used multiple federal grant/funding streams to enable remote access to the NJ SPIRIT application. This access was used to support several grant specific case practice functions (Special Resource Unit (SPRU) investigators, adolescent workers, and workers responsible for supervising and documenting parent child visits).

DCF has implemented various mobile solutions since 2011, depending upon the operational needs and the technology available at the time. During this reporting period, IT deployed nearly all 2,160 HP tablets and accessories originally designated to transition all caseload carrying staff from their existing out of warranty desktop workstations. These devices have the mobile capabilities and the Windows Operating System to ensure an interchangeable and seamless computing solution for our users.

As a result, by the beginning of this summer, DCF will have roughly 9,400 plus devices ranging from Smartphones, Dell Venues/Latitudes, and HP tablets distributed across numerous functional units.

The success and growth of this project has allowed DCF to transition the normal PC refresh into a more versatile model, where all caseload carrying staff are now outfitted with a mobile computing solution that allows workers to work remotely and in the office with the same device.

Currently, DCF is awaiting delivery of over 4,000 additional HP tablets and accessories in preparation of transitioning all DCF staff away from their currently out-of-warranty tablets/laptops and desktop workstations. This will provide the entire department with mobile devices to better support the remote working environment created by the COVID-19 emergency.

Once these new devices are received and deployed, all staff throughout the department will have the mobile technology needed to create the most effective and efficient work force.

The NJ SPIRIT help desk has taken over as the gateway to accessing support for the existing and future devices. Local Office field support staff now provides on-site technical support, deployment, and re-provisioning services.

Systems Maintenance – Enhancements

Releases are more structured and routine as NJ SPIRIT has moved to a more systematic release schedule. The priority of releases has gone from a reactive mode (i.e. fixing bugs and "putting out fires") to a proactive mode (i.e. developing functionality to meet our changing business practice and federal requirements).

Highlighted achievements of the latest releases are identified below. These do not represent a comprehensive listing of all the work comprised in the releases. Please note that due to the complexity and growing scope of the Safety Decision Making Tool enhancement combined with the impacts of the COVID-19 emergency, one major release was deployed in November 2020 straddled by two minor releases that took place in April of 2020 and January of 2021. In all, over 120 incidents (i.e. fixes, maintenance, and enhancements) were deployed into production this reporting period and numerous others began research, development, and testing phases.

Although these releases contained numerous modifications, some of the major objectives are detailed below:

The new Case Closure Update (CCU)

The CCU tab allows workers/supervisors to document a contemporary review of the risk assessment without having to complete an entire new assessment. Things to keep in mind when determining if a CCU is appropriate:

- Only one update can be performed within a risk assessment associated with a CPS Investigation.
- The update can only be performed within 60 days of the initial assessment date.
- The update can be initiated by a worker or supervisor but must be completed by a Supervisor.
- Once initiated, staff will receive email notifications advising of the status (created/pending) of the case closure update.

Legal Status Updates

To accurately track and document legal statuses for in-home cases, the following new values were added to the 'New Legal Status' dropdown in the Legal Status window:

- 18-21 Vol. Consent to Services
- Intake - No Litigation
- Order to Investigate
- 18-21 FC Only - No Legal Authority

The following values were removed from the 'New Legal Status' dropdown on the Legal Status window:

- Ct Ordered Care, Sup, w/Investigation
- No Legal Authority

Contact/Activity Note enhancement

A new window was added to the contact/activity note which enhances the ability to track and report on contacts made between parents/caregivers and their children and/or their worker. The window is accessible when creating a note with one or both activity types highlighted below:

- Parent/Caregiver visit with child
- Worker visit with parent/caregiver

Upon selection of "Parent/Caregiver visit with child" and/or "Worker Visit with Parent/Caregiver" activity, the Out of Home (OOH) Placement Status hyperlink will appear. Users are able to click the link to further define the relationship data.

Additional contact/activity notes enhancements include:

- Improvements have been made to the Substance Use window and Contact/Activity.
- Notes to now capture Plans of Safe Care.
- The 26-52 Contact Activity Note form has been enhanced to display time of day values in the Date Occurred and the Date Entered fields.

Other improvements

New values have been added to the CWS Intake and Assessment for "Specific Services Requested" and "Other Issues/Requests".

To improve investigative workflow, staff are now able to send investigations for supervisory approval while the completed risk assessment is pending final approval.

To better capture the risk and safety of children in different residences, staff can now create multiple Risk and Safety Assessments on the same investigation.

Ongoing Support

The Help Desk team continues to provide end-user and application support for NJ SPIRIT. The responsibilities are highlighted below:

- Responds to inquiries regarding system functionality, systemic problems, proposed enhancements, and/or other IT reported issues.
- Performs User Acceptance Testing (UAT) for NJ SPIRIT new system development, enhancements, change requests, and/or incidents, and provide implementation and on-going maintenance support for NJ SPIRIT production and related extension and mobile applications.
- Performs NJ SPIRIT systems needs analysis for NJ SPIRIT enhancements and redesign initiatives. Develops and maintains functional and technical design specifications for existing and new functionality. Coordinates and leads Joint Application Design (JAD) meetings as required.
- Develops database modification scripts for data analysis, and/or data corrections.
- Conducts training in new applications and/or new system releases/modules.

Help Desk Newsletters

The Help Desk continues to produce monthly newsletters to provide caseworkers with tips and to introduce new or improved functionality.

Safe Decision-Making Tool - Development

Current NJ SPIRIT functionality was enhanced to achieve a better understanding of:

- The Structured Decision Making (SDM) system
- SDM goals, objectives, and characteristics
- The SDM timeline of assessments
- The SDM system as decision support
- The SDM system and our social work practice

We completed the testing phase of the project and the enhanced functionality was released to NJ SPIRIT production in November 2020. To provide insight into the complexity of this project, it took 25 months and 11,018 hours dedicated to analysis and development of this solution.

NJ SPIRIT (CAPTA) – Development

NJ SPIRIT required enhancements because of new legislation. New functionality was added to accommodate changes in the Child Abuse Prevention and Treatment Act (CAPTA), focused on section 503 of CARA (Infant Plan of Safe Care) and corresponding NCANDS implications.

Plans of Safe Care Protocol was developed and piloted throughout CP&P local offices statewide. The NJ SPIRIT online changes were implemented in the Summer of 2020.

National Electronic Interstate Compact (NEICE) – Development

DCF reviewed documents and MOA to join NEICE. DCF worked with the American Public Human Services Association (APHSA) and the American Association of Administrators of the Interstate Compact for the Placement of Children (AAICPC) to streamline and enhance the business processes around the placement of children across State lines. The project will result both in time and cost savings through more efficient administrative and operational processes. To achieve these efficiencies, DCF is using the MCMS (commercial off-the-shelf product for NIECE), which is installed on DCF servers. This project was completed in January 2021.

Planned Development, Maintenance, and Operational Activities FY 21-22

Enhancements to NJ SPIRIT will continue to support case practice and to make the system more user-friendly for staff.

DCF will continue to work on system enhancements to comply with ACF-proposed amendments to the Adoption and Foster Care Analysis and Reporting System (AFCARS) regulations. This Notice of Proposed Rulemaking (NPRM) amends the AFCARS regulations that require agencies to collect and report data to ACF on children in out-of-home care, who exit out-of-home care to adoption or legal guardianship, and children who are covered by a Title IV-E adoption or guardianship assistance agreement. This will include eliminating and adding data collection elements.

Department of Education (DOE) Data Sharing

In response to the federal laws, Fostering Connections to Success and Increasing Adoptions Act and the Every Student Succeeds Act, DCF and the NJ Department of Education (DOE) have entered into a data sharing agreement that provides DCF with individual student-level data that will be used in to track trends, deficits, and improvements for children in foster care; inform education and child welfare policies, programs, and practices, and allow for the analysis of the educational status of the foster children and youth, and to answer the following questions:

- What are the trends in student performance at the state, county, district, school and grade level with respect to PARCC (now called the New Jersey Student Learning Assessment) and student growth percentile for students in foster care?
- What are the trends regarding students in foster care and their need for special education services, on a statewide, county and district basis, compared to the general population?
- What are the trends in promotion, graduation and dropout rates at the state, county, district and school level for students in foster care?
- What are the post-secondary trends among students in foster care?

- What are the trends in student behavior and attendance at the state, county, district and school level for students in foster care?
- What are the trends in the continuity of education for foster care children and youth, by placement type?
- Are children under the age of 6 enrolled in pre-school?

The Memorandum of Agreement (MOA) was executed on August 2, 2017 and the first file from DCF for matching and analysis was sent to DOE.

In a continuation of the DOE data sharing project, the actual development of the NJ SPIRIT interface and the corresponding screens needed to receive this data was scheduled to begin this reporting period. However, shifting priorities caused by the COVID-19 emergency has delayed this phase of the project. The departments are still determining the requirements surrounding this initiative and the extent to which data sharing is possible based on each department's practice and policies.

Additional Development of the Administration of the Courts (AOC) Data Sharing

Currently NJ SPIRIT has three outbound nightly interface files with the Administration Office of the Courts (AOC). The Notice of Placement which provides initial placement information regarding the child. The Notice of Change which provides updates to the courts while the child is in placement and last, the Address file for updates to addresses for the child and biological and resource parents. DCF is working with the AOC to electronically file multiple verified complaints and orders into eCourts. This will provide the essential parties assigned to the case jacket with access to view complaints, orders and upload relevant documents. In addition, an inbound interface from the AOC to DCF will provide court information for cases directly into NJ SPIRIT.

This will be a required component for NJ SPIRIT to become Comprehensive Child Welfare Information System (CCWIS) compliant in the future. To date, AOC has not been ready to move forward with these new components. However, DCF feels that the new CCWIS regulations and guidance will help in ensuring appropriate "buy-in" on this project.

Discussions with the AOC are ongoing. Due to the complexity of this project and competing priorities for each department combined with the COVID-19 emergency, this project is expected to take 1-2 years to complete.

The Family First Prevention Services Act (2018)

The Family First Prevention Services Act (2018) redirects federal funds to provide services to keep children safely with their families and out of foster care, and when foster care is needed allows federal reimbursement for care in family-based settings and certain residential treatment programs for children with emotional and behavioral disturbance requiring special treatment.

Systematic changes to the NJ SPIRIT application are currently being researched and identified to comply with the new federal guidelines set forth in the Family First Prevention Services Act (FFSA). Once complete, these NJ SPIRIT enhancements will enable DCF to identify, capture and report preventative services provided to the eligible children and families.

Currently DCF is in the stage of developing the requirements for this project. This project has also experienced delays related to the effects of the COVID-19 emergency.

Implement Behavior-based Case Planning Practice

DCF is endeavoring to implement Solution Based Casework¹¹ (SBC). SBC is an evidenced-informed casework practice model that prioritizes working in partnership with families, focuses on pragmatic solutions to difficult situations, and notices and celebrates change. Implementation of this model will result in substantial changes to DCF practices and workflows.

As a result, DCF-IT will be required to make significant changes to NJ SPIRIT, including the Case Plan/Family Agreement, Investigation, CWS Assessment, and case transfer/closure modules.

Joint Application Design (JAD) sessions have begun, which are the first steps to scope out the detailed work required to enhance NJ SPIRIT while staying CCWIS compliant. This project has also experienced delays related to the effects of the COVID-19 emergency.

The NJ SPIRIT servers upgrade

The current P975 servers have been 'end of service' since December 31, 2020. DCF will be upgrading by transitioning to already existing IBM P8 servers at DHS. This exercise will require collaboration between DCF, DHS, and OIT.

Oracle Database upgrade

As Oracle 11g has reached end of life support, DCF upgraded to Oracle 19c. Oracle 19c provides DCF additional functionality/benefits, a few of which are identified below:

- Multitenant architecture
- Faster nightly HD/TQA1 refreshes
- Shared memory and background processes for more efficient use of resources in UAT and Dev.
- PDB portability including more flexible patching and upgrading database software
- Active Data Guard instead of Logical Standbys for reporting

¹¹ Additional information about Solution Based Casework can be found online at: <https://www.solutionbasedcasework.com/>.

- Fewer databases to back up (NJSP2 and NJSP4 no longer have independent data) and NJSP1 backup can be performed either from primary or reporting physical standby
- Golden Gate vs. manual upgrade, continual sync production data from 11g to 19c for quicker cutover (hours instead of days)

Statewide Central Registry (SCR) upgrade

Regulations require long-term information storage, retrieval, encryption, and security of DCF call recordings. The current NICE call recording platform used by SCR allowing calls to be attached to the NJ SPIRIT case records was installed in 2005 and is now at end-of-support. DCF plans to upgrade the current call recording infrastructure and software and move the solutions to OIT data centers by the end of calendar year 2021.

This project will require cross departmental collaboration between DCF, DHS, and State OIT. It will ultimately provide DCF with autonomy and ensure the retention of over two million recorded calls.

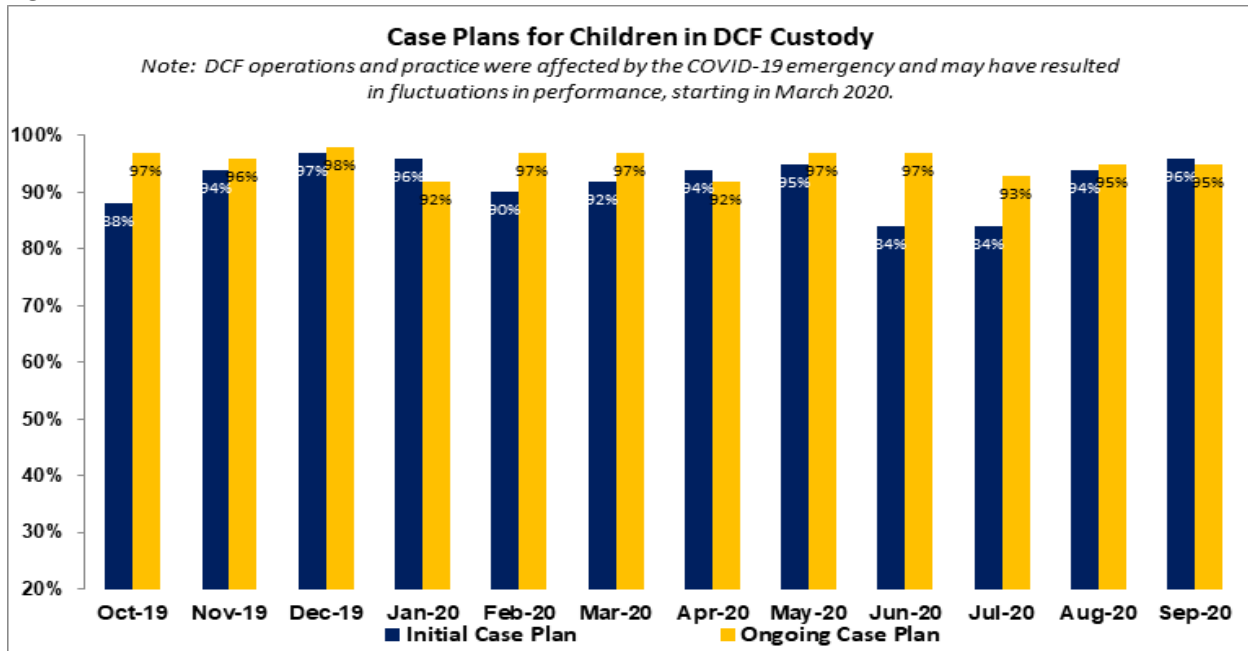
Systemic Factor: Case Review System

Though the Case Review System was found to be not in substantial conformity during the CFSR, some strengths were noted, including the timely occurrence of periodic reviews and permanency hearings.

As noted in figure 21 below, DCF is ensuring that families have a case plan in place to guide their progress. However as noted in Well-Being Outcome 1, Quality Review results for Child and Family Planning Process, Plan Implementation, remains an area for improvement for DCF. A significant root cause is the identified lack of trust-based relationships, which negatively affects engagement, assessment and teaming with parents to develop a comprehensive case plan.

This is a focus area for the CFSR PIP and progress updates can be viewed attachment A, NJ DCF's CFSR PIP Progress Report.

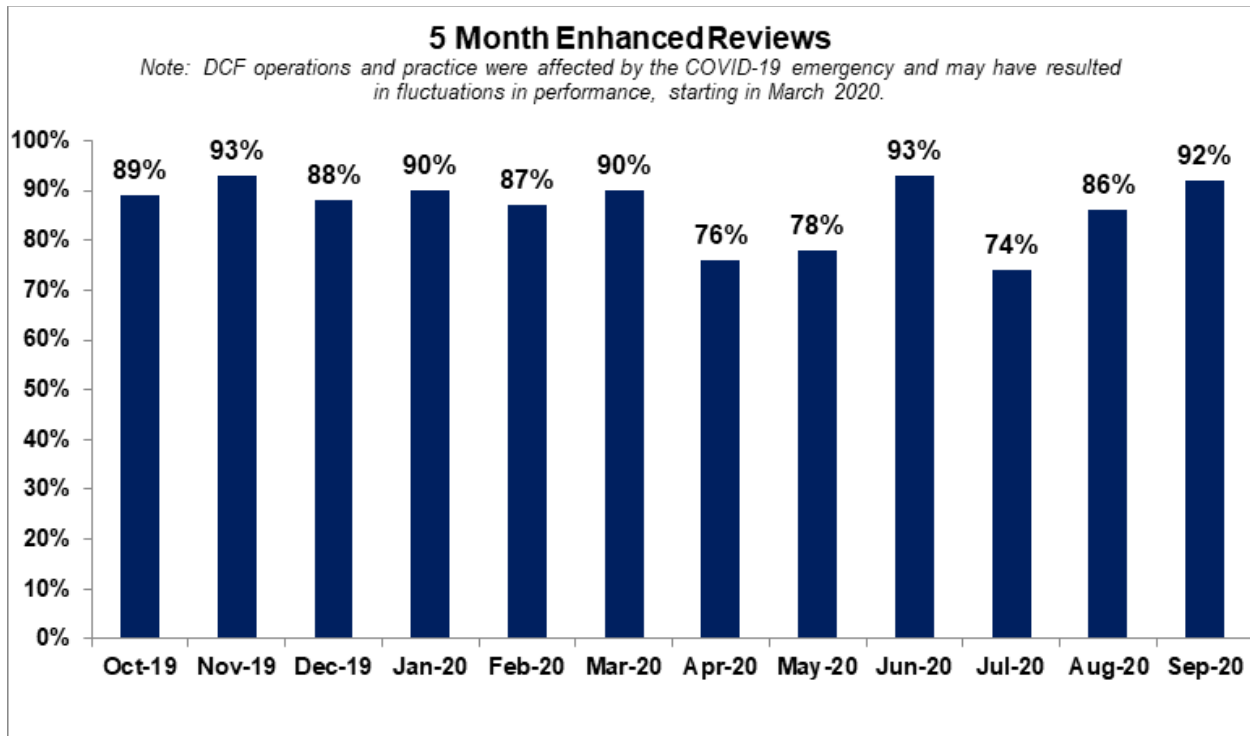
Figure 21



Enhanced reviews are periodic reviews conducted to assure that all reasonable efforts have been made to prevent the placement of a child. Additionally, if placement is necessary, enhanced reviews assure that permanency and concurrent planning are being carried out in a timely and appropriate manner. Two critical reviews are conducted at the five-month and ten-month benchmarks.

The five-month periodic administrative review determines the progress made in achieving the goals reflected in the family case plan. This reviews the completion of key permanency tasks (such as missing parents), assesses parental participation and progress towards reunification, considers if unsupervised parent-child visits can occur, measures the effectiveness of services already provided, and identifies changes needed to meet the needs of the child, family, and/or resource family. Data in figure 22 shows that these critical reviews continue to occur timely.

Figure 22



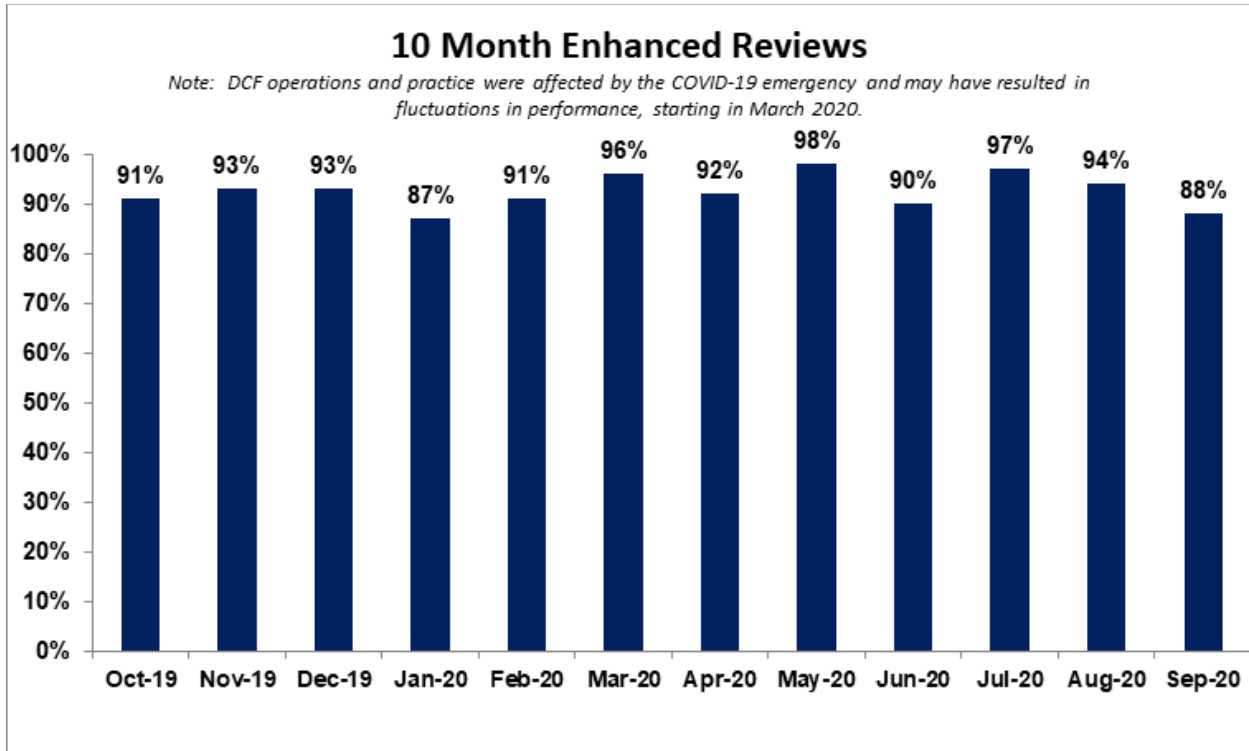
The ten-month enhanced review is a critical decision-making review when Child Protection & Permanency (CP&P) prepares for the permanency hearing. At this time, CP&P either approves an Adoption and Safe Families Act (ASFA) exception based on the improved circumstances of the parents and likelihood of reunification or recommends the termination of parental rights (TPR) for the purpose of adoption. This review includes the Family Discussion and the Litigation Conference.

The purpose of the Family Discussion is to have an in-depth conversation with the family regarding the permanency status for their children. It is also to discuss reunification, TPR, and Kinship Legal Guardianship (KLG). During this meeting, real action agreements are completed to progress forward. Full disclosure is an integral part of the discussion.

The purpose of the Litigation Conference is intended to establish and assess the agency's suggested permanency goal with legal counsel in preparation for the permanency hearing, typically held at the 12th month of placement.

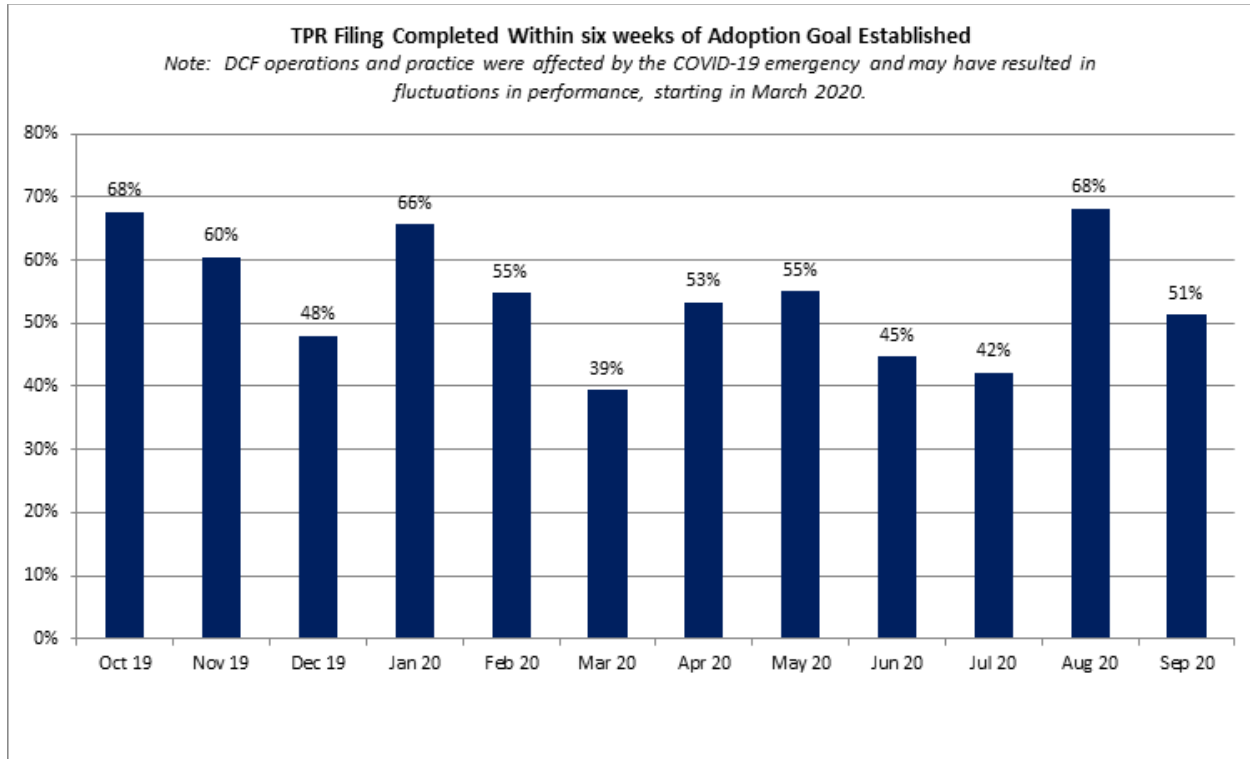
Data in figure 23 below represents that these reviews continue to be a strength for NJ.

Figure 23



If the goal of adoption has been established by CP&P through the permanency hearing, TPR petitions should be filed within six weeks. Data in figure 24 represents that there are challenges in meeting these timeframes. Staff report that a root cause for challenges includes the belief in some areas that the filing of a TPR petition cannot occur unless the courts accept the goal of adoption.

Figure 24



As described in Permanency Outcome 1, engagement of parents to ensure they have a voice in the development of case plans was noted as a challenge. Delays in the TPR process, lack of caregiver notice and right to be heard in court, and administrative review proceedings were also identified as challenges. Moreover, causes of delays in TPR hearings as well as TPR appeals are not well-defined or understood to include data challenges between DCF and the Administrative Office of the Courts (AOC).

Input from and communication with Judiciary stakeholders is ongoing to support and strengthen the partnership with DCF, with the goal of achieving the shared view of timely permanency. Collaborative activities with the AOC are included in activities in goal three of NJ DCF's CFSR PIP Progress Report in attachment A.

Systemic Factor: Quality Assurance System

The strengths of DCF's Quality Assurance System were highlighted during Round 3 of the CFSR when it was found to be in substantial conformity. DCF achieved this success by utilizing the Children's Bureau Information Memorandum ACYF-CB-IM-12-07 to assess DCF's Continuous Quality Improvement (CQI) infrastructure and activities of the five essential components of a strong CQI system. DCF used the assessment to establish an action plan to improve each of the five components. Another major strength of DCF's CQI approach is that it is rooted in a scientific reasoning framework. This five-step framework, outlined below, is used to guide how the Department considers studying practices, systems and processes.

Identify: DCF uses multiple approaches to gather quantitative and qualitative data and feedback from constituents and professional stakeholders to identify areas of practice to be improved or replicated.

Explore Solutions: As areas in need of change are identified, DCF constructs theories of change to explore strategies that improve services and processes at the local, area and state levels. At the state level, leaders research evidence-informed practices and determine the feasibility of implementing solutions. At the Local Office, staff members use the program improvement plan (PIP) process to develop sound theories of change and clear expectations of how proposed interventions will contribute to achievement of short and long-term outcomes.

Develop Initiatives: Guided by the theory of change, DCF identifies the best approaches to making improvements, accounting for the needs of constituents and the Department's capacity to implement the intervention. DCF is focusing on the use of well-defined models with evidence of efficacy and develops sound implementation and evaluation plans to ensure success of the effort.

Implement and Evaluate: DCF uses the most appropriate measurement strategy to determine how well programs are being implemented. DCF staff monitors results and, where possible, implements robust outcome evaluation methods to fully understand if the interventions are yielding statistically significant improvements. Furthermore, DCF looks for opportunities to use randomized and quasi-experimental designs to test proposed interventions and assess outcomes.

Learn and Plan: DCF learns from the intervention testing and attempts to replicate success. Staff members synthesize and disseminate information gained from the intervention studies so that leadership can adapt and plan strategic replication of successful programs. Finally, DCF deploys successful interventions statewide, as deemed appropriate, through thoughtful implementation frameworks and careful planning that continues to effectively support and measure impacts over time.

DCF developed this framework to help shape and formalize its ongoing strategies for developing and learning from CQI activities. DCF's integration of this approach establishes a common language as well as shared expectations for planning, implementation, and learning. In 2019, this framework guided the reformation of DCF's ChildStat process, which is now positioned as a significant implementation tool to support the successful implementation of the CFSP. During the COVID-19 emergency, DCF temporarily suspended many of its CQI processes, including ChildStat, in order to dedicate staff and resources to the safe and effective management of the pandemic. DCF staff and resources were, instead, dedicated to emergency reviews of case practice, to the provision of various surveys, and to the development of tools and management dashboards necessary to monitor the pandemic's impacts on DCF's network of services.

DCF continues to assess and re-envision its post-COVID-19 CQI system and planned activities. Regular debriefing activities are held with staff participating in CQI activities and implementation of CQI approaches are reviewed with DCF Executive Management. In an effort to strengthen its CQI system, DCF will:

- Continue qualitative data collection to better understand system functioning
- More fully engage constituents in CQI efforts
- Strengthen partnerships with community stakeholders in data collection, analysis and interpretation
- Generalize CQI to all Divisions within the Department by understanding the current CQI efforts within each Division and outlining next steps in strengthening the system by applying DCF's formalized CQI approach

Systemic Factor: Staff and Provider Training

DCF continues to implement a quality and high functioning training system through collaborative and strong partnerships with internal and external stakeholders. DCF's training system includes an established process of onboarding new staff through pre-service and foundational trainings that support staff to acquire basic skills and knowledge required for casework. The Office of Training and Professional Development (OTPD) and university partners collaborate with identified CP&P leadership to track new staff, schedule and enroll staff in trainings, and follow up consistently to ensure that staff finish all required trainings. During the COVID-19 emergency, OTPD staff and partners converted pre-service training into a virtual format to ensure all new staff receive necessary trainings. Between January and December 2020, there were 62 new staff (three cohorts) that received pre-service training.

DCF's training system continues to work across DCF to identify needs and implement learning opportunities that address knowledge gaps and strengthen skills to carry out casework practice. DCF's Learning Management System (LMS) was upgraded to improve data access and report functionality. OTPD also has an established communication process that engages identified CP&P leadership to communicate new training initiatives, required trainings, track required annual training credits, completion and solicit feedback on training needs and processes.

Throughout 2020, DCF quickly transitioned to asynchronous and synchronous virtual learning modalities for required and high priority trainings and started working with university partners to continue transitioning learning opportunities as identified and prioritized by DCF. Pre-service training was not held from March 2020-July 2021 as NJ DCF paused hiring of new child protection staff during that period. It has since resumed virtually. Some elective courses were temporarily unavailable while they were adapted to virtual delivery. Many have resumed virtually while some are still being adapted. In the meantime, DCF initiated Department-wide training on race equity in March 2021, and Nurtured Heart Approach training for DCCP staff. Data collected by the Rutgers University Child Welfare Training Partnership indicates that the trainer experience in delivering training virtually has been positive, with high rates of engagement of trainees, few technical challenges, and good levels of comfort for participants engaging virtually. DCF continues to examine efficacy and quality of virtual delivery.

For more information on staff and provider training please see:

- 2020-2024 DCF Training Plan

- 2020-2024 DCF Foster and Adoptive Parent Diligent Recruitment Plan

Systemic Factor: Service Array and Resource Development

The Qualitative Review (QR) indicator *Resource Availability* reviews whether the child and family received an adequate array of supports that are readily accessible, have the power to produce desired results, and are culturally compatible with their needs and values. It also considers whether the family has a choice in the selection of supports.

While QR results demonstrate that formal and informal supportive resources for families are accessible and aligned with their needs, the 2017 CFSR results for service array and resource development, as well as services to prevent entry or re-entry into out-of-home placement, highlight challenges for families, as referenced in figure 25.

Figure 25

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	CY2020 QR Strength Rating	CFSR Item	2017 CFSR Strength Rating
Resource Availability	88%	84%	81%	NA	Item 2	ANI*
					Item 29	ANI*
					Item 30	ANI*

**Area needing improvement*

NOTE: DCF completed two QRs during 2020; the process then was suspended due to the COVID-19 emergency.

Please see discussion of current performance and plan for improvement under section [E: Update on Service Descriptions: Child and Family Services Continuum](#) of this report.

Systemic Factor: Agency Responsiveness to the Community

NJ was found to be in substantial conformity with Agency Responsiveness to the Community during Round 3 of the CFSR. An identified strength in this area was strong collaboration of services for children and families with other state agencies and federal programs.

The [*General Information on DCF's Collaboration Efforts*](#) section of this report describes in greater detail the major components of DCF's partnerships with a variety of key stakeholders across the state.

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment and Retention

NJ was found to be in substantial conformity with this systemic factor during Round 3 of the CFSR. Please see the 2020-2024 DCF Foster and Adoptive Parent Diligent Recruitment Plan, that outlines relevant plans and performance for this systemic factor.

Foster and Adoptive Parent Licensing

In addition to the work described in the 2020-2024 DCF Foster and Adoptive Parent Diligent Recruitment Plan, the Office of Licensing (OOL) plays a vital role as the licensing and regulatory authority of DCF. OOL licenses and regulates all state child care centers, youth and residential programs, resource family homes and adoption agencies and has set standards that are applied statewide. Criminal History Record Information (CHRI) background checks are regulated by policy, statute and Administrative Code, which can also be viewed at the link listed above.

When a home study is received at OOL, staff utilize the electronic Licensing Information System (LIS) Application Page to document required items included in the home study, as well as any outstanding items. This includes the Child Abuse Record Information (CARI) and CHRI background checks for both applicants and adult household members. These items are updated once the required documentation is received from the CP&P Local Office. During the initial licensing of a resource family home, all required background checks and training requirements are considered Level I requirements. Once all outstanding home study items are received and approved by OOL, the home can be processed for licensing.

A query system, Information Assist, is used to run queries for outstanding violations of licensed resource family homes for approved state and federal CHRI background checks for adult household members, including resource parent applicants. During the initial licensing of a resource family home, OOL must receive and verify an approved criminal history background check on all adult household members over the age of 18. Failure of all adult household members to complete an approved criminal history background check is considered a Level I violation. Resource family homes need to be in full compliance with Level I requirements prior to licensing the home. Results from this query show that there are no outstanding violations for CHRI checks as of March 5, 2021.

New Jersey's resource parent regulations, policy, and administrative code comply with federal regulations related to background checks for potential resource parent applicants. This pre-licensing activity allows New Jersey to remain 100% compliant with background checks for resource family applicants, additional adult household members and/or frequent overnight guests over the age of 18.

New Jersey's process of reviewing background checks prior to licensure and maintaining a flagging system for all adult household members post-licensure allows for a continued assessment of background checks of resource family members. The flagging system alerts the State of any arrest or convictions of adults who have been fingerprinted for the purpose of resource family care. This continued monitoring system is an area of strength for the Department.

Foster and Adoptive Parent Recruitment

Please see the 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan, which outlines relevant plans and performance for Foster and Adoptive Parent Recruitment.

Foster and Adoptive Parent Cross Jurisdictional Resources

NJ DCF's Office of Interstate Services continues with initiatives to improve the identification and recruitment of interjurisdictional resources. Timelines that were impacted by the COVID-19 emergency identified in the last report are addressed below for the NY-NJ Border Agreement and the National Electronic Interstate Compact (NEICE). Acceptance and assignment of incoming Parent Assessments, Resource Home Studies and Courtesy Supervision were restarted August 3, 2020. Children who were placed prior to August 3, 2020 were supervised by their sending state until New Jersey was able to assign courtesy supervision. Medicaid for any Title IV-E eligible children placed prior to full reopening was opened when the child was placed.

In collaboration with the Office of Resource Families, families' incoming Resource Home Studies were assigned to that Office to facilitate completion of the Safe and Timely Assessment and Resource Family Assessment within the sixty- and one hundred and fifty-day timeframes. In February 2020, DCF embarked on a pilot program in Ocean and Monmouth counties to complete preliminary licensing inspections within 30 days of receipt of the Interstate Compact on the Placement of Children (ICPC) request. The goal of this pilot is to reduce timeframes for licensing, identify barriers to licensing early in the process, enable resolution while the study is in process, and improve completion and return of safe and timely assessments to the sending states within the 60-day timeframe. This pilot was interrupted during the pandemic and restarted in August 2020. The results of this pilot are reported by the Office of Licensing.

New Jersey is embarking on numerous strategies to enhance and strengthen cross jurisdictional resources. Systematic tracking and data collection continue to be areas needing strengthening. Ongoing collaboration with the Offices of Information Technology

(OIT) Research, Evaluation and Reporting (RER), and APHSA continue to improve internal reporting and enhance reports available in NEICE.

DCF's Office of Interstate Services joined NEICE as of January 11, 2021. This system will enable New Jersey to have a system to collect or extract data. During 2020 New Jersey Interstate Services continued to use manual systems and the 100A list reported in 2020. Manual data and case reviews have identified challenges in obtaining safe and timely reports and home studies within the mandated timeframe from various states. The COVID-19 emergency did limit New Jersey's ability to accept incoming ICPC requests from March 18, 2020 through August 2020. The COVID-19 emergency expedited Interstate Services conversion to electronic files and electronic submission of ICPC referrals to other states. Specific states' access issues to DCF secure email system were handled by New Jersey Office of Information Systems. In June 2020 the APHSA released the Secure Document Portal which allowed the MOU States and NEICE states to exchange documents electronically, preventing delays while states continued working remotely.

In January 2021, DCF's Office of Information Technology released several updates to NJSPIRIT to expand documentation and communication in the Statewide Automated Child Welfare Information System (SACWIS) system. Cases assigned to an Interstate Consultant are identified with an "Interstate" case label. Interstate was added as a category under the case notes to allow Interstate staff and supervisors to document-case updates for the Interstate Compact on the Placement of Children, International Social Services, Interstate Compact on Medical Assistance, Indian Child Welfare and the Interstate Compact on Juveniles. Local Office staff will be able to view any updates on cases through this development. Included with this development was identifying a child's NEICE Child ID on their NJSPIRIT case.

In August 2020, Interstate Services collaborated with the Office of Resource Families to process all new incoming Resource Home Studies to facilitate the timely completion of the Safe and Timely Assessment and Resource Family Assessment within the sixty and one hundred- and fifty-day timeframes.

The New Jersey-New York Border Agreement for Temporary emergency Placements was signed by all parties on November 9, 2020. The agreement was effective April 8, 2021. The Offices of Interstate Service, Legal Affairs and Resource Family began training the staff in Bergen, Essex, Hudson, Middlesex and Hudson counties on January 28, 2021. Training was completed on March 23, 2021. The agreement provides for a one-year pilot during which each state will be able to submit a total of 10 cases for Parent and Foster assessments. This process will allow for a Presumptive Eligibility process assessing for placement in seven days. This will allow children to be placed prior to the submission of the ICPC referral.

Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes

Input from various stakeholders as well as the performance improvement areas identified from the final 2015-2019 APSR, CFSR, and the areas described in the [Section B: Update to the Assessment of Current Performance in Improving Outcomes](#) contributed significantly to the development of the following goals and strategies to move the state’s vision into a 21st Century Child Welfare System where everyone in New Jersey is safe, healthy, and connected.

Goal 1: Child maltreatment, and child fatalities resulting from maltreatment, will be reduced

Rationale for Goal 1

In 2016, the federal Commission to Eliminate Child Abuse and Neglect Fatalities called for national action to ensure the safety of American children. Among the recommendations of the Commission was the need to develop clear strategies to identify children at greatest risk of harm, to review life threatening injuries and fatalities according to sound standards, and to ensure access to high quality prevention and earlier intervention services and supports for children at risk.

In recent years, New Jersey has had a relatively low population rate of child abuse/neglect related fatalities¹ and has similarly had a relatively low victimization rate². However, the feedback that DCF received in 2018, through collaborative efforts, made clear that there is both a need and a collective desire across sectors to strengthen our prevention efforts. For example, in regional forums, when asked "If we want to achieve the larger vision, what should we start doing (something we don't currently do, but we should)," a number of responses called for increased attention to primary prevention, community engagement, and concrete supports for families.

In consideration of the NJ Task Force on Child Abuse and Neglect 2018-2021 New Jersey Child Abuse and Neglect Prevention Plan, feedback from stakeholders, and the Commission report “Within our Reach” released by The Commission to Eliminate Child Abuse and Neglect Fatalities, DCF identified primary prevention of maltreatment and maltreatment related fatalities as a major goal for the Department. This goal was discussed with the Children in Court Improvement Committee, communicated internally with DCF staff, and externally with DCF stakeholders in Spring 2019.

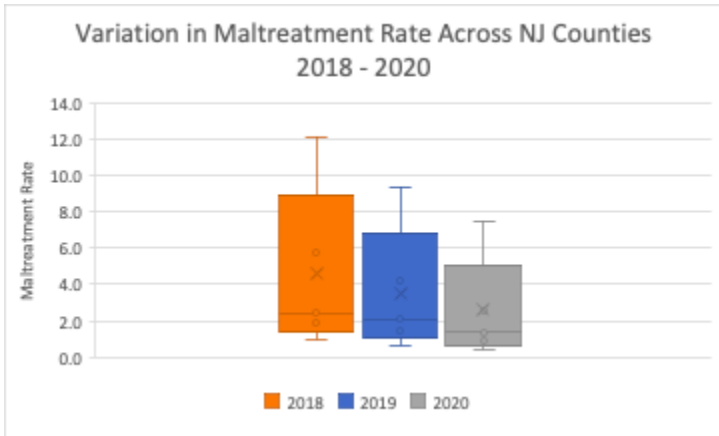
Measurement of Progress for Goal 1

Measure	Baseline	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Target	Data source to Measure Progress
Variability in maltreatment rates among NJ counties	3.7	3.7	3.4	1.6	1.5	1.4	NJ SPIRIT/NJ Child Welfare Data Hub: Interquartile Range of Maltreatment Rates among NJ Counties
Service Excellence Standards	Establish in Year 3	N/A	N/A	Establish baseline	TBD	TBD	DCF will develop service quality standards for purchased service based on the AAAQ Framework; incorporate these standards into monitoring efforts developed in Year 3; establish performance targets for subsequent years
Benchmarked improvements in specific system components impacting safety	Establish in Year 3	N/A	N/A	Establish baseline	TBD	TBD	DCF will work with national experts to develop and implement a Safety Review Tool to score and track results of human factors analysis conducted following fatalities and critical incidents. Identification of system components consistently impacting safety will occur in year 3 and targeted,

						measurable improvement plans will be developed for those components.
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Year 2 Update: Measure – Variability in maltreatment rates among NJ counties

NJ continues to make progress in both reducing statewide maltreatment rates and



reducing the variation in maltreatment rates across the 21 counties. In 2020, the statewide maltreatment rate dropped to 1.5 per 1,000 children, with the variation in counties also dropping to 1.7. The target counties in the southern part of NJ continue to reduce maltreatment rates from the 2018 baseline: Cape May (12.1 to 7.5), Salem (9.9 to 5.7), Cumberland (9.7 to 3.9) and Camden (7.8

to 2.9).

Year 2 Update: Measure – Service Excellence Standards

The reviews of existing services referenced above reflected some important areas in need of development with respect to service excellence standards. In developing these standards, DCF staff conducted a review of existing models and quality assurance and service standards approaches in child welfare. To support this work, DCF conducted interviews with DCF leadership, staff and service providers; collected surveys from DCF Youth Council participants; facilitated focus groups with service providers and judiciary representatives during the Commissioner’s Regional Forums; and conducted focus groups with the New Jersey Children in Court Improvement Committee Meeting and the New Jersey Task Force for Child Abuse and Neglect Protection Subcommittee. Throughout 2020, DCF continued to engage and gather input from stakeholders statewide to ensure that various perspectives were included in the development of the standards; but continued progress on this work was substantially delayed by the COVID-19 emergency. In January 2021, DCF interviewed approximately 70 families with lived experience from throughout the state who have participated in services to better understand the strengths and weaknesses of services that are funded by DCF. Furthermore, DCF has begun the initial draft of the standards and anticipates finalizing them within calendar year 2021.

Year 2 Update: Measure - Benchmarked Improvements in Specific System Components Impacting Safety

In year two, DCF planned to use critical incident review data to identify system components consistently impacting safety and develop targeted, measurable improvement plans for those components. However, as the overall rate of child maltreatment related fatalities in New Jersey remained low, the year 2 work generated an ‘N’ that is too low to use for generalized findings. To overcome the low ‘N’, New Jersey has joined the National Partnership for Child Safety, an effort supported by Casey Family Programs, that seeks to create forums for learning from human factors debriefing and critical incident review across multiple jurisdictions within the United States. In 2020-21, New Jersey participated in national meetings under the auspices of this initiative to define data elements of common interest to the Partnership, and to learn from other jurisdictions about the implementation of safety science at the organizational level. DCF plans to establish a baseline and interim targets in year 3.

Objectives/Strategies/Interventions for Goal 1:

1. Use geospatial risk modeling to identify communities in which children are at risk of harm
2. Use human factors analysis to ensure effective and timely system learning and corrections when fatalities and near fatalities occur
3. Develop a continuum of evidence-based and evidence-informed Home Visiting programs
4. Continue to build statewide network of high quality, evidence-based prevention programming

Objective 1: Use geospatial risk modeling to identify communities in which children are at risk of harm

Rationale for Objective 1

DCF has invested heavily in broad family strengthening strategies such as a statewide network of community-based Family Success Centers, Kinship Navigator programs, and a statewide network of evidence-based home visiting programs. These programs offer valuable contributions to communities across the state but are not always intricately linked to what is known about child maltreatment and child fatalities at the local level. To effectively prevent all maltreatment related fatalities, DCF needs to learn more about what is happening with families in the community, outside of involvement with the formal child protection system.

Recent advances in statistical analysis and machine learning have made it possible to use location-based predictive analytics to find discrete geographic locations—down to the city block—where the risk of future child maltreatment and related fatalities is elevated based on environmental risk factors. A geographic risk and protective factor analysis can determine which risk factors are most harmful and which protective factors are most helpful in each community. This methodology has already proven successful in other U.S.

locations. For example, in Fort Worth, Texas, predictive modeling accurately predicted the location of 98% of the following year's child maltreatment cases and determined that nearly 60% of child maltreatment incidents took place within 3.7% of the city's area. Additionally, in Fort Worth, the majority of child homicides, child firearm shootings and stabbings, child asthma-related fatalities, child suicides, and even accidental child drownings and sudden unexpected infant deaths occurred in the identified risk cluster areas.

Knowing the precise geographic areas and the environmental factors that are linked to maltreatment, as well as the other poor outcomes that are associated with maltreatment will provide much needed information that can be leveraged in collaborative community efforts to ensure that in each community, families are best set up to succeed. This knowledge will also provide for the development of needed interventions to prevent child maltreatment that are designed for and targeted to the specific, local populations who need them most.

DCF will use geospatial risk modeling to identify the specific local populations (at a level comparable to 1/2 a city block) in which safe parenting is likely proving challenging to the extent that children are at risk of harm. Using the resulting data, DCF will collaborate with local community partners to design, coordinate and evaluate necessary interventions.

Benchmarks for Achieving Objective 1

Year 1: Geospatial risk modeling will be launched in two New Jersey counties

Year 2: Community planning process will be launched in the Year 1 counties, and two additional counties will be modeled

Year 3: Community intervention process will be launched for Year 1 counties.
planning process launched for Year 2 counties; two additional counties will be modeled

Year 4: Community intervention process will continue for Year 1 and be launched for Year 2 counties; community planning process will launch for Year 3 counties; two additional counties will be modeled

Year 5: Community intervention process will continue for Year 1 & 2 counties and be launched for Year 3 counties; community planning process will launch for Year 4 counties; two additional counties will be modeled

Year 2 Update: Community planning process will be launched in the Year 1 counties, and two additional counties will be modeled

DCF continued to work with Predict Align Prevent (PAP)¹² to utilize geospatial risk analysis, strategic alignment of community initiatives and implementation of accountable prevention programs to create the components of an effective primary prevention bundle. During Year 2, DCF and PAP continued to work together to complete the PAP program in Camden and Cumberland counties, as DCF simultaneously builds the capacity to sustain this work independently. DCF's data team gathered necessary data

¹² More information on Predict Align Prevent can be found online at: <https://www.predict-align-prevent.org/>.

from selected municipalities for Phase I of this analysis, including child maltreatment, policy, code enforcement, zoning and infrastructure data, and identified data for Phase II of the analysis, including services data. DCF applied for and obtained approval from the Institutional Review Board and prepared a Memorandum of Understanding to attain necessary health and vital statistics data from the Department of Health (DOH). DCF identified and assembled teams in Camden and Cumberland counties to finalize data collection efforts and plan for the community engagement aspects of the project. DCF engaged outside partners, including the Camden Coalition for Healthcare Providers, Cumberland County Human Services Director and team, and DOH.

During year 2, DCF experienced longer than expected timeframes in constructing data use agreements with entities as needed for this analysis. During year 3, DCF will need to revisit the viability of replicating the exact approach in communities throughout New Jersey and will determine what appropriate modifications in methodology can be made to arrive at a more sustainable and replicable approach.

Objective 2: Use human factors analysis to ensure effective and timely system learning and corrections when fatalities and near fatalities occur

Rationale for Objective 2

Human factors refer to "environmental, organizational and job factors, and human and individual characteristics which influence behavior at work in a way which can affect health and safety." (Health and Safety Executive, UK). Human factors analysis has been in use in the military, aviation and heavy industry for many decades, and has contributed to significant reduction in critical incidents across these industries. In the last several decades, health care has similarly made use of human factors analysis to improve patient outcomes, especially in hospital settings. The resulting "safety cultures" present in these sectors protect staff and patients/customers alike from dangerous error.

In recent years, these approaches have been applied in child welfare, notably in Tennessee and Arizona. In 2018, DCF began to implement work to use human factors debriefing and other tools to create a similar "safety culture" so that the frequency of safety critical incidents – child fatalities and near fatalities – will be reduced. Throughout the CFSP period, DCF will use human factors analysis and other approaches from safety science to ensure system learning and correction from child fatalities and near fatalities.

Benchmarks for Achieving Objective 2

Year 1: Design and implement revised critical incident debriefing process:

Develop and finalize business process, create one internal Multi- Disciplinary Team; Three (3) Regional Mapping Teams; Data Team. Launch reviews following new process. Begin monthly report of findings to DCF Executive Management

Year 2: Continue implementation of critical incident debriefing process

Year 3: Assess impact of new process

Year 4: TBD based on Year 3 assessment
Year 5: TBD based on Year 3 assessment

Year 2 Update: Continue implementation of critical incident debriefing process

In 2020, DCF continued to work with Collaborative Safety, LLC¹³ to implement the critical incident debriefing process. The debriefing process is a voluntary but essential component of the systemic critical incident review, providing frontline staff and supervisors an opportunity to share the story surrounding critical incidents including factors that influence decision making. The human factors identified during the debriefings provide data and insight into environments staff operate within and a deeper understanding of how decisions, initiatives, resource allocations can surface in the outcomes experienced in everyday work.

Collaborative Safety LLC trained staff in the Fatality and Critical Incident Review Unit to conduct debriefings, provides ongoing skill building sessions and technical assistance to improve the quality of debriefings and other aspects of systemic critical incident reviews. To date, over 15 debriefings have occurred with staff. A survey has been developed to obtain feedback from staff who participated in the debriefings. The purpose of the survey is to elicit feedback from staff about their experience in the debriefing process, level of comfort in sharing and perception of how their participation will shape change in the agency. A data management system was developed in RedCap to support data collection and analysis, and a new administrator/supervisor was hired to lead the work, a position that had been vacant for over a year.

In 2020, DCF also launched its systemic case review process to better understand how factors from various levels of the child welfare system impact case decision making. Orientation was held for the Centralized Multi-disciplinary Team (MDT), which helps to identify cases that will have a systemic critical incident review, and three regional mapping teams, that help to further explore relevant systemic influences. Three cases that had current CP&P involvement or involvement within the last 18 months were presented to the MDT and conversations were held with staff before in-person meetings were paused during the COVID-19 emergency. When virtual meetings began, four additional systemic case reviews were completed.

At the end of 2020, a total of 11 cases had been presented to the MDT, data collection had begun, and DCF continued to work with Collaborative Safety, Inc. on skill development and implementation supports. In December 2020, an initial implementation self-assessment of the systemic critical incident review process was conducted. Results and feedback from the assessment as well as limited systemic analysis scores, themes and influences from the cases reviewed were shared with DCF Leadership and the statewide committees.

¹³ More information about Collaborative Safety, LLC can be found online at: <https://www.collaborative-safety.com/>.

Objective 3: Develop a Continuum of Evidence-Based and Evidence-Informed Home Visiting Programs

Rationale for Objective 3

As detailed in the report "*Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities*" released by The Commission to Eliminate Child Abuse and Neglect Fatalities, evidence-based home visiting programs demonstrated reductions in child maltreatment. DCF has had a long-standing commitment to investing in home visiting services throughout the State. Currently DCF in collaboration with the NJ Department of Health, manages a statewide network of 66 local implementing agencies providing three evidence-based home visiting models in all 21 counties, and a fourth evidence-based model in one county. In 2018, approximately 7,000 families received evidence-based home visiting services. This includes services to more than 4,000 pregnant women and 5,700 children birth to five years old. These programs offer valuable contributions to communities across the state, increasing accessibility for families while supporting more families at risk.

A review of the last five years of child fatalities showed that in child maltreatment fatalities, young children are at higher risk. Of the 110 child maltreatment fatalities reviewed, 42.7% were under the age of one, and 61.8% were under the age of two (inclusive). Sixty-five percent (64.5%) of child maltreatment fatalities had no history with child protective services (CPS) at the time of the incident. In addition, more than one-quarter of the caregivers of children whose fatalities were reviewed were identified as having a history of at least one of the following stressors: substance use, child protective services involvement (as victim and/or perpetrator), domestic violence, and criminal or delinquent activity.

Stakeholder meetings through the New Jersey Task Force on Child Abuse and Neglect's Prevention Sub-Committee recommended a focus on ensuring universal access to home visiting services for all families in New Jersey. Through a collaboration between DCF and the NJ Department of Health, three evidence-based home visiting programs (Nurse Family Partnership, Parents as Teachers and Healthy Families America) are available in every NJ county. However, based on the work of the Task Force Prevention Sub-committee and national findings on the efficacy of home visiting in reducing risk to children, DCF has identified the need to expand its current home visiting services so that a wider array of services may be available for parents of very young infants. DCF intends to increase universal access to home visiting through continued inter-agency collaboration and will rely on home visiting expansion as a key strategy in its effort to strengthen protective factors for families and communities.

Benchmarks for Achieving Objective 3

Year 1: Complete a joint readiness assessment along with the Department of Health. Assess evidence-based, evidence-informed and promising practices in early childhood, in-home program models through a rigorous process and criteria for inclusion. Establish phased implementation plan

Year 2: Launch Phase I implementation

Year 3: Phase I continues; launch Phase II implementation; design evaluation strategy.

Year 4: Continue implementation; begin evaluation.

Year 5: Continue implementation and evaluation

Year 2 Update: Launch Phase I implementation

In December 2020, an RFP was released to solicit proposals from community-based organizations to implement the clinical components of the Family Connects model¹⁴. A review committee was assembled in February 2021 to review the RFP proposals and recommend a grantee. A [press release was issued on April 21, 2021](#) that identified the grantee of the Family Connects Pilot project: Central Jersey Family Health Consortia (CJFHC). DCF is currently in the contract process with the agency, which is a critical step of the implementation process. CJFHC is an established provider with the agency and implements several Central Intake hubs as well as another Evidence Based Home Visiting (EBHV) program (Healthy Families) in Middlesex County.

Due to the COVID-19 emergency, adjustments have been made to how the home visiting (HV) intervention is implemented, nurse home visitors will be offering a hybrid model mix of in-person home visits and virtual visits with families. Additionally, the nurses will be trained in the model virtually verses attending in-person training at Duke University.

CQI/QA will be measured through multiple reporting matrixes – data will be collected through the Family Connects MIS system and data will be connected utilizing an excel quarterly report that will be monitored by state leads. Bi-weekly meetings will be held with clinical and program leads to discuss implementation challenges and successes.

Objective 4: Continue to build statewide network of high quality, evidence-based prevention programming

Rationale for Objective 4

DCF understands that programs recognized as evidence-based, particularly those with randomized controlled trials (RCT) are the “gold standard”. Through the use of evidence-based programs (EBP), DCF will better respond to cultural issues and contexts related to the risk factors for child maltreatment and maltreatment related fatalities.

¹⁴ More information from Family Connects International can be found online at: <https://familyconnects.org/>.

EBPs combine well-researched interventions with clinical experience, ethics, client preferences, and cultural influences to guide and inform the delivery of treatments and services. The use of EBPs will ensure DCF reaches its goal of reducing maltreatment related fatalities. These interventions, consistently applied, will produce improved outcomes. RCTs, quasi-experimental studies, case-control and cohort studies, pre-experimental group studies, surveys, and qualitative reviews contribute to the strength of evidence for interventions DCF will select. The California Evidence-Based Clearinghouse for Child Welfare among other tools will be utilized to aid in determining which EBPs meet the culture and context of families we serve. Evidence of impact will be matched to diverse populations (e.g., different socioeconomic, racial, and cultural groups) and diverse settings (e.g., urban, suburban, and rural areas), as well as various types of schools and communities.

As part of the work to strengthen the DCF Service Array, described in a later section of this report, [Benchmarks for Achieving Improvements in Service Array](#), DCF will use data including information from the County Needs Assessments and ChildStat processes, five-year review of fatalities, as well as learning from the geospatial risk modeling and safety science strategies alluded to above. This data and knowledge will assist in identifying risk and protective factors and compounding challenges in our communities while prioritizing short- and long-term targets for reduction of child maltreatment and maltreatment related fatalities. DCF aims to impact outcomes for child maltreatment, and to change the population prevalence rates of a child maltreatment related fatality.

Benchmarks for Achieving Objective 4

Please see section [Benchmarks for Achieving Improvements in Service Array](#) for identified updates for Year 2.

Goal 1 Implementation Supports

To promote overall successful implementation of Goal 1 outlined above, the following implementation supports have been identified:

Staffing Implementation Supports

Home Visiting

In the PDGB-5 renewal grant, two positions were identified: A program coordinator was identified to support the implementation of a new evidence-based program into the current service array of home visiting services. A program assistant position was placed on hold due to the impact of the COVID-19 emergency. Though the COVID-19 emergency has temporarily placed hiring on hold, the ability to hire the program assistant to help with model implementation will resume when appropriate.

The search for the second PDGB-5 position to support the new evidenced-based program was initiated in March 2021. The position will work closely with the selected provider to implement Family Connects International (FCI) model and be a

liaison between Trenton Health Team (THT), FCI, and the implementing agency. The new model will integrate into the existing EBHV network to receive technical assistance and support from the HV network (inclusive of State leads, statewide training, and experienced HV administrators) and the evaluation entity John Hopkins University. The current quarterly report utilized by the HV network was adapted to incorporate Family Connects data elements so that the pilot data can be aggregated with existing HV data to tell a more comprehensive story together and separately as a pilot project.

Collaborative Safety, LLC

DCF has trained a unit of staff to perform human factors debriefing, and is making other staffing adjustments (e.g., forming state and local review committees) to create the needed infrastructure for full implementation of a safety-critical organizational learning process.

In 2020, a new supervisor was hired to lead the Fatality and Critical Incident Review Unit. The new supervisor and two Safety Analysts in the unit are continuing to implement the systemic critical incident review process.

Additional

DCF's Office of Research, Evaluation and Reporting will provide data management and analytical staff to support the monitoring and evaluation of interventions to determine the extent to which activities are implemented as planned and goals and objectives are achieved.

Training and Coaching Implementation Supports

Home Visiting

The Family Connects program has training and implementation supports associated with the application submitted. Should New Jersey secure the funds to expand this program, the capacity to support the appropriate training is in place. As noted, the Family Connects program offers training implementation supports and technical assistance. The training is phased-in based on a three-year plan. The model also uses a train-the-trainer approach that will assist with sustainability.

Additional training supports for home visiting will be provided to DCF staff and purchased service providers and will vary depending on the model. Trainings are anticipated to be complete in Year 2 and technical assistance and coaching will be ongoing into years 2 and 3 and may extend to year 4.

Predict Align Prevent

DCF's data team held regular phone conferences with the Predict Align Prevent (PAP) and Texas Advanced Computing Center (TACC) team regarding the progress of the geospatial analysis, project workflow and DCF's internal capacity to sustain the project into the future. Based on the previous year's conversations, PAP, TACC and DCF collaboratively developed a training plan to build DCF staff's skills to conduct the

geospatial risk analysis in additional New Jersey counties and jurisdictions. PAP and TACC will provide the remote training and technical assistance to DCF staff in the coming year.

Collaborative Safety, LLC

Collaborative Safety, LLC has trained DCF Executive Leadership and is training DCF managers via Safety Champion Institutes, on human factors and safety science. Collaborative Safety, LLC will deliver orientations regarding human factors and the revised critical incident debriefing process, to all CP&P staff; and will deliver advanced practical training to deepen human factors debriefing skills to a select group of DCF staff. DCF also partnered with Collaborative Safety to conduct eight, half day orientation presentations throughout the state to introduce staff to the collaborative safety process. DCF staff also conducted technical assistance meetings with Collaborative Safety Inc. staff to support the implementation of various components of the critical incident review in New Jersey.

In 2020, Collaborative Safety, LLC provided training and coaching implementation supports to strengthen the systemic critical incident review process. Those supports included monthly skill building sessions which included the opportunity to learn from and share with other jurisdictions, Bi-weekly technical assistance call that focused on the needs of agency, verbal and written feedback from observations and reviewing documentation, training for the new Fatality and Critical Incident Review Unit supervisor/refresher training for the Safety Analyst.

Technical Assistance Provided (to counties and other local or regional entities that operate state programs)

Throughout year 2, DCF staff and program leads provided the following examples of technical assistance to counties and other local or regional entities that operate state programs to support quality implementation of initiatives/programming.

Geospatial risk modeling

As described above, DCF has been and will continue to collaborate with local community partners to design, coordinate and evaluate necessary interventions. Teams were assembled in Camden and Cumberland counties and outside partners were engaged in the project

Home Visiting

As described above, a provider was selected for the Family Connects Pilot project. DCF will support the provider in successfully launching services and providing technical assistance as needed. Additionally, DCF supported HV providers in making adjustments to how services were delivered during the COVID-19 emergency.

Technology Implementation Supports

DCF may need to acquire more powerful hardware and will need to enter into data sharing agreements with state and local partners. DCF does not anticipate needing additional software. DCF is also seeking to use Community Based Child Abuse Prevention (CBCAP) funds to support an assessment and recommendations for DCF to improve data integration in support of prevention strategy and service delivery. DCF is currently exploring a web-based data management system which would include process and outcome measures.

Collaborative Safety, LLC

DCF is engaging Collaborative Safety, LLC, to provide training and technical assistance in support of creating a critical incident debriefing process for child fatalities, near fatalities, and serious staff injuries that incorporates human factors analysis and state of the art safety science. This business process will include record review and interviews and will collect and aggregate data using a standard assessment tool. DCF will be utilizing RedCap, a secure web-based application, to manage the data collected from collaborative safety reviews. Additional technology needs may be identified as more reviews are conducted.

With the assistance of the National Partnership for Child Safety, New Jersey developed a database to collect data from the systemic critical incident reviews. This system is able to capture data from all aspect of the review process, thereby allowing the Safety Analyst to identify and aggregate systemic influences.

Goal 1 Technical Assistance Needs

Home Visiting

The Family Connects model developer is working closely with New Jersey to provide the technical assistance for successful implementation of this expanded continuum of services. DCF and Trenton Health Team hosted monthly stakeholder meetings to create a collaborative in Mercer County to build capacity and trust for successful implementation of Family Connects, an effort conducted in partnership with the Burke Foundation, a philanthropic organization.

As DCF adds to the continuum of home visiting programs and implements additional evidence-based programs, the appropriate resources to implement the program will be ensured. DCF is working closely with the program developers and technical assistance providers to ensure appropriate training, implementation and model adherence will occur.

Predict Align Prevent

DCF continues to partner with Predict Align Prevent (PAP) and Texas Advanced Computing Center (TACC) on the location-based predictive analytics and community alignment project. PAP is assisting NJ in planning and executing the following strategies: 1) use geospatial analysis to demonstrate the geographic locations within two New Jersey counties in which children are at highest risk of child maltreatment and/or maltreatment

related fatalities (“hot spots”), and to determine what variables are most closely associated with risk to children; 2) develop and implement community prevention planning for services and supports using the analysis developed; and 3) provide the capacity to compare the New Jersey analysis to similar analyses from other jurisdictions in the United States.

During Year 2, DCF worked alongside PAP to begin the first phase of analysis in Camden and Cumberland counties. DCF procured child welfare administrative data, infrastructure data, police data, municipal data and services data to support the analysis. PAP will provide technical assistance to DCF in the subsequent phases of analysis in order to support DCF’s implementation of the project in additional jurisdictions.

Goal 1 Research and Evaluation Activities:

Translational Research

DCF continues to partner with Predict-Align-Prevent (PAP) to conduct a place-based predictive analytics project to investigate the geographic relationships of child maltreatment, related fatality, and pathophysiology associated with chronic exposure to adverse events. This project focuses on predicting where child maltreatment is likely to occur in the future; strategically aligning services, education, and resources where they are most likely to reach the most vulnerable children and families, and; measuring the efficacy of aligned prevention efforts by baselining and actively surveilling risk, protective, and outcomes metrics in high-risk places to inform ongoing prevention efforts. In Year 2, DCF collected the necessary data for the analysis, including child maltreatment data, infrastructure data, municipal data and police data. DCF also received approval from Rowan University’s Institutional Review Board to access vital statistics data, including birth and death records, and hospital discharge data.

Program Evaluation

DCF is engaged in a variety of program evaluations to help us understand the quality and impact of our purchased services. One example of this work is the evaluation NJ’s network of Family Success Centers (FSC). An evaluation team, led by DCF’s Office of Research, Evaluation and Reporting, with stakeholders from across the Department and community based FSC Directors has developed evaluation questions, a fidelity assessment tool, and forms to be used in the collection of process and outcome data on an ongoing basis. The fidelity tool is organized around the FSCs’ essential functions and is aimed at assessing whether the FSC practice is being delivered as intended.

DCF also partnered with Johns Hopkins University, other state agencies and community partners to conduct an ongoing, rigorous evaluation of NJ’s home visiting models. The evaluation is aligned with project goals, objectives and activities to promote success and to inform decision-making as well as the NJ Maternal Infant Early Childhood Home Visiting (MIECHV) Continuous Quality Improvement (CQI) Plan. The evaluation’s conceptual framework is grounded in implementation science and theories of behavior. This allows home visiting outcomes to be traced back to actual services, which can be traced back to individual and organizational level factors. This model bridges the gap

from theory-driven science to policy and practice, thereby promoting the translation of research to action. This year's evaluation focuses on the following key areas:

- Identify and recruit families into Home Visiting
- Continuous quality improvement (Plan-Do-Study-Act (PDSA) cycles) and
- Assessing the patterns of service referral and use among substance using women

Goal 2: Timely and effective family stabilization and preservation

Rationale for Goal 2:

DCF's core goals are established to ensure that every child and family we encounter is **safe, healthy, and connected**. Departmental priorities to achieve this vision include protection of children from maltreatment, prevention of ACEs, promotion of protective factors, and preservation of families.

However, New Jersey experiences barriers, similar to the emerging national trends in Round 3 (2015-2016)¹⁵, for which none of the seven outcomes met the 90% or 95% threshold required to be considered in "substantial conformity". There are several key areas for improving child welfare programs and practice in New Jersey. Areas for growth that are described in the NJ CFSR Program Improvement Plan (PIP) include:

- New Jersey's performance related to in-home casework
- Implementation of ongoing safety and risk assessments that can assist in decision making to help stabilize and preserve families
- Efforts to achieve timely permanency when children are separated from their families
- Engagement of parents in case planning (fathers in particular) to achieve identified family goals
- Assessment of parents' underlying needs to better align with the identification of the appropriate service to meet the individual needs of families

Measurement for Progress for Goal 2

NJ completed the CFSR Baseline Review in August and September of 2019. Below are the results and established CFSR PIP baselines, as well as adjusted targeted improvement PIP goal measurements. As noted, NJ has successfully achieved the benchmarks for CFSR item 1 and item 2. Since this review, DCF has also met its measurement goals for items 3-4, 6, 12-15. NJ will continue to monitor those items as well as continue to improve item 5 over the CFSR PIP monitoring period and throughout the CFSP timeframe.

¹⁵ Children's Bureau. (2017). Child and Family Services Reviews: Round 3 Findings: 2015-2016. Accessed from <https://www.acf.hhs.gov/cb/resource/cfsr-round3-findings-2015-2016>

Child and Family Services Review (CFSR) Round 3
New Jersey Program Improvement Plan (PIP) Measurement Plan Goals
Case Review Items Requiring Measurement in the PIP

Prospective Method Used to Establish PIP Baselines and Goals Using Case Reviews Conducted August 2019 - September 2019

CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level	Number of applicable cases	Number of cases rated a Strength	PIP Baseline	Baseline Sampling Error	PIP Goal	Adjusted PIP Goal 4 Months
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	1.28	31	30	96.8%	<i>PIP measurement requirement met as baseline performance is at or above 95%</i>		
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	1.28	16	16	100.0%	<i>PIP measurement requirement met as baseline performance is at or above 95%</i>		
Item 3	Risk and Safety Assessment and Management	1.28	65	58	89.2%	0.049215619	94.2%	93.3%
Item 4	Stability of Foster Care Placement	1.28	40	27	67.5%	0.094792405	77.0%	75.4%
Item 5	Permanency Goal for Child	1.28	40	29	72.5%	0.090368136	81.5%	80.0%
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	40	23	57.5%	0.100047988	67.5%	65.8%
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	65	27	41.5%	0.078237257	49.4%	48.1%
Item 13	Child and Family Involvement in Case Planning	1.28	58	27	46.6%	0.083836031	54.9%	53.5%
Item 14	Caseworker Visits with Child	1.28	65	50	76.9%	0.066891443	83.6%	82.5%
Item 15	Caseworker Visits with Parents	1.28	49	14	28.6%	0.082606437	36.8%	35.5%

Objectives/Strategies/Interventions for Goal 2

1. Use structured decision making to assess safety and risk throughout the life of the case
2. Implement behavior-based case planning practice
3. Promote a culture and practice that prioritize father engagement and assessment
4. Strengthen concurrent planning practice and accountability
5. Increase the use of kinship care
6. Strengthen NJ DCF's partnership with child welfare stakeholders and the Judiciary
7. Strengthen the partnership between resource parents and families
8. Continue to build statewide network of high quality, evidence-based programming to support family preservation and permanency

Objective 1: Use structured decision making to assess safety and risk throughout the life of the case¹⁶

Rationale for Objective 1

The CFSR identified challenges related to ongoing risk and safety assessment, which led to inadequate service provision. DCF analysis conducted during the PIP development process found several barriers to completion of ongoing Structured Decision Making (SDM) tools, including acknowledgement that language in the tools was not well aligned with best practice. Survey of staff revealed that 60% found it difficult to complete; only 20% consistently used them as a supervisory conferencing aid in case planning and decision making. Only 70% used SDM findings to help inform assessment consultations. This objective will target the following CFSR related outcomes and systemic factors:

- Safety Outcome 2- item 2 & 3
- Wellbeing Outcome 1- items 12b, 13 & 14
- Permanency Outcome 1- items 5 & 6
- Work with in-home cases
- Re-entry rates
- Case Review System- Item 20

Benchmarks for Achieving Objective 1

Year 1: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Key Activities

Year 2: Q5-Q8 CFSR PIP Key Activities

Year 3: Continue Q5-Q8 CFSR PIP Key Activities

Year 4: Validation Study of SDM tools

Year 5: Implement improvement strategies based on the findings of the validation study

¹⁶ See CFSR PIP page 10

Year 2: Q5-Q8 CFSR PIP Key Activities

For updates for Year 2 of this objective, please see attachment A, NJ DCF's CFSR PIP Progress Report.

Objective 2: Implement behavior-based case planning practice¹⁷

Rationale for Objective 2

CFSR and Qualitative Review (QR) identified challenges related to the frequency and quality of caseworker visits with parents. Analysis of findings identified that discussions during visits with parents were not comprehensive in identifying or addressing needs. These findings display need for supervision to consistently model and support best practice, and supervisors' need to address engagement and assessment in supervisory conferences. This objective will target the following CFSR related outcomes and systemic factors:

- Safety Outcome 2- item 3
- Wellbeing Outcome 1- items 12b, 13 & 15
- Permanency Outcome 1- item 5
- Work within home cases
- Re-entry rates
- Case Review System- item 20

Benchmarks for Achieving Objective 2

Year 1: Identify needed changes to ensure proper integration of the model into the agency's training curriculums, forms and policies, quality assurance process, performance review process and system culture.

Year 2: Integrate required changes in the agency's training curriculums, forms and policies, quality assurance process, performance review process. Develop an internal training and consultative core staff that will serve as the local office on-site trainers and coaches to assist with long-term integration and application of the behavioral case planning model. Develop and launch internal and external training strategy.

Year 3: Complete training strategy; continue coaching strategy.

Year 4: Continually assure model fidelity through use of existing CQI activities.

Year 5: Continually assure model fidelity through use of existing CQI activities.

¹⁷ See CFSR PIP page 16

Year 2 updates: Integrate required changes in the agency’s training curriculums, forms and policies, quality assurance process, performance review process. Develop an internal training and consultative core staff that will serve as the local office on-site trainers and coaches to assist with long-term integration and application of the behavioral case planning model. Develop and launch internal and external training strategy.

The integration of Solution-Based Casework (SBC), a behavior-based case planning model, within DCF’s case practice model (CPM) is organized within a teaming structure to ensure efficient, high-quality implementation. Implementation teams, detailed below, were strategically organized to attend to the implementation drivers and supports, and purposefully linked to promote bi-directional communication and problem-solving.

In June 2020, key representatives from DCF and Rutgers University reconvened after a six-month delay due to the COVID-19 emergency. To start, teams examined and updated team membership, work plan goals and activities, and adjusted key deliverable timeframes to align with the revised implementation of Solution-Based Casework timeline. Each team’s function and notable progress to date is detailed below.

Teams	Function	Notable Achievements/ Deliverables - 2022
Project Management Team	Consult with model developer, as needed, to support model fidelity and integration of Solution-Based Casework. Convene teams, manage work plans and project deliverables. Monitor, evaluate and improve project implementation. Ensure teams are aligned with implementation science principles.	<ul style="list-style-type: none"> ○ Updated/monitored the high-level timeline that sequences project activities. ○ Developed team dashboards to monitor workplan progress using Smartsheet.
Model Integration Team	Align DCF Case Practice Model with Solution-Based Casework	<ul style="list-style-type: none"> ○ Updated two documents outlining the integration of SBC into CPM. <ul style="list-style-type: none"> ● CPM & SBC OOH Crosswalk ● CPM & SBC IH Crosswalk ○ Initiated the development of the in-home logic model
Implementation Team	Cross-departmental leadership team charged with overseeing the integration and quality implementation of Solution-Based Casework into the case	<ul style="list-style-type: none"> ○ Ensured subcommittee teams attended to their assigned implementation support area

	practice model. Identify and address barriers and provide regular communication to DCF Executive Management.	<ul style="list-style-type: none"> ○ Monitored each team’s progress through work plan deliverable’s monthly
Staffing Subcommittee Team	Develop staffing strategies for Solution-Based Casework that specify the skills and abilities that are pre-requisites for the work ahead and those that will be developed once the person is hired.	<ul style="list-style-type: none"> ○ Identified the relevant positions that need updated Job Specifications that align with SBC Competencies.
Training/Coaching Subcommittee Team	Develop comprehensive training and coaching plan to implement deliverables that enable staff and partners to effectively apply SBC values and skills.	<ul style="list-style-type: none"> ○ Identified 54 trainers/coaches and pilot workers to experience the SBC TTT. ○ Managed the TTT training roll-out and developed processes to integrate feedback ongoing ○ Partnered with the Model Developer on curriculum changes as training shifted from in-person to remote
Data Support Subcommittee Team	The DCF data system will be updated to facilitate partnership and collaboration with families and outcome data for SBC that is reliable, reported frequently, built into everyday routines, accessible at varying staffing levels, and used to make decisions.	<ul style="list-style-type: none"> ○ Finalized changes to forms to integrate into the NJSPIRIT data system, and initiated JAD sessions: <ul style="list-style-type: none"> ● Individual and Family Assessment ● Individual and Family Agreement Plan ● Action Plan
Internal Processes Subcommittee Team	Develop/update administrative policies, procedures and practices to support the implementation of Solution-Based Casework and ensure there are communication feedback loops in place with staff at various levels and service users.	<ul style="list-style-type: none"> ○ Drafted administrative policies that cover case planning (i.e. family teaming, case transfer/closing) and supervision policy. ○ Began implementing the communication plan with DCF staff via an “all-staff” call with the Commissioner, and monthly e-mails

Systems Integration Subcommittee Team	Align resources, regulations, and systems to support the implementation of Solution-Based Casework, and put a process in place to identify, address, communicate and resolve systemic issues and barriers with relevant system partners and to ensure measurable achievement of federal and state requirements.	<ul style="list-style-type: none"> ○ Identified and engaged service providers as new team members ○ Drafted an SBC provider-training and external communication plan
Measurement/CQI Subcommittee Team	Develop fidelity tools and measures, update/align current CQI/QR with SBC, and design an evaluation plan.	<ul style="list-style-type: none"> ○ Developed a crosswalk to align measures and competencies across CSSP, CFSR and SBC

Additional information regarding DCF’s implementation of Solution Based Casework can be found in attachment A, NJ DCF’s CFSR PIP Progress Report.

Objective 3: Promote a culture and practice that prioritize father engagement and assessment¹⁸

Rationale for Objective 3

Analysis of CFSR and Qualitative Review (QR) results as well as other CQI system strategies revealed challenges as it relates to working with mothers versus fathers. These challenges include staff personal bias and fear, which impacted engagement of fathers, limited efforts and understanding of diligent search for fathers, historical beliefs that engagement with fathers was not a priority, and lack of strategies to engage fathers living outside of NJ or the country. Historically, there was no means to track visits with mothers and fathers separately in NJ Statewide Automated Child Welfare Information System (SACWIS) and Case Management systems; as described in the CFSR PIP, NJ has modified its NJ SPIRIT system and is in the process of developing Safe Measures reporting tools to allow for tracking of visits with mothers and fathers specifically. This objective will target the following CFSR related outcomes and systemic factors:

- Safety Outcome 2- item 3
- Wellbeing Outcome 1- items 12b, 13 & 15
- Permanency Outcome 1- item 5
- Work within home cases
- Re-entry rates
- Case Review System- item 20

¹⁸ See CFSR PIP page 16

Benchmarks for Achieving Objective 3

Year 1: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Key Activities

Year 2: Q5-Q8 CFSR PIP Key Activities

Year 3: Statewide increase in worker contacts with fathers. Fathers serving on DCF Parent Council

Year 4: Office of Family Voice and Parent Councils develop plan to achieve Shared Leadership. County qualitative reviews show increase in engagement specific performance measures

Year 5: Execute Year 4 plan

Year 2 Update: Q5-Q8 CFSR PIP Key Activities

For updates for Year 2 of this objective, please see attachment A, NJ DCF's CFSR PIP Progress Report.

Objective 4: Strengthen concurrent planning practice and accountability¹⁹

Rationale for Objective 4

Timely permanency was identified as the greatest challenge for New Jersey. Analysis post-CFSR revealed that staff does not consistently engage in a robust concurrent planning process and should strive to work more sequentially. There is also a lack of standardized review tools and policy that clearly defines concurrent planning roles and responsibilities. This objective will target the following CFSR related outcomes and systemic factors:

- Safety Outcome 2- item 3
- Wellbeing Outcome 1- items 12b, 13 & 14
- Permanency Outcome 1- item 5 & 6
- Permanency Outcome 2- item 10
- Case Review System

Benchmarks for Achieving Objective 4

Year 1: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Key Activities

Year 2: Q5-Q8 CFSR PIP Key Activities

Year 3: Analysis of Year 2 CFSR progress review; determine whether additional strategies or amendments to strategies are needed

Year 4: Implement additional or adjusted strategies identified in Year 3

Year 5: Continue to implement additional or adjusted strategies identified in Year 3

¹⁹ CFSR PIP page 21

Year 2 Update: Q5-Q8 CFSR PIP Key Activities

For updates for Year 2 of this objective, please see attachment A, NJ DCF's CFSR PIP Progress Report.

Objective 5: Increase the use of kinship care²⁰

Rationale for Objective 5

Analysis of NJ statewide data shows that children in kinship care have reduced rates of re-entry and increased likelihood of permanency after the first 12 months. This data is consistent with national studies (Eun Koh, Volume 33, Issue 9, 2011). Barriers to the utilization of kinship care or Kinship Legal Guardianship (KLG) lie within NJ DCF's policy and practice. This objective will target the following CFSR related outcomes and systemic factors:

- Permanency Outcome 1- item 5 & 6
- Permanency Outcome 2- item 10
- Case Review System

Benchmarks for Achieving Objective 5

Year 1: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Key Activities

Year 2: Q5-Q8 CFSR PIP Key Activities

Year 3: Conduct assessment of kinship performance and impact on length of stay develop additional strategies depending on findings

Year 4: Carry out additional strategies identified in Year 3

Year 5: Carry out additional strategies identified in Year 3

Year 2 Update: Q5-Q8 CFSR PIP Key Activities

For updates for Year 2 of this objective, please see attachment A, NJ DCF's CFSR PIP Progress Report.

In addition, NJ DCF is pursuing the following statutory changes to remove barriers to utilizing kinship care or KLG.

1. Legislate a preference for kinship as the preferred placement at the time of removal (N.J.S.A. § 9:6-1 — 9:6-8.30, 8.31, 8.54)

The State's current legislative framework requires the Department to search for relatives within 30 days of removing a child from their home, but it does not create a preference for the child to be placed with their relatives or kin. This legislation would change that and require the Judiciary and the Department to consider

²⁰ CFSR PIP page 22

kinship placement as the first option before others are explored. The entire child welfare system in New Jersey can then move towards a “kin first” approach, with other placement options being considered, as necessary, when a best-interest determination is made.

2. Remove burdens / strengthen ability for children to exit foster care to Kinship Legal Guardianship (KLG):

KLG is a way for children who have been removed from their homes to achieve permanency when reunification with their parent can't be achieved. Often, relative caregivers are reluctant to pursue adoption because they do not want to permanently sever the parent's parental rights, which is necessary in order to finalize an adoption in New Jersey. KLG, however, offers a pathway for relatives to assume permanent guardianship without requiring termination of the parent's rights. In order to offer greater support to relatives wishing to pursue KLG, A5598 seeks to amend existing statutes to:

- a. Eliminate the existing KLG language requiring the demonstration that "adoption is neither feasible nor likely"; (N.J.S.A. § 3B:12A-1 — 3B:12A-7)
- b. Create consistency with the legal requirement of finalizing an adoption in NJ by reducing the length of time the child needs to have been in the home from 12 months to 6 months; (N.J.S.A. § 3B:12A-1 — 3B:12A-7)
- c. Permit the naming of a designated successor caregiver, so that the designated successor can be explored and take over caretaking functions, if needed.

Objective 6: Strengthen NJ DCF's partnership with child welfare stakeholders and the Judiciary²¹

Rationale for Objective 6

Permanency findings suggest that delays are heavily concentrated in guardianship proceedings and that interface between NJ DCF and Judiciary data systems are limited. There is also historically a lack of collaborative forums for sharing data to address and understand barriers to achieving permanency. This objective will target the following CFSR related outcomes and systemic factors:

- Safety Outcome 2- items 3
- Wellbeing Outcome 1- items 12b & 13
- Permanency Outcome 1- items 5 & 6
- Permanency Outcome 2- item 10
- Case Review System

²¹ CFSR PIP page 23

Benchmarks for Achieving Objective 6

Year 1: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Key Activities

Year 2: Q5-Q8 CFSR PIP Key Activities

Year 3: Regular review of data occurs jointly between court personnel and local county CP&P staff during local CICAC meetings, and statewide at CICIC. Additional, joint strategies are developed to meet needs identified in analysis of data

Year 4: Implementation of joint strategies identified in Year 3

Year 5: Implementation of joint strategies identified in Year 3

Year 2 Updates: Q5-Q8 CFSR PIP Key Activities

For updates for Year 2 of this objective, please see attachment A, NJ DCF's CFSR PIP Progress Report.

Objective 7: Strengthen the partnership between resource parents and families

Rationale for Objective 7

DCF's vision includes an emphasis on connection, and our strategic plan is rooted in values such as collaboration. For children placed out of home, the opportunity to stay connected to their parent while in care is critical, unless contra-indicated clinically or if contact would be unsafe. At the same time, many of the families of origin are extremely socially isolated and could benefit from additional connection, particularly connection with parents who are positioned to serve as informal mentors. Initiatives such as the Annie E Casey Foundation's *Family to Family*, the Youth Law Center's *Quality Parenting Initiative*, and National Alliance of Children's Trust and Prevention Funds *Birth and Foster Parent Partnership*, all demonstrate the power of collaboration between foster parents and families of origin when children are in out of home care.

DCF intends to build opportunities for resource parent/birth parent partnership in collaboration with constituents themselves. However, while foster parent associations exist throughout New Jersey, the opportunities for birth parents to organize and advocate have been limited. An early priority for this objective is to support organization of birth parents into advisory councils, providing a clear channel for communication with the Department, followed by collaboration with birth parent and foster parent organizations to design and implement birth parent/foster parent partnership policies, programming and other interventions.

Benchmarks for Achieving Objective 7

Year 1: Recruit, screen and train birth and resource parents and establish a parent advisory council

Year 2: Recruit, screen and continue to train birth and resource parents and establish a parent advisory council

Year 3: Parent council will explore other states' practice regarding enhancement of resource parent/birth parent collaboration

Year 4: Implement parent council recommendations

Year 5: Implement parent council recommendations

Year 2 Update: Recruit, screen and continue to train birth and resource parents and establish a parent advisory council

The voices of birth parents, relative caregivers and foster parents with lived experience provide ideas that inform system priorities and provide context reflecting community needs.

To carry out this vision and provide a platform for that voice, OFV is reviewing national models and conducting key informant interviews. These efforts will support the establishment of a parent advisory council. OFV continues to plan for the Parent Council, which will be aimed at transforming our system through sustained meaningful engagement and leadership. The office is reviewing a two-phase approach beginning with a Wisdom Council that leads to the formation of a formal Statewide Parent Council. The voices of birth parents, relative caregivers and foster parents with lived experience will provide ideas that inform system priorities and context reflecting community needs. Through shared leadership, parents and OFV will work together to build a parent advisory council that transforms our system through sustained meaningful engagement and leadership to ensure everyone is safe, healthy and connected.

Objective 8: Continue to build statewide network of high quality, evidence-based programming to support family preservation and permanency

Rationale for Objective 8

As part of the work to strengthen the DCF Service Array, described in the section, [Plan to Achieve Service Excellence](#), DCF will use data from County Needs Assessments and ChildStat processes, ongoing CFSR reviews, and knowledge from other strategies identified in the CFSP, to identify strengths and gaps in the current service network. The input will assist in the creation of a plan to enhance the service network accordingly. Having high quality, evidence-based programming to support families can reduce the need for family separation, increase timely permanency and reduce re-entry into care.

Benchmarks for Achieving Objective 8:

For updates regarding benchmarks for Objective 8, please see section [Benchmarks for Achieving Improvement in Service Arrays](#) for full description of plan over the next five years.

Goal 2 Implementation Supports

To promote successful implementation of Goal 2 outlined above, the following implementation supports have been identified:

Staffing Implementation Supports

DCF continued to have the necessary level of staffing to achieve this goal. No additional staffing has been added. Additional staffing needs will be evaluated as needed.

Training and Coaching Implementation Supports

Training for Solution Based Casework

Social Solutions, LLC, has been engaged to provide training in Solution Based Casework. During Year 2, DCF worked with the model developer to determine an updated training and coaching strategy, including planning for remote facilitation and conversion of training to a virtual modality. Additional updates for Year 2 of this work are provided in attachment A, NJ DCF's CFSR PIP Progress Report.

Training for the Structured Decision Making (SDM) Tool

Evident Change²² (formerly the National Council on Crime & Delinquency and Children's Research Center) is engaged to provide training and technical assistance regarding Structured Decision Making. During Year 2, DCF worked with the model developer to convert this training to a virtual modality. During Year 2, the majority of CP&P staff participated in the virtual training. Additional updates for Year 2 of this work are provided in attachment A, NJ DCF's CFSR PIP Progress Report.

Training for Father Engagement

DCF is directly delivering training related to father engagement. Updates for Year 2 of this work are provided in attachment A, NJ DCF's CFSR PIP Progress Report.

Training on Criminal Background Checks

DCF delivered training related to criminal background checks, which remains available for staff. Updates for Year 2 of this work are provided in attachment A, NJ DCF's CFSR PIP Progress Report.

Training on Concurrent Planning

DCF has designed and is directly delivering training on Concurrent Planning. Updates for Year 2 of this work are provided in attachment A, NJ DCF's CFSR PIP Progress Report.

²² More information on Evident Change and the Structured Decision Making (SDM) Model can be found online at: <https://www.evidentchange.org/assessment/structured-decision-making-sdm-model>.

Technology Implementation Supports

Modification of NJ SPIRIT and SafeMeasures case management systems will be required, and interface between DCF and Judiciary data systems will be enhanced.

Updates for Year 2 of this work are provided in attachment A, NJ DCF's CFSR PIP Progress Report.

Administrative Practices/Policies/Teaming

The Office of Family Voice (OFV) leads the Department's Fatherhood Engagement Committee (FEC). The goal of the FEC is to improve the Department's approach to involving and engaging fathers. The FEC includes fathers, service providers and stakeholders and ensures their voice is included in the work of the Department. System partners are invited to bring their data to assist in further understanding barriers to engaging fathers. OFV presented state and national fatherhood data and partners, such as Child Support and Head Start, provided information about the client's they serve. Due to the COVID-19 emergency, the FEC meetings were suspended throughout the majority of 2020, however, in December 2020 the committee reconvened and returned to bi-monthly meetings in 2021.

The Statewide Fatherhood Engagement workgroup subcommittee consisting of fathers with lived experience has continued to meet since the fall of 2019. The subcommittee discuss their history and experience working with DCF and CP&P and speak openly about the challenges they have experienced. In February of 2020, the OFV added a Fatherhood Engagement Advisor (FEA). The FEA maintains regular communication with the members of the lived experience subcommittee. The fathers have continued to meet with the OFV virtually during the COVID-19 emergency. In December 2020, when the FEC reconvened, the committee reviewed the work and the areas identified by the subcommittee and discussed how best to integrate their recommendations into the work of the FEC moving forward. In February 2021, a father from the lived experience subcommittee provided direct feedback to the FEC members as they worked on recommendations to increase engagement with fathers.

Partnerships and Collaborations

As described in detail in attachment A, NJ DCF's CFSR PIP Progress Report, DCF is using internal collaborative partners to review and revise policy around legal practices and policy and has launched multiple external partnerships to identify challenges and solutions to improve father engagement. It also is in partnership with the Judiciary regarding challenges with permanency and concurrent planning, including DCF representation on Children in Court Improvement Committee (CICIC) and regular meetings of the data teams from DCF and the Administrative Office of the Courts. The CFSR PIP Progress Report reflects the work accomplished through these partnerships.

As stated above, OFV leads the Department's Fatherhood Engagement Committee. The Committee includes fathers, service providers and stakeholders and ensures their voice is included in the work of the Department. The subcommittee of fathers with lived experience has proposed reviewing and improving policy specific to searching for and engaging fathers. Representatives from DCF's Office of Policy and Regulatory Development are on the committee and the FEC has begun work to improve such policy.

In March of 2021 fathers from the lived experience subcommittee spoke at the Children in Court Virtual Education Conference. They advised and informed attendees about the impact child welfare has had on their families and communities. The fathers reflected on their experiences in court and shared recommendations for how we might change practices to better engage parents and youth.

Technical Assistance Provided (to counties and other local or regional entities that operate state programs)

DCF's Youth Council works to achieve positive outcomes and evaluate system reforms. Members have provided technical assistance on the COVID-19 emergency on several occasions. Early in the pandemic, the council created a COVID-19 resource guide for older youth. In July 2020, two council members represented NJ for a series of Youth Ambassador Regional Roundtables hosted by Associate Commissioner Jerry Milner regarding COVID-19 and ongoing response to it. Members have also provided input on COVID-19 related social media posts and assisted with a storyboard for a CSOC public service announcement.

In January 2021, directors of NJ's Department of Health, Office of Public Health and the Opioid Response and Policy held a focus group with DCF Youth Council to inform the work with youth during the COVID-19 emergency.

Goal 2 Technical Assistance Needs

DCF continues to make use of technical assistance from Social Solutions, LLC, and Evident Change to advance Goal 2. Updates for Year 2 of this work are provided in attachment A, NJ DCF's CFSR PIP Progress Report.

Goal 2 Research and Evaluation Activities

Translational Research and Quality improvement

DCF rolled out all upgraded SDM tools to all field staff on November 18, 2020. Evident Change conducted case readings in mid-April 2021 as part of the implementation plan. Another validation of the risk assessment is also in the workplan to assess whether the revised risk assessment is working as intended.

Family Preservation Services (FPS) Evaluation

The Office of Research, Evaluation, and Reporting (RER), in partnership with the Office of Strategic Development (OSD) conducts ongoing monitoring and evaluation of the Family Preservation Services Program. In 2018, RER led a collaborative process to develop the FPS evaluation plan. In developing the evaluation plan, RER engaged providers and DCF staff to identify key evaluation questions, determine measures and data sources needed to answer those questions, and establish data management and analysis structures. Preliminary evaluation analyses aimed at understanding the characteristics of FPS families and their child welfare outcomes have been conducted. In 2019, RER, in collaboration with OSD, also developed and implemented a Continuous Quality Improvement (CQI) structure for the FPS Program including a quarterly dashboard with key data points to assess program implementation. RER continues to maintain this structure with OSD, holding quarterly calls with FPS providers and stakeholders in which data are used to inform discussions around successes and challenges and to promote evidence-based decision-making. DCF also purchased the most up-to-date version of the North Carolina Family Assessment Scale (NCFAS) on-line data system for FPS providers and has scoped out an electronic data system using the Salesforce platform to collect all FPS evaluation data.

Keeping Families Together (KFT) Evaluation

The DCF internal evaluation team, led by DCF's Office of Research, Evaluation and Reporting (RER), is leveraging a teaming process to understand the implementation and outcomes of KFT. The evaluation will assess whether the program is implemented as intended along with its impact on families' housing stability, well-being and child welfare outcomes. It also utilizes data for quarterly continuous quality improvement processes with providers. RER and OSD have been collaborating with stakeholders from across the Department and community based KFT providers to develop the KFT Practice Profile. This Practice Profile and model design process have tested and solidified the essential functions and helped to support the program's delivery as intended.

In partnership with the Urban Institute, and with support from the Robert Wood Johnson Foundation, DCF is enhancing its existing internal evaluation by further examining implementation of the KFT program model. The Urban Institute's body of work will build on DCF's ongoing evaluation of KFT by further exploring implementation of the program from the perspectives of families, DCF staff, and provider staff. The Urban Institute will also use rapid learning cycles to confirm the program's processes for targeting the families who will benefit most from the program and transitioning off supportive services when appropriate.

Supportive Visitation Services Evaluation

In June 2018, the Office of Research Evaluation and Reporting (RER), in partnership with the Office of Strategic Development (OSD) developed an evaluation plan for its Supportive Visitation Services (SVS) programming. The purposes of the evaluation are to gain insight, improve practice and assess effects. Building on this work, in 2019 RER and OSD implemented a Continuous Quality Improvement process which brings provider,

DCF, and CP&P stakeholders together to discuss key evaluation data quarterly and make program improvements, as needed. The DCF team also worked with partner providers to develop and prioritize benchmarks for key process and outcome measures related to SVS program delivery, establish a satisfaction survey for program participants, and develop a fidelity tool to help ensure the SVS practice is being implemented as intended.

Goal 3: DCF staff will be healthy and well positioned to engage and support children, youth and families to be safe and to thrive.

Rationale for Goal 3:

Child welfare systems have long been challenged by high worker turnover. In recent years, research into the impact of secondary trauma and organizational climate on frontline staff has demonstrated a link between those factors and worker turnover. Worker turnover negatively impacts important child welfare outcomes such as establishing trust-based relationships, family participation in essential services, and timely permanency.²³

High rates of worker turnover are also associated with increased rates of repeat maltreatment.²⁴ Less studied, but additionally important, is the link between staff wellness and the ability to meaningfully engage clients in relationships that lead to necessary change in the family system.²⁵

DCF therefore intends to focus on staff health and wellness to ensure that public servants who dedicate their professional lives to working with highly traumatized clients work in environments that provide state-of-the art supports. DCF is also working to create environments and supports that establish a strong foundation for success in engaging children, youth and families, and to reduce turnover from the caseworker position.

²³ Examples include: The Annie E. Casey Foundation (2003). [The Unsolved Challenge of System Reform: The Condition of the Frontline Human Services Workforce](#) and The Social Work Policy Institute (2010). [High Caseloads: How do they Impact Delivery of Health and Human Services?](#)

²⁴ National Council on Crime and Delinquency (2006). [The Human Services Workforce Initiative: Relationship between Staff Turnover, Child Welfare System Functioning and Recurrent Child Abuse](#). Cornerstones for Kids.

²⁵ North Carolina Division of Social Services and the Family and Children's Resource Program. Children's Service Practice Notes. Vol. 10 No. 3, June 2005. [Posttraumatic Stress Disorder](#).

Measurement of Progress for Goal 3: Updated

Measure	Baseline	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Target	Data source to Measure Progress
Assess and improve scores for CP&P staff	Establish in Year 3	Selected tool	Moved to Year 3	Establish baseline	TBD	TBD	ProQol or other valid tool will be administered to a statistically valid sample of DCP staff; baseline will be assessed in Year 3 and administered bi-annually thereafter.
Reduce Sick time/leave utilization for frontline caseworkers and supervisors	Establish in Year 3	N/A	Moved to Year 3	Establish baseline	TBD	TBD	Data from DCF Human Resources; baseline will be assessed, and improvement targets established, in Year 3.
Reduce Caseworker position level turnover	Establish in Year 3	N/A	Moved to Year 3	Establish Baseline	TBD	TBD	Data from DCF Human Resources; baseline will be assessed, and improvement targets established, in Year 3.

Year 2 Update: Measure: Assess and improve scores for CP&P staff

In Year 1, DCF examined tools that could be utilized to assess organizational culture and selected the Safety Culture Survey. As DCF was initiating plans to disseminate the survey, the COVID-19 emergency began. DCF suspended planning for the use of this instrument and developed an instrument that more closely examines issues of immediate concern to staff and the organization, regarding the rapid conversion to working from home and the stress imposed by the pandemic. A multidisciplinary team of DCF staff conducted a literature review of remote work-related research and measurement tools and developed an electronic survey.

In May 2020, DCF staff participated in the survey with a completion rate of 87%. DCF's Office of Research, Evaluation and Reporting managed data collection and analysis and synthesized open-ended qualitative feedback. In June 2020, DCF publicly distributed the

findings, which can be found [here](#). In the months that followed distribution of the results, DCF further analyzed and responded to the findings. DCF’s responses included but were not limited to provision of a series of work-from-home support tools, implementation of a flextime program, and conducting a staff appreciation week. DCF’s work-from-home resources, as well as information on other responses to the work from home survey, can be found [here](#). During Year 2, DCF continued its participation in the National Partnership for Child Safety. This provides DCF with the opportunity to learn from jurisdictions across the United States that are also assessing organizational culture using this tool.

Year 2 Update: Measure: Reduce Sick time/leave utilization for frontline caseworkers and supervisors

In Year 1, DCF undertook efforts to establish a baseline for staff utilization of sick and leave time. In order to examine sick and leave time for frontline caseworkers and supervisors, DCF extracted eCATS, the state’s electronic timekeeping system, data for all CP&P staff in FSST, FSS2, FSS1, SFSS2 and SFSS1 titles, both Bilingual and not. The data was analyzed in two ways: 1) all hours coded using the job number “SICK”, against those without and 2) all hours coded using the activity code of any of the leave types: “CFLA”, “FMLA”, “SFLA”, “GENLV” or “LWOP”.

The analysis of leave time did not show any distinct trends, month-to-month. The analysis of sick time showed a baseline trend of greater sick usage in the beginning of the year, January-March, followed by a fairly steady usage rate through the rest of the year before a decrease at the end of the year, November and December. This falls in line with what is expected given resetting sick balances each year.

However, a review of the most recent data shows that, since the onset of the COVID-19 emergency and through the writing of this report, there has been a significant reduction in staff utilization of sick and leave time. See figure 26 and figure 27 below.

Figure 26

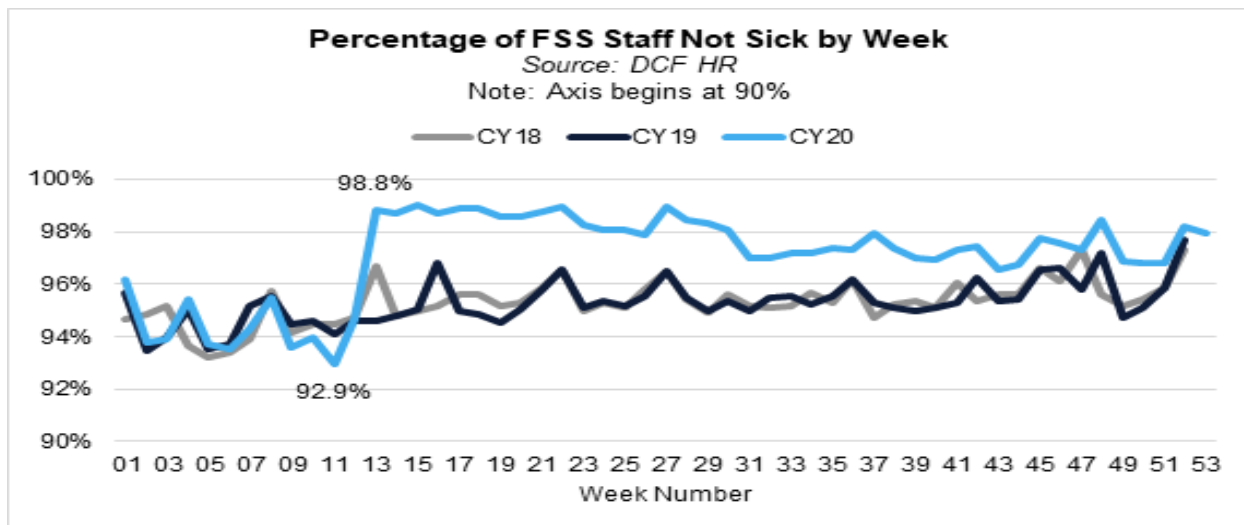
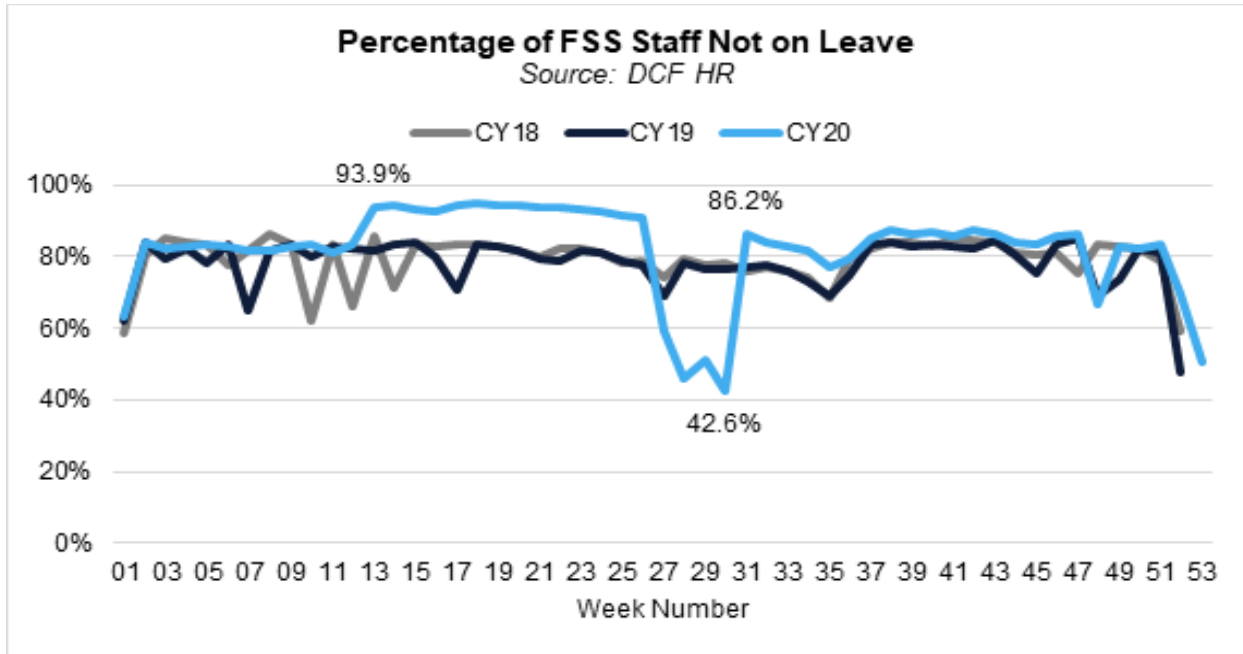


Figure 27



Throughout 2020, DCF routinely monitored staff leave time utilization; uses of leaves of all types declined noticeably commensurate with the onset of the COVID-19 emergency, despite high levels of uncertainty and stress in work and home life, in addition to a mandatory furlough that affected over 80% of the Department’s staff in July 2020. DCF had initially conceptualized monitoring of patterns in leave time utilization as a proxy for measuring staff stress levels. However, given the significant changes in the work life of DCF staff due to the COVID-19 emergency and continuing to the present, DCF no longer recommends measurement of leave time as a proxy for staff stress levels. As the Office of Staff Health and Wellness builds its work in 2021, DCF will establish new metrics by which staff health and wellness may be measured.

Year 2 Update: Measure: Reduce Caseworker position level turnover

As with staff sick time utilization, throughout 2020, DCF routinely monitored staff separations and rates of separation declined noticeably commensurate with the onset of the COVID-19 emergency. For FFY19, DCF had a total of 237 separations; for FFY20, DCF only had a total of 151 separations (see figure 28 below). Again, DCF had initially conceptualized monitoring of turnover as a proxy for measuring staff stress levels. However, given the significant changes in the work life of DCF staff due to the COVID-19 emergency and continuing to the present, DCF no longer recommends measurement of staff turnover as a proxy for staff stress levels, at least until the end of the COVID-19 emergency. As the Office of Staff Health and Wellness builds its work in 2021, DCF will establish new metrics by which staff health and wellness may be measured.

Figure 28

All Child Welfare Staff Separations by Job Title from October 1, 2019 through September 30, 2020									
	Retirement	Resignation in Good Standing	Resignation Not in Good Standing	Resignation Pending Disciplinary Action	Removal	Appointment Discontinued	Transfer to another Department	Death	Title Totals
Family Service Specialist Trainee		10				2			12
Family Service Specialist 2	16	66	1	4	5		2	2	96
Family Service Specialist 1	14	5						1	20
Front Line Supervisor (SFSS 2)	6	1							7
Case Practice Specialist (CSS)	3	1							4
Case Work Supervisor (SFSS 1)	9								9
Local Office Manager	1					1			2
Area Office Support Staff	1								1
Area Office Manager									0
Separation Totals	50	83	1	4	5	3	2	3	151

Objectives/Strategies/Interventions for Goal 3

1. Build and implement a DCF-wide staff health and wellness agenda
2. Use human factors analysis to ensure effective and timely system learning and corrections when fatalities and near fatalities occur (refer to [Goal 1](#))
3. Enhance physical security supports for staff

Objective 1: Build and implement a DCF-wide staff health and wellness agenda

Rationale for Objective 1:

The provision of wellness supports for child welfare staff has been recognized as an effective strategy to reduce frontline worker job-related stress. For example, the National Child Traumatic Stress Network publication *"Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators"*²⁶ includes guidance to provide information regarding secondary stress symptoms, accessible and appropriate resources and referrals, and to include in-service training on wellness strategies. It also notes that peer mentoring programs can be an effective means of providing staff support.

²⁶ The National Child Traumatic Stress Network (2016). [Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators](#).

Current DCF training curricula includes courses for workers and supervisors regarding secondary trauma and resilience, and has a well-established, state-wide Worker to Worker peer support program. In 2018, DCF engaged a national expert in the delivery of workforce well-being supports for managers (10-month group sessions) and frontline staff (monthly well-being call-in sessions). Furthermore, DCF has maintained supervisory to staff ratios of 1:5, and ongoing worker caseloads of not more than 15 families.

These supports have been well received and deemed valuable to staff. In the five-year CFSP period, DCF intends to build on this foundation, creating an agency-wide Office of Staff Health and Wellness which will report to the Commissioner. This office, once established, will be responsible for the coordination and implementation of strategies to manage and improve staff health and wellness to include maintenance of successful initiatives such as Peer to Peer and psychoeducational wellness support for managers and frontline staff through the Worker 2 Worker program, new worker training and information dissemination; and information gathering, assessment and development of additional strategies based on staff input and review of best practices from child welfare and related fields.

Improving staff job satisfaction and reduction in work related stress will promote a healthier workforce that will - in turn - contribute to improved child welfare outcomes, especially in the quality of engagement with families and time to permanency.

Benchmarks for Achieving Objective 1

Year 1: Establish an Office of Staff Health and Wellness. Conduct baseline staff survey and analyze results. Continue provision of Worker 2 Worker and workforce well-being programming (e.g., webinars, newsletters, training). Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios.

Year 2: Continue provision of Worker 2 Worker and workforce well-being programming (e.g., webinars, newsletters, training). Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan

Year 3: Continue provision of Worker 2 Worker and workforce well-being programming (e.g., webinars, newsletters, training). Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan

Year 4: Continue provision of Worker 2 Worker and workforce well-being programming (e.g., webinars, newsletters, training). Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan.

Year 5: Continue provision of Worker 2 Worker and workforce well-being programming (e.g., webinars, newsletters, training). Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional

benchmarks TBD following development of DCF Staff Health and Wellness Plan.

Year 2 Update: Continue provision of Worker 2 Worker and workforce well-being programming (e.g., webinars, newsletters, training). Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan

The formation of the Office of Staff Health and Wellness, originally slated for early 2020, was significantly delayed by the COVID-19 emergency. The Office launched on April 5, 2021 and can now take up the creation of its scope of work. During Year 2, the Department's focus in this area was more heavily weighted toward shifting operations to ensure efficiency so that staff were supported in acclimating to a virtual environment. Staff health and wellness continued to be prioritized opportunities for staff to participate in a series of trauma informed interactive webinars and an opportunity to connect with Worker2Worker, a peer reciprocal program.

In addition, DCF undertook a department-wide, work-from-home survey. A multidisciplinary team of DCF staff conducted a literature review of remote work-related research and measurement tools and developed an electronic survey. In May 2020, DCF staff participated in the survey with a completion rate of 87%. DCF's Office of Research, Evaluation and Reporting managed data collection and analysis and synthesized open-ended qualitative feedback. In June 2020, DCF publicly distributed the findings, which can be found online at: https://www.nj.gov/dcf/news/DCF_WFH_SurveyResults_June2020.pdf. In the months that followed distribution of the results, DCF further analyzed and responded to the findings. DCF's responses included but were not limited to provision of a series of work-from-home support tools, implementation of a flextime program, and conducting a staff appreciation week. DCF's work-from-home resources, as well as information on other responses to the work from home survey, can be found online at: https://www.nj.gov/dcf/wfh_resources.html.

In addition to the work-from-home resources, DCF continued to update its staff mindfulness webpage and toolkit. These resources are specific to themes of resilience and healing and are continuously updated with webinars and resources to help staff emotionally process the impacts of the COVID-19 emergency on daily life and promote strategies that support structure and perspective. The website can be found online at: <https://www.nj.gov/dcf/mindfulness.html>.

Throughout Year 2, DCF continued to maintain supervisory and caseload ratios.

Objective 2: Use human factors analysis to ensure effective and timely system learning and corrections when fatalities and near fatalities occur (refer to [Goal 1](#))

Rationale for Objective 2:

As described in [Goal 1](#), human factors refer to "environmental, organizational and job factors, and human and individual characteristics which influence behavior at work in a way which can affect health and safety." (Health and Safety Executive, UK). While [Goal 1](#) alluded to the impact that the use of human factors analysis can have on prevention of fatalities and near-fatalities, DCF's other intention for this work is to promote a safe office culture.

Traditionally, many child welfare organizations and the public at large, when faced with poor case outcomes, narrow the scope of retrospective inquiry to the individual casework team's actions or inactions. This narrowing of scope not only limits the efficacy of reviews, but also sets the stage for a self-fulfilling prophecy, that all case outcomes are primarily attributable to casework activities. The resulting dynamic – a high pressure work situation primed to blame individuals – can prove a toxic work environment. DCF's use of human factors analysis will support the department's efforts to create a healthy work environment, one in which there is accountability, but also recognition that ultimately responsibility is shared within the complex human, social and organizational environments in which we work.

Benchmarks for Achieving Objective 2

Year 1: Design and implement revised critical incident debriefing process:
develop and finalize business process, create one internal Multi- Disciplinary Team; Three (3) Regional Mapping Teams; Data Team. Launch reviews following new process. Begin monthly report of findings to DCF Executive Management

Year 2: Continue implementation of critical incident debriefing process

Year 3: Assess impact of new process

Year 4: TBD based on Year 3 assessment

Year 5: TBD based on Year 3 assessment

Year 2 Update: Continue implementation of critical incident debriefing process

For updates for Year 2 benchmarks, please refer to [Goal 1, Objective 2](#), of this report.

Objective 3: Enhance physical security supports for staff

Rationale for Objective 3:

The provision of physical safety supports for child welfare staff has also been recognized as an effective strategy to reduce frontline worker job-related stress. For example, the National Child Traumatic Stress Network publication "Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators" includes guidance to make physical safety a core element of training, skill development, policies and practices.

DCF will maintain and continually enhance worker training (e.g., safety in the field, active shooter drills, etc.), continue its security program (use of staff with prior law enforcement background to design and maintain statewide worker security program); and other supports (e.g., procurement of safety lanyards to augment worker safety in the field, security guards and wandering procedures in the offices, etc.). Additional initiatives or programs may be built throughout the CFSP period, as determined by the Staff Health and Wellness plan.

DCF's ongoing efforts to ensure physical safety of frontline staff will improve staff job satisfaction and reduce work related stress. In turn, the maintenance of a healthier workforce will contribute to improved child welfare outcomes, especially in quality of engagement with families and time to permanency.

Benchmarks for Achieving Objective 3

Year 1: Maintain existing physical security supports for staff

Year 2: Maintain existing physical security supports for staff. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan

Year 3: Maintain existing physical security supports for staff. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan

Year 4: Maintain existing physical security supports for staff. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan

Year 5: Maintain existing physical security supports for staff. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan

Year 2 Update: Maintain existing physical security supports for staff. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan

During Year 2, DCF sustained existing physical security supports for staff. Security guards with LobbyGuard technology were present in all CP&P local offices. DCF retained eight geographically assigned safety advisors. The safety advisors facilitated safety workshops, developed safety plans, consulted with local law enforcement, attended staff meetings for safety education, and participated in statewide safety committee meetings. During Year 2, the safety advisors remained available to staff for consultation and support.

The Department also maintained building entry protocols that provided guidance to staff around safety when entering DCF offices during the COVID-19 emergency.

The Department also continued use of Everbridge mass notification system that provides enrolled employees with critical information for a variety of situations, including, but not limited to, severe weather alerts, state government delayed openings, early dismissals and other unanticipated emergencies.

DCF continued to provide safety-focused training to all staff, including new hires during pre-service training. DCF's safety advisors and Office of emergency Management

facilitated active shooter workshops and conducted vulnerability assessments in the CP&P local offices. DCF also provided training regarding best safety practices while in the field.

DCF continued to deploy SafeSignal for CP&P staff statewide. SafeSignal is a GPS-enabled application, which allows staff to be monitored in real time and to send an alert when in a critical or dangerous situation. If SafeSignal is activated, an automated alert of critical information (i.e., name, location, and description) is relayed to law enforcement and DCF supervisory staff. SafeSignal remains available to staff.

Please refer to Goal 3, Objective 1 for updated on the DCF Staff Health and Wellness Plan.

Goal 3 Implementation Supports

To promote successful implementation of Goal 3 outlined above the following implementation supports have been identified:

Staffing Implementation Supports

DCF identified a seasoned leader from the Division of Child Protection and Permanency to lead a new Office of Staff Health and Wellness in 2019. Planning proceeded to transfer the leader to this role, but the transition was significantly interrupted by the COVID-19 emergency. The Director of the Office of Staff Health and Wellness assumed the new role on April 5, 2021.

To date, DCF has trained a unit of staff to perform human factors debriefing, and is making other staffing adjustments (e.g., forming state and local committees) to create the needed infrastructure for a full implementation of a safety-critical organizational learning process. To assist with staff safety, DCF will continue to maintain existing Security Officers and will evaluate overtime for additional need.

Training and Coaching Implementation Supports

Alia, Inc a national leader in child welfare transformation, continued to support efforts to promote workforce wellness, through wellness workgroups and “microlearning” sessions that empower the DCF team to reach full potential at home, with the families they work with, their coworkers, and in all facets of their lives. Monthly, hour-long wellness workgroups to promote and support staff health and wellness were available to executive leadership and leadership groups across the department in 2019. CP&P local office managers and Camden County case work supervisors were offered the wellness workgroups in 2020. Due to the COVID-19 emergency, wellness groups transitioned to online platforms in March 2020. Through January 2021, 15-minute call-in “microlearning” sessions were available to all DCF staff. These sessions taught strategies for stress reduction, mindfulness and self-care, and help to effectively engage the families encountered through CP&P work.

Furthermore, the DCF communications team developed and launched an internal web resource, the *Mindfulness Toolkit*. Throughout the COVID19 emergency, DCF continued to avail online resources and tools to all staff.

For a description of training and coaching provided by Collaborative Safety LLC, please refer to the [Training/Coaching section](#) under Goal 1. Training on worker safety and worker supports, which are currently provided, will continue. The need for additional courses or amendments to courses will be established within the Staff Health and Wellness plan alluded to in [Objective 1](#).

Technology Implementation Supports

DCF will use a safety review tool and will collect and aggregate data from the tool. DCF has identified a no-cost database that can be used to support this process and is in the process of incorporating that tool.

Technical Assistance Provided (to counties and other local or regional entities that operate state programs)

During the COVID-19 emergency, DCF leadership staff met virtually with community providers and used its website and social media accounts to provide accurate and timely information related to COVID-19. DCF leadership held 40+ provider calls with every category of contracted stakeholder, including child care, in-home, out-of-home, congregate care, shelters, Family Success Centers, Family Support Organizations, Children's Inter-Agency Coordinating Councils, as well as parents, resource families, kinship families and the Judiciary. DCF disseminated guidance through its COVID-19 webpage, which can be found here: <https://www.nj.gov/dcf/coronavirus.html>. The webpage is broken down into categories of resources and guidance for staff, providers, childcare providers and families. DCF leveraged social media to share news of the pandemic and precautions for the Centers for Disease Control and Prevention (CDC) and the New Jersey Department of Health (DOH), as well as other focused content. DCF leadership had weekly email communications with legislators, legal stakeholders, staff and providers to update on new content available on DCF's websites. In addition, DCF participated in various committees set up by DOH to address the needs of vulnerable populations related to testing and vaccine planning.

Goal 3 Technical Assistance Needs:

Provided to DCF From Partner Organizations

See update to [Goal 1 Technical Assistance Needs](#), specifically updates regarding the efforts of Collaborative Safety, LLC.

Goal 3 Research and Evaluation Activities

Research and evaluation activities will be determined as the Office of Staff Health and Wellness takes up the creation of its scope of work.

Quality Assurance System

In an effort to align with federal expectations, the systemic component of DCF's Continuous Quality Improvement (CQI) plan applies the five essential components of a functioning CQI system outlined in the Children's Bureau Information Memorandum ACYF-CM-IM-12-07. These five components highlight the importance of having well established oversight and mechanisms for collecting, analyzing, disseminating and utilizing data. NJ DCF applied this framework to outline its CQI activities and to establish an action plan to strengthen each of the five components. In an effort to be transparent, additional information about DCF's CQI system can be found at the publicly available website <https://www.nj.gov/dcf/about/divisions/opma/cqi.html>.

DCF's Administrative Structure Overview

DCF's Office of Quality is tasked to lead and support Departmentwide CQI activities at the state, area and local levels. The Department also has CQI committees; numerous staff positions at each level to support case practice implementation and ongoing CQI activities within the Child Protection and Permanency Division (CP&P). The Office of Quality and CP&P work closely with support staff throughout the Department (e.g. Office of Information Technology and Office of Training and Professional Development) to ensure that DCF has the tools and capacity to carry out its CQI activities. Although several processes exist, DCF is committed to strengthening its CQI infrastructure.

NJ DCF's Quality Data Collection Overview

DCF is a data driven organization that uses data to inform policy, strengthen standard operating procedures, and maintain its focus on continuous improvement of overall service delivery. DCF has clear processes and strong data management systems for collecting and extracting quantitative and qualitative data. The Office of Information Technology (OIT) manages and supports the Department in using NJ SPIRIT, NJ DCF's Statewide Automated Child Welfare Information System (SACWIS) as well as all other information management systems. The Office of Quality collaborates with leadership throughout the Department to ensure the reliability and validity of data used to inform decision making. DCF is committed to providing ongoing training and development opportunities and has designated staff working to ensure data are entered, collected and extracted systematically.

Case Record Review Data and Process

DCF conducts numerous case reviews that provide an understanding of what is steering the safety, permanency and well-being data regarding day-to-day practice in the field and how that practice impacts child and family functioning and outcomes. The QR is one of many reviews but is a primary means to ensure the integrity of and monitor DCF's work with children and families. The QR process is a qualitative assessment of system performance factors. It is designed to foster case practice improvement and provide

information on the process-based components of the case practice model, such as family engagement.

Analysis and Dissemination of Performance Data

DCF is committed to ensuring that both internal and external stakeholders at all levels have access to the data needed to make informed decisions. DCF has strong existing data management systems for aggregating data, staff who work to ensure that stakeholders have access to needed information, and several reporting mechanisms for making data readily available to end users.

Feedback to Stakeholders and Decision Makers

DCF collects, analyzes and integrates information to drive change within the organization. Executive Management uses feedback from stakeholders and the community to inform training, policy and practice. The feedback is also used to help assess and improve practice by supporting supervisors and field staff to understand how results link to daily casework practice.

Overall, DCF has made progress in enhancements to the state's CQI system. DCF continues to build and strengthen the multilevel structure and oversight committees to ensure stronger alignment and accountability. These committees include central office and area staff who hold designated roles in supporting specific CQI efforts throughout the Department.

In 2019, DCF worked to strengthen alignment and oversight of the CQI system by aligning the QR with ChildStat, another statewide CQI activity. This revised process was designed to create one forum for analysis and discussion between local management teams and Departmental leadership regarding (a) community data from the US census and other publicly available datasets; (b) child protection quantitative data from NJ SPIRIT and qualitative data from the QR and local views; and c) Children's System of Care quantitative data from Cyber and qualitative data from local CSOC providers. During ChildStat sessions, rates of kinship care, rates of racial disparity in SCR reporting and out of home placement, and performance related to client engagement in teaming and case planning, among other trends, were discussed. Through the discussions, local teams began to problem solve regarding possible solutions to the challenges faced, including need for change in managerial or supervisory oversight of placement decision making, and revisiting criteria and processes for consideration of relative caregivers among others.

The Qualitative Review (QR) is a week-long county-based assessment of case practice that occurs in all jurisdictions where services included in the Child and Family Services Plan (CFSP) are provided. The QR is held biennially in each of New Jersey's 21 counties and uses a combination of record reviews, interviews, observations and professional assessment to identify strengths and needs of the service delivery system. The QR examines the status of the child and family in several important areas of life such as

safety, stability, health, and family resourcefulness. Key practice performance areas including engagement, teamwork & coordination, ongoing assessment process, case planning, and service effectiveness are also examined. The QR is implemented with trained reviewers, a structured protocol, and standards to engage stakeholders including families, parents and youth in the assessment process. County and local level data stories are shared to ensure that staff members at various levels as well as key stakeholders have an opportunity to attend a presentation focused on enhanced interpretation and application of the QR results in improvement planning. Results are translated into a broad range of reports, including [DCF's annual report](#) that is available to the public. The feedback from stakeholders and findings from the review are utilized to help identify service and performance trends. Additionally, following the QR, the participating county develops a county CQI Team for the two-year program improvement period. The County CQI team develops, implements and supports the evaluation of interventions outlined in the program improvement plans.

ChildStat is a learning, management, and accountability tool used by DCF to support CQI, foster a shared sense of accountability and promote system-wide problem solving around critical issues affecting child and family outcomes. To strengthen the effectiveness of the ChildStat process and better integrate CQI processes, DCF has adapted the process of ChildStat and aligned it with the existing QR process by shifting from a Child, Protection and Permanency (CP&P) Local Office focus to a county focus, expanding the scope to include discussions of county community needs (e.g., socio-economic, health, transportation and other needs) and participation of the Children's System of Care (CSOC).

In order to ensure staff with designated CQI roles as well as all DCF staff are prepared to support the system, continuous coaching is provided, and consistent training and ongoing meetings are held. DCF understands the importance of developing its staff to support its CQI system. All staff with designated roles, including staff from DCF's Office of Quality, select staff from DCF's Office of Research, Evaluation and Reporting and all CP&P Area Quality Coordinators, completed an eight-day CQI training and coaching session. The purpose of the training was to strengthen Program Improvement Plan (PIP) facilitation guidance, provide professional development in interpreting and using data to support CQI activities, and outline enhanced procedures for developing PIPs and reporting progress. DCF in collaboration with its University Partners developed and piloted a training in February 2020 for the general staff to support CQI awareness and integration of DCF's CQI vision in daily practice.

During the COVID-19 emergency, DCF temporarily suspended many of its CQI processes, including ChildStat and QRs. This was done to dedicate staff and resources to the safe and effective management of the department's response to the pandemic. DCF staff and resources were, instead, dedicated to emergency reviews of case practice, to the provision of various surveys, and to the development of tools and management dashboards necessary to monitor the pandemic's impacts on DCF's network of services. DCF's Office of Quality focused on assessing the quality of interactions with

families during the pandemic, and the ability to meet the individualized unique needs of families during this time. As the public health emergency continues, DCF is engaging in planning efforts to re-align its CQI system to support implementation of Solution Based Casework, centralized performance monitoring of purchased services, and deeper engagement with constituents and communities.

In addition to the QR protocol tool, DCF utilizes the Onsite Review Instrument (OSRI) to gain a holistic assessment of the safety, permanency and well-being outcomes for the children and families served by the Department. While the OSRI and QR tools measure similar content, there are important differences in the outcomes measured, sampling strategies and periods under review. Understanding these differences and in consultation with the Children's Bureau's Measurement and Sampling Committee (MASC), DCF developed an independent OSRI-based case record review to supplement the QR Review process and inform the development of the state program improvement plan. To develop the strategy, a workgroup reviewed existing measurement related documents associated with the 2017 CFSR onsite review and collaboratively developed a measurement plan. This plan was vetted with internal stakeholders and modified as needed. In 2019, New Jersey completed a baseline review of 60 cases, using the OSRI, between June and August. In 2020, DCF completed a virtual measurement round of the CFSR, reviewing another 65 cases using the OSRI. Over the next two years, DCF will continue to utilize the OSRI in annual reviews as part of the department's continuous quality improvement strategy.

DCF has been conducting a state case review process for CFSR purposes for the past 10 years and will continue to do so moving forward.

New Jersey was found for the first time to be in substantial conformity during Round 3 of the CFSR for the Quality Assurance System. DCF continues to implement a robust and sustainable CQI infrastructure, rooted in a scientific reasoning framework with five core components:



Identify: DCF begins by using multiple approaches to gathering quantitative and qualitative data, as well as feedback from constituents and professional stakeholders, in order to identify areas of practice we would like to see improved or replicated.

Explore Solutions: As areas in need of modification are identified, DCF constructs theories of change to explore strategies to improve services and processes at the local,

area and state levels. At the state level, leaders research evidence informed practices and determine the feasibility of implementing solutions. At the Local Office, staff members use the PIP process to develop sound theories of change and clear expectations of how proposed interventions will contribute to achievement of short and long-term outcomes.

Develop Initiatives: Guided by the theory of change, DCF identifies the best approaches to making improvements, accounting for the needs of constituents and the Department’s capacity to implement the intervention. DCF is focusing on the use of well-defined models with evidence of efficacy and developing sound implementation and evaluation plans to ensure success of the effort.

Implement and Evaluate: DCF uses the most appropriate measurement strategy to determine how well programs are being implemented. DCF staff monitors results and, where possible, implements robust outcome evaluation methods to fully understand if the interventions are yielding statistically significant improvements. Furthermore, DCF looks for opportunities to use randomized and quasi-experimental designs to test proposed interventions and assess outcomes.

Learn and Plan: DCF learns from the intervention testing and attempts to replicate success. Staff members synthesize and disseminate information gained from the intervention studies so that DCF leadership can adapt and plan strategic replication of successful programs. Finally, DCF deploys successful interventions statewide, as deemed appropriate, through thoughtful implementation frameworks and careful planning that continues to effectively support and measure impacts over time.

DCF developed this framework to help shape and formalize its ongoing strategies for developing and learning from CQI activities. DCF’s integration of this approach establishes a common language as well as shared expectations for how DCF goes about planning, implementing and learning. As previously stated, in 2019 this framework guided the reformation of DCF’s ChildStat process, which is now positioned as a significant implementation tool to support the successful implementation of the CFSP.

Please see figure 29 below for specific examples of DCF’s ability to meet the required components of the Quality Assurance System.

Figure 29

<i>Requirement 1.</i>	Is the State operating an identifiable quality assurance system that (1) is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided?	Example CQI activities influencing all NJ jurisdictions include: <ul style="list-style-type: none"> • Designated staff roles to support CQI in all jurisdictions • Case record review data and processes • Statewide access to information management systems that provide real time and longitudinal data (e.g., SafeMeasures, longitudinal data)
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		<p>reports, and NJ Child Welfare Data Portal)</p> <ul style="list-style-type: none"> • CQI staff capacity building and framework integration at the state, area and local levels
<i>Requirement 2.</i>	<p>Is the State operating an identifiable quality assurance system that (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety)?</p>	<p>Examples of DCF’s strategies for applying standards to evaluate the quality of services include:</p> <ul style="list-style-type: none"> • Tracking, monitoring results in relation to specified targets, dissemination and use of data related to 48 process and outcome measures; • Qualitative Review standardized protocol and process to support the state (i.e. scoring, reviewer training) in interpretation of performance based on DCF and SEP standards; and • SafeMeasures case management process for collecting and extracting quantitative and qualitative data based on DCF standards.
<i>Requirement 3.</i>	<p>Is the State operating an identifiable quality assurance system that (3) identifies the strengths and needs of the service delivery system?</p>	<p>Example strategies for identifying the strengths and needs of the service delivery system include the:</p> <ul style="list-style-type: none"> • Statewide Needs Assessment process conducted in collaboration with each County’s Human Services Advisory Council and integrated into ChildStat; • Ongoing Strengths and Needs of Services Survey; and • Office of Strategic Development dedicated to matching needs and services, Office of Family Voice dedicated to infusion of family voice in planning and operations.
<i>Requirement 4.</i>	<p>Is the State operating an identifiable quality assurance system that (4) provides relevant reports?</p>	<p>Evidence of primary CQI activities related to providing relevant reports include, but are not limited to:</p> <ul style="list-style-type: none"> • Reports posted on the DCF website; • The New Jersey Child Welfare Data Portal that allows end users to access NJDF data and generate customized reports; • Use of comprehensive data systems that produce data reports, and fulfill internal and regulatory data requests; • Meeting of federal reporting requirements; and

		<ul style="list-style-type: none"> Internal reports distributed to Central Office, Area Office and Local Office leadership as appropriate.
<i>Requirement 5.</i>	Is the State operating an identifiable quality assurance system that (5) evaluates implemented program improvement measures?	<p>Examples of primary CQI activities related to evaluating implemented program improvement measures include, but are not limited to:</p> <ul style="list-style-type: none"> Externally Contracted Evaluations; Internal Evaluations of Statewide CP&P Pilots; and Process and outcome measurement of County CQI Program Improvement Plans.

Update on Service Descriptions: Child and Family Services Continuum²⁷

Strengths and Gaps in Services

DCF’s child welfare practice aims to meaningfully engage families in a process that seeks to identify changes and required supports to make changes within their family to ensure that children are not at risk of harm. Often, the family team process identifies needs for formal services, such as family or individual therapy, crisis intervention and stabilization, homemaking, parenting education, and the like. DCF works continuously to ensure that New Jersey has an appropriate, network of high-quality services available to families.

Throughout the last several years, DCF undertook several initiatives to assess the strengths and gaps of services, including self-assessments of uptake in utilization of evidence-based practices amongst the provider network, and feedback from the Commissioner’s listening tour, which identified that the existing services are at varying stages of maturity in the extent to which they incorporate family voice, use clear or evidence-based practice models, and have sufficient implementation supports built to ensure quality.

Next, the DCF/HSAC County Needs Assessment, which was designed in collaboration with the Human Services Directors, will allow HSACs to attain county-specific qualitative information related to county needs and barriers to meeting those needs. The needs assessment, as originally designed, allows each county to be evaluated every two years on the same schedule as DCF’s QRs and Childstat with the intention of embedding the findings into the county’s ChildStat presentation. As a result of the COVID-19 emergency and associated cancellations of ChildStat, the integration of needs assessment findings into ChildStat presentations was unable to take place; this will begin with the resumption of ChildStat or alternative CQI forums. In addition, every two years,

²⁷ This section is a cross reference for the [Service Array Systemic Factor](#) rather than including data and analysis of strengths and concerns in that section.

the findings from all twenty-one counties will be reviewed and synthesized into a statewide comprehensive report. Additional information related to DCF's needs assessment process, including county data profiles and needs assessment reports, is available [online](https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html) at: https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html.

During Year 1, DCF worked with the Human Service Directors and HSACs to outline the methodology and develop the tools, including guidance documents, focus group and key informant interview protocols, a standard survey, consent documents and a standard report template, to be utilized by the HSACs while undertaking the assessments. The group aimed to develop a process to attain county-specific qualitative information related to the scope, nature and local context of community needs, while simultaneously ensuring feasibility and usefulness for all involved. The DCF/Human Service Directors workgroup shared proposed tools and methodologies with internal and external partners for feedback. DCF engaged Rutgers University School of Social Work to design county-based data profiles to provide the HSACs with data and context relevant to all areas covered by the needs assessment.

In Fall 2019, the needs assessment process kicked off. Throughout 2020, the county HSAC teams undertook qualitative data collection. DCF's Office of Quality provided ongoing technical assistance and guidance to the HSACs, including accommodations related to the COVID-19 emergency, i.e., creation of an electronic survey and flexibilities for virtual and telephonic focus groups and key informant interviews. Between October 2020 and January 2021, all counties submitted standardized reports to DCF. Through March 2021, DCF reviewed the county reports and held individualized feedback sessions, wherein there were discussions on the county report and findings, as well as how to improve the needs assessment process. Additionally, in May 2021, DCF, through Rutgers University, completed a statewide synthesis report, which summarized priority need areas, barriers to addressing those needs, impacted subpopulations, successes and progress and recommendations for action. In Summer 2021, DCF worked with Rutgers and the HSACs to disseminate the statewide results to stakeholders, including state sister agencies, service providers, and more. All county and statewide findings are publicly available at: https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html.

Moving forward, DCF will work with the Human Service Directors and HSACs to update the methodology to improve the processes for future assessments. DCF is using the findings from the current cycle to inform planning for the service array through its executive level Program Steering Committee, and will be establishing a series of internal, Department-wide problem-solving forums in State Fiscal Year 2021 to generate solutions to challenges identified, such as transportation and lack of awareness of services at the local level. At the local level, HSAC Coordinators have undertaken dissemination and utilization strategies customized to their community, including presentation and dissemination with county government officials and others, to inform local social service spending plans.

Synthesis of Needs Assessments

Review of 2017 CFSR Findings

NJ DCF was not in substantial conformity with the systemic factor of Service Array and Resource Development. Neither of the items (Item 29 – Array of Services or Item 30 – Individualizing Services) in this systemic factor was rated as a Strength.

Item 29 – Array of Services

New Jersey received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that New Jersey does not have an adequate array of services accessible to children and families statewide. Although there have been some improvements in the available array of services for children through the Children’s System of Care regarding treatments and interventions for children, service gaps and waitlists exist for inpatient substance abuse treatment (particularly for programs that allow mothers and fathers to keep their children with them), mental health services, in-home prevention services, housing, post-adoption services, visitation services, transportation, supportive services for resource families, and mentors for youth. There are barriers to accessing services in neighboring counties, and the quality of some contracted services is a concern.

Item 30 – Individualizing Services

New Jersey received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that the state does not ensure that services can be individualized to meet the unique needs of children and families. Stakeholders reported that most families are referred to the same set of services, and that services are not tailored to meet the unique needs of families. Stakeholders said there is an overreliance on psychological evaluations to drive service planning for families, and that such evaluations are typically requested for all cases rather than when a parent’s needs warrant it. There was concern about the quality of some of these evaluations. Stakeholders also said that there was a need for more service providers to work with families served by the agency who speak Spanish, Korean, or Pacific-Rim languages, or use sign language.

As noted above, the CFSR findings highlight concerns in the following domains: availability (targeted for special populations, etc.), accessibility (service gaps, waitlists, access for neighboring counties, more language availability, etc.), acceptability (individualized services, etc.), and quality.

In March-April 2019, NJ DCF conducted a review and meta-synthesis of DCF-related needs assessments in order to gain a more comprehensive understanding of the challenges and needs of families in New Jersey. The team reviewed administrative child

welfare data from the CP&P statewide automated child welfare information system, NJ SPIRIT, and nine unique needs assessments representing the voices of over 2,000 youth, caregivers, DCF staff and external stakeholders (e.g., advocates, providers). Findings from the needs assessment review and meta-synthesis were organized into child and caregiver challenges, service delivery needs and system's needs.

Among children served both in- and out-of-home, the most common challenges were caregiver substance use (out-of-home: 74%; in-home: 44%) and caregiver mental health issues (out-of-home: 66%; in-home: 29%). Domestic violence, housing issues, financial issues, and child mental health challenges affected over one-third of children in out-of-home placement. The vast majority of children in out-of-home placement (83%) experienced co-occurring challenges compared to just under half (42%) of children served in their own homes. Concrete supports were frequently identified as a challenge across all stakeholder groups and included housing, transportation, childcare, healthcare assistance/insurance, financial assistance, and employment assistance.

The review and meta-synthesis additionally identified cross-cutting needs related to systems and delivery of services. Service delivery needs fell under the four domains of the rights-based AAAQ framework²⁶ and included availability (e.g., targeted services for undocumented immigrants), accessibility (e.g., flexible service hours), acceptability (e.g., trauma-informed and culturally appropriate services), and quality (e.g., evidence-based programming, quality assurance systems) of services. Systems needs included enhanced communication and data sharing across systems and a “one-stop-shop” model where caregivers can receive support for a variety of challenges in one place rather than working with multiple providers and organizations to meet their needs.

Human Services Advisory Council (HSAC) Needs Assessments

NJ DCF is compiling a formal synthesis of the HSAC Needs Assessments, which will be released to the public in Summer, 2021. For more information about the HSAC needs assessment, please refer to the [Strengths and Gaps in Services](#) section above.

Plan to Achieve Service Excellence

To date, DCF has focused on the quality of select core purchased services by integrating more evidence-based programming. Where evidence-based programming is not available, developing program practices, implementation supports and evidence for promising practices is supported. However, findings from the synthesis of the needs assessments and the CFSR both highlight the necessity for DCF to look not only at the quality of services we are purchasing or delivering directly, but also the availability, accessibility and acceptability of the services,²⁸ utilizing the rights-based AAAQ framework referenced earlier.

²⁸ https://www.who.int/hhr/news/hrba_to_health2.pdf

To ensure services are available, accessible, acceptable and of the highest quality, DCF plans to implement the following strategies to achieve service excellence:

- i. Establish a continuum of core service programs, evidence-based programs when available
- ii. Establish service excellence standards
- iii. Develop DCF infrastructure for program monitoring and development

i. Establish a continuum of core service programs, evidence-based when available

Too often, child welfare systems seek to establish a formal, purchased service to meet each identified need within the family. At its worst, this way of working results in “piling on” disconnected services that do not meet the particular need of the family and unfavorable results. In reality, while individual family members may benefit from individual clinical or other help, what is generally needed is a set of functional changes in the day-to-day life of the family system, and a deepening of connection to the family’s natural network of support. Formal services must be positioned not only to treat underlying clinical conditions, but to assist caregivers in making changes to their daily routines, using strategies developed in treatment or education classes to manage common struggles, and effectively managing relapse prevention, safety plans and the like.

As alluded to in [Goal 2](#), NJ DCF is enhancing its case practice model. This work will enhance DCF’s ability to more precisely identify the specific family system concerns that are contributing to the risk of children. Additionally, it will lead to improved identification of plans for change that are rooted in the daily routines of families. DCF also anticipates that this work will enhance caseworkers’ ability to help families identify supports and solutions that are naturally available within the existing family system and its organic network of relationships.

As the casework practice evolves, DCF will simultaneously be working to enhance the service network so that it meaningfully addresses the clinical and functional needs of families. An accessible service continuum includes services DCF directly provides (such as case management and care coordination), purchases (such as parenting education), or assists families to access (such as cash assistance). Among other things, the services included in the continuum need to:

- recognize the family system as the primary client
- be able to address varying levels of acuity and chronicity of family distress
- be able to address co-occurring disorders and/or challenges
- be evidence-based where an evidence-based approach is available

In order for any service to effectively impact families, a clear and shared understanding of the desired outcome of the service is required. This outcome should address the particular family within the context of a well-developed case plan, as well as a sequencing of interventions to assist families in managing significant and/or multiple changes. As DCF identifies the core set of services referenced above, steps will

also be taken to support the business process by which families are referred and meaningfully engaged in services. This will also address the way in which service delivery is planned and sequenced with families, to best position each family for success. This work will involve achieving consistent role clarity within several CP&P staff functions, enhancing collaboration between CP&P and the Children's System of Care, and enhancing or creating procedures and practice guides to support decision making around service selection and sequencing.

ii. Establish Service Excellence Standards

The reviews of existing services referenced above reflected some important areas in need of development with respect to service delivery standards. Beginning in May 2019, DCF began sharing the AAAQ framework and findings from the synthesis of needs assessments described above with stakeholders including providers, Judiciary, internal stakeholders, and constituents with lived experience. Next, DCF began engaging with stakeholders from within and outside the Department, including constituents with lived experience, to develop a Department-wide set of service delivery standards. DCF will work with providers to determine what type of infrastructure (training, data collection, capacity monitoring/management, etc.) needs to be built in order to achieve the standards, and the standards will then begin to be embedded in provider contracts and monitored regularly.

iii. Develop DCF infrastructure for program monitoring and development

To ensure service excellence across DCF programming, DCF must also examine and make changes to the existing infrastructure to support oversight and monitoring of programming. As part of the Department's strategic plan, DCF plans to establish a standard program monitoring model to be used throughout the Department, and to establish department-wide standards for data collection, monitoring tools, monitoring activities, inclusion of the family voice in monitoring, and reporting. DCF will also identify the required supports (i.e., training, IT changes, etc.) that will be needed to adhere to the new standards.

Benchmarks for Achieving Improvement in Service Array

The following benchmarks were established for year two of achieving improvement in service array.

Embed Service Excellence Standards in DCF contracts

During Year Two, DCF continued work to develop service delivery standards in DCF contracts. DCF staff conducted a review of existing models and quality assurance and service standards. Throughout 2020, DCF engaged statewide stakeholders to ensure that various perspectives were included in the development of the standards. DCF conducted interviews with DCF leadership, staff and service providers; collected surveys from DCF Youth Council participants; and facilitated focus groups with service

providers, judiciary representatives, the New Jersey Children in Court Improvement Committee Meeting and the New Jersey Task Force for Child Abuse and Neglect Protection. In January 2021, DCF interviewed families with lived experience to better understand the strengths and weaknesses of DCF services. Also, in Year 2, DCF completed an initial draft of the standards, which will be shared with systems partners.

Begin creation of monitoring tools and protocols

In 2020, in order to understand the impact of the COVID-19 emergency on the service array, DCF launched a Monthly Provider Report, capturing levels of service and additional information regarding service adaptations. DCF also created a quarterly provider survey, which captures additional information about providers, their staff and constituents served. In 2021, DCF created a new Office of Monitoring, which will centralize and oversee the work of performance monitoring for all DCF contracted services.

Identify a suite of core services

Availability of an array of core services, evidence-based when appropriate, will be identified. Core services will be determined based on the role of purchased services in behavior-based case planning, CFSR, needs assessment findings, and ongoing input from local communities. Installation of infrastructure supports for identified core services will begin.

New Jersey's intended planning timeframe was substantially interrupted by the COVID-19 emergency and subsequent budget cuts, which were carried out in October 2020, as well as the need to manage the impact of the COVID-19 emergency on the service network throughout 2020 and into 2021. Despite the significant financial challenges faced by the State, however, New Jersey was able to preserve core purchased services including home visiting, family success centers, Family Preservation Services, the Child Protection Substance Abuse Initiative program, Peer Recovery Support Specialists, domestic violence services. Moreover, DCF was also able to launch new evidence based and evidence-informed services and pilots responsive to the issues identified in the CFSR and subsequent Needs Assessments, including: statewide implementation of Youth Thrive, pilot use of In-Home Recovery and Family Connects, and continued use of Nurtured Heart training for foster parents. DCF's Youth Council identified the need for peer mentoring services, which resulted in the release of an RFP for an evidence-informed Peer Mentoring service which will launch in the coming months.

In January 2021, DCF launched a Department-wide work effort to operationalize intended changes to the Service Array, based on findings from the needs assessments described above, the Commissioner's listening tour, ongoing monitoring of data related to population needs, and input from providers. This work will be informed by ongoing feedback and support from the Department's Race Equity Steering Committee, which has also recommended work to examine and refine bidding and contracting processes to promote race equity.

Benchmarks for years three through five are described below.

Year Three:

- Continue development and implementation of monitoring tools and protocols
- Launch suite of core services which may include the continuation, expansion, and/or uptake of a new programming. Launch monitoring tools to track fidelity, performance, CQI.
- Self-assess impact of Year One and Two activities
- Create benchmarks for Year Four & Five based on self-assessment.

Year Four:

- TBD based on Year Three self-assessment

Year Five:

- TBD based on Year Three self-assessment

Examples of Current Service Coordination

Service Coordination for Families with Active Child Welfare System Involvement

The New Jersey Division of Child Protection and Permanency (CP&P) has embedded specialty consultants in local offices/area offices to offer caseworkers encountering challenging or complex clinical issues access to reliable partners for consultation and assistance in service coordination. CP&P staff routinely access these specialized consultants when families' unique needs require an integrated service approach that includes both clinical and case management services. Specialty consultants are described below.

Child Health Unit (CHU) Nurses

DCF contracts with Rutgers University School of Nursing to ensure that a Registered Nurse is assigned to coordinate care for every child in foster care. CHU nurses help to ensure each child's medical and behavioral health care needs are met and provide overall health care case management. In addition, CHU Nurses visit children in the resource home, attend Family Team Meetings, and assist in developing plans for the safe care for infants identified at birth and affected by substance abuse and withdrawal.

Child Protection Substance Abuse Initiative (CPSAI) Consultants

CPSAI provides Certified Alcohol and Drug Counselors (CADCs) and counselor aides co-located in child protection local offices, who support caseworkers in planning for cases where substance use has been identified as a concern. They assess, refer, and engage clients in appropriate treatment to address individual needs. Once assessed, cases remain open in CPSAI for a minimum of 30 days and a maximum of 90 days to allow the CADC and counselor aide to follow up with provider agencies. CPSAI also provides substance use disorder education and training to CP&P Local Office staff. The state of emergency, COVID-19 substance use disorder assessment services were modified to ensure safety for our agencies and CP&P referred parents/caregivers. CPSAI agencies work remotely and provide substance use disorder assessments through HIPPA complaint audio and visual technology. Drug screens were not collected as there are no in person assessments. CPSAI agencies have continued to provide clear diagnostic impressions and recommendations. Made treatment recommendations and assisted parents/caregivers into substance disorder treatment.

Peer Recovery Support Specialists (PRSS)

Peer Recovery Support Specialist (PRSS) services are a component of CP&P's Child Protection Substance Abuse Initiative (CPSAI). The objective of PRSS services is to provide peer support to CP&P-involved parents/caregivers who are seeking to establish or strengthen their substance use recovery process. All peers have relevant life experiences. Peer Recovery Support Specialists are tasked with:

- Establishing a one-on-one relationship with the parent/caregiver and providing encouragement, motivation, and support
- Assisting the parent/caregiver to develop skills and access the resources needed to initiate and maintain recovery
- Assisting the parent/caregiver to engage in treatment or reenter the community after residential treatment.

One PRSS is assigned to a CP&P Local Office. There are currently 46 CP&P local offices supported by PRSS. Each PRSS is expected to serve 18-25 parents/caregivers at a time for a period of nine to 12 months. PRSS connect with parents/caregivers through in-person meetings and telephone. PRSS provide peer mentoring and coaching to assist parents/caregivers to set recovery goals, develop recovery action plans, solve problems related to recovery, health, and wellness, build or re-establish supportive relationships and learn relapse prevention skills. They also provide recovery consultation, education and advocacy, which includes attending treatment meetings, communicating with counselors and supervisors, and facilitating discharge planning, and connect parents/caregivers to resources in the community including formal treatment services.

During the COVID-1 emergency, Peer Recovery Support Specialist services continued to receive referrals and expanded services into the additional 24 CP&P Local Offices. Previously, PRSS services were only available in 22 Local

Offices. PRSS services were modified to ensure safety for our agencies and CP&P referred parents/caregivers. PRSS agencies work remotely and provide services through HIPPA complaint audio and visual technology as well telephonic. They have been able to stay connected and provide emotional and concrete supports to our vulnerable parents/caregivers during a very anxious and challenging time.

Clinical Consultants

The Children's System of Care funds licensed behavioral health professionals to provide on-site consultation services to CP&P staff regarding children and youth with mental and behavioral health concerns. Clinical Consultants also review records and make recommendations regarding appropriate behavioral health interventions to improve and support each child in achieving positive outcomes.

During the COVID-19 emergency, the Clinical Consultants shifted to providing consultation remotely. The Clinical consultants were available to CP&P staff via remote technology during regular office hours (9am-5pm). Additionally, the Clinical Consultants established after-hours coverage to provide availability to the COVID-19 Response Team between 5pm- 9am. Clinical Consultants have been able to maintain connections with CP&P staff through outreach and response to ensure consultation is provided as needs of youth and families are identified.

Domestic Violence Liaisons (DVLs)

DVLs are specially trained professionals with extensive knowledge of domestic violence and domestic violence support services. They assess, develop case plans (for non-offending parents and batterers), and refer for services. They also team with and educate CP&P staff on the dynamics of domestic violence and align practices with DCF policy.

The DVL program has ensured continuity of services during the COVID-19 emergency by following public health guidelines and adjusting its service provision accordingly. DVLs are currently working remotely as opposed to co-located at CP&P offices but are conducting home visits when necessary and requested by CP&P. Referrals to services and shelters are continuing as domestic violence shelters are fully operational. Non-residential supportive services are offered remotely with most providers offering in-person services at the request of the client.

Early Childhood Specialists (ECSs)

ECSs are specifically trained professionals with extensive knowledge of infant mental health and parent-child relationships. The collaboration between prevention services and CP&P aims to improve outcomes for families with infants and young children who come to the attention of CP&P. Special attention is given to substance affected infants needing a plan of safety. ECSs team with CP&P staff by providing staff development and consultation, enhanced planning, assessment, service access and systems collaboration. Funding from the Preschool Development Grant provided by the Administration for Children and Families has been instrumental in expanding this initiative statewide.

Early Childhood Specialists continued to participate in the Plans of Safe Care during the pandemic. Meetings occurred remotely or through telephone conferencing. ECS are also aligned programs within the Central Intake system, supporting expectant mothers and families with children birth to five. This service transitioned outreach and engagement efforts through virtual and social media platforms. Some follow-up and outreach also took place via texting. Early Childhood Specialists were able to maintain and enhance their outreach and engagement efforts through virtual events via zoom and Facebook lives as an example promoting developmental screening activities.

In addition to the above consultants, DCF has cultivated, provides funding for and/or participates in, partnerships for service delivery for child welfare involved families, including:

Mobile Response and Stabilization Services (MRSS) for resource families

MRSS is the Children's System of Care (CSOC) urgent response component and providers offer 24/7 response to children/youth vulnerable to or experiencing stressors, coping challenges, escalating emotional symptoms, behaviors or traumatic circumstances which have compromised or impacted their ability to function at their baseline within their family, living situation, school and/or community environments. The goal of MRSS is to provide timely intervention to assist youth and their parent/guardian/caregiver in supporting their identified needs through resource/support development and connection to improve coping skills, minimize risk, aid in stabilization of behaviors and minimize the need for care in a more restrictive setting or change in living environment. Without MRSS intervention, children and youth may require a higher intensity of care to meet their needs, and may be at risk of psychiatric hospitalization, out-of-home treatment, legal charges, or, loss of their living arrangement, including out-of-home placement through CP&P. In particular, children and youth who have experienced implicit or explicit trauma, and do not receive timely and appropriate services, may be at increased risk for an acute decline in their baseline functioning or for being in jeopardy of a change in their current living environment.

Through a partnership between the CP&P and the Children's System of Care (CSOC), all children and youth placed by CP&P local offices receive behavioral health MRSS at the time of placement. The purpose of this service is to mitigate trauma and facilitate stabilization for children and youth at the time of placement by providing increased support and education to children and licensed resource and kinship caregivers during the transition into a new home. Support and stabilization are important factors in avoiding the re-traumatization that can occur from further changes to placement. When the service is initiated, a Mobile Response behavioral health worker meets the child(ren) in the resource home, screens for and attends to child behavioral health issues, assists resource parents to develop plans to support positive child/youth behavior in the home, and authorizes access to continued behavioral health care support through the CSOC, if needed.

During the COVID-19 emergency, DCF temporarily authorized the provision of specific services, including MRSS, via remote technology after legislation was signed telehealth service delivery as an option for the duration of the public health emergency. DCF provider guidance and telehealth standards were developed to support quality telehealth service delivery. Current guidance directs that MRSS service delivery method be available in person as the primary and preferred engagement method, and allowing telehealth service delivery when families requested, recognizing family's individual needs, circumstances and perspectives.

Keeping Families Together

In collaboration with the NJ Department of Health and the NJ Department of Community Affairs (DCA), DCF operates the Keeping Families Together (KFT) program. This program provides families at risk of family separation due to parental substance abuse/other high-risk factors with housing assistance vouchers or rental subsidies and comprehensive wraparound services. KFT's "housing first" approach positions housing vouchers as a main component of the intervention, allowing families access to safe, stable and affordable housing as a springboard from which they can begin to access an array of supportive services intended to address additional needs (including trauma, addiction and other concrete needs).

In response to the COVID-19 emergency KFT services were delivered via telehealth and/or other remote technologies. As New Jersey began to ease COVID-19 restrictions, KFT providers were expected to make every effort to resume in-person service delivery, incorporating face-to-face work. Whether services were provided virtually or in-person, KFT providers continued to implement the program activities as intended. The COVID-19 emergency also impacted a significant number of housing partners that also needed to transition to remote services during the emergency. The Department of Community Affairs (DCA), the housing vouchers administrators, is one such example. As most Department's physical state offices remain closed, services from these entities are now accessed primarily online.

In fiscal year 2021, DCF partnered with Rutgers University to develop a KFT program manual and web-based staff and supervisor training and coaching curricula to build and reinforce staff competencies in the KFT practice.

DCF continues to partner with the Corporation for Supportive Housing (CSH) to facilitate the development of key stakeholder relationships and provide ongoing technical support and provider training on select areas of interest to the network.

DCF expanded its partnerships with Rutgers University Behavioral Health Care and CSH to enhance the KFT practice with the addition of *Motivational Interviewing*²⁹ and *Moving on from Family Supportive Housing*³⁰.

Children in Court Advisory Councils (CICAC)

Each county in New Jersey has a local CICAC that, ideally, meets quarterly, to focus on local court practices. It is comprised of representatives from the judiciary and all the legal stakeholders involved in litigated child protection cases. While agendas and structure of these committees vary, most counties have utilized the time to share information about new and ongoing initiatives, discuss the availability of services, and resolve-conflicts related to local court procedures. With the most recent CFSR and Performance Improvement Plan, the Administrative Office of the Courts (AOC) and DCF have committed to shifting the charge to data analysis with the focus on improving timely permanency statewide.

As a first step, on May 6, 2019, the AOC's Acting Administrative Director, Judge Glenn Grant, distributed a memo to all assignment and family presiding judges, titled "Family – Children in Court – Children in Court Advisory Committee (CICAC) Forms; Review of Permanency Data; Children in Placement for Three or More Years." In recognizing that shifting to a data-centered focus for the CICAC meetings may be a change in practice, surveys have been administered to assess the committee members' comfort with data analysis and creation of reports. At this time, the first round of county specific data reports on children in placement over three years will be produced and provided to the members. After reviewing the data and conducting case reviews, the local CICACs will be required to submit action plans to address the areas where the delays in permanency appear to be occurring. The action plans will then be reviewed by the data subcommittee of the statewide Children in Court Improvement Committee (CICIC).

As of April 2020, two webinars have been held to review statewide data and relay collective information back to the CICACs on statewide trends in delayed permanency. Additionally, DCF staff hosted a webinar for the CICACs demonstrating how the DCF Data Hub could be utilized as an alternative source of data for their analysis and review.

The first and second round of county reports have been reviewed and graded by the members of the data subcommittee of the CICIC. The subcommittee members are now planning in-person meetings with the CICACs to suggest improvements to

²⁹ Miller, W.R. & T.B. Moyers (2017) Motivational Interviewing and the clinical science of Carl Rogers. *Journal of Consulting and Clinical Psychology*, 85(8), 757-766; Miller, W.R. & Rollnick, S. (2013) *Motivational Interviewing: Helping people to change* (3rd Edition). Guilford Press.; and Miller & Rollnick (2017) Ten things MI is not Miller, W.R. & Rollnick, S. (2009) Ten things that MI is not. *Behavioural and Cognitive Psychotherapy*, 37, 129-140.

³⁰ Additional information about the Corporation for Supportive Housing (CSH) and Moving On work can be found online at: <https://www.csh.org/moving-on/>.

the reports, ensure that all court partners are participating, and that recommended improvements to court processes are occurring.

Due to the COVID-19 emergency, in-person meetings with the CICACs were canceled. As an alternative, the local CICACs started presenting their data and action plans virtually to the CICIC at their monthly meetings for feedback. Typically, one county with a court staff representative and member of the judiciary, discuss how the project has been going in their vicinage and what they perceive as the barriers to timely permanency.

Community-Based Grant Programs

DCF partners with other grant programs such as the Community Based Child Abuse Prevention (CBCAP) grant and the Children’s Justice Act (CJA) to assist in the service coordination and support the goals outlined in this report. Engagement with these grant programs include the development of the 2018-2021 Statewide Prevention Plan of the NJ Task Force on Child Abuse and Neglect Prevention Subcommittee, as well as funding for the Collaborative Safety Initiative.³¹

Service Coordination for Families in the Community

DCF supports and/or participates in several local, community-based service coordination efforts, including:

Human Services Advisory Councils (HSAC)

HSACs are county-based planning, advisory and advocacy organizations dedicated to meeting the human service needs of the county. They seek to facilitate, coordinate and enhance the delivery of human services through collaborative relationships within the county and amongst the counties and with private and state agencies. Membership varies by county and may consist of public and private sector providers, consumers, consumer advocates, family members, representatives from other county-level advisory boards and State agencies, and any additional parties the county believes could provide a valuable contribution to human services planning. HSACs are statutorily mandated and are funded by DCF. A listing of HSACs is available online at: <https://www.nj.gov/dcf/providers/resources/advisory/>.

Juvenile Detention Alternatives Initiative (JDAI)

JDAI was developed in response to national trends reflecting a drastic increase in the use of secure detention for juveniles despite decreases in juvenile arrests. JDAI provides a framework of strategies that help reduce the inappropriate use of secure juvenile detention, while maintaining public safety and court appearance rates. A major focus of

³¹ Additional information can be found in the [Children’s Justice Act](#) section of this report. Continued engagement with the NJ Task Force on Child Abuse and Neglect can be found in the [General Information on DCF’s Collaboration Efforts](#) section of this report.

the work is reducing the disparate use of detention for minority youth. The Annie E. Casey Foundation is the driving force for the initiative. The Annie E. Casey Foundation delivers eight core principles that provide a basis for the work:

1. Collaboration
2. Data use
3. Objective admissions decisions
4. Alternatives to detention
5. Expedited case processing
6. Special detention cases
7. Conditions of confinement
8. Reduction of racial and ethnic disparities

DCF has been a partner on the state and local levels collecting and analyzing data while collaborating with the Administrative Office of the Court, Juvenile Justice Commission, and local system partners to identify alternatives to detention. In addition, DCF has partnered with other state agencies to develop coordinated services that maximize the opportunity for children and families served through multiple state and federal programs to receive more holistic support.

In the initial phase of the pandemic, there were some local challenges related to converting to a virtual platform; however, these were minimal, and planning and collaboration meetings occurred with minimal disruption.

Youth Housing

DCF maintains a strategic partnership with the New Jersey Department of Community Affairs (DCA) in the form of varied subsidized and supportive housing models for youth across the state. This includes Section 8 vouchers for child welfare-involved young adults (including those expectant and/or parenting) and other supports. These programs use a positive youth development services model that was founded on the ability of young people to make positive and healthy choices if they have the opportunity to develop social, moral, emotional, physical and cognitive competencies. This model focuses on providing youth with opportunities to develop the skills they need with supportive case management services. During the COVID-19 emergency, DCA partnered with DCF to provide Rapid Rehousing Vouchers which are temporary rental assistance and stabilization services to assist homeless households/individuals living in emergency shelters, Board of Social Services motel placement, car or street to obtain permanent housing. These vouchers were available to young adults who are aging out or who have aged out of care as well as families open with Child Protection and Permanency. Thus far, DCA has provided 150 rapid rehousing vouchers.

Maternal Wraparound Program (M-WRAP)

M-WRAP is a collaborative program supported by the NJ Department of Human Services and DCF to assist pregnant and parenting mothers with an opioid use disorder.

This program provides access to substance use disorder treatment and other services to reduce the risks associated with maternal opioid use disorder. Services include intensive case management to link mothers with substance use disorder and mental health treatment, including Medication Assisted Treatment (MAT), prenatal care, and other concrete services including county-based social services, childcare, and transportation. M-WRAP also provides peer recovery support services delivered by a peer recovery specialist with relevant life experiences.

During the COVID-19 emergency, services have continued to through HIPAA compliant audio-visual technology allowing for the safety of the mother, child, and providers. Referrals continued to substance use disorder (SUD) treatment and MAT allowing for both in person and virtual assistance.

Home Visiting

DCF has been integrally involved in New Jersey's development of a comprehensive and seamless system of care to link pregnant women and parents with necessary health and social support services. New Jersey was awarded a Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant to strengthen evidence-based Home Visiting services. The Division of Family Health Services (FHS) in the New Jersey Department of Health (DOH) is the lead administrative agency and core DCF partner for the MIECHV Grant Program, through which Parents as Teachers, Nurse Family Partnership, and Healthy Families America are provided in all 21 NJ counties. DOH and DCF continue to work collaboratively with a strong network of state and local stakeholders to improve home visiting services and to strengthen programs and activities carried out under Title V of the Social Security Act.

As a result of the unprecedented circumstances caused by the COVID-19 emergency, Evidence-Based Home Visiting (EBHV) providers transitioned to a virtual service delivery as recommended by the national models. Virtual visits were provided through interactive video conferencing or telecommunication. DCF in collaboration with the HV models state leads facilitated Communities of Practice to support the home visiting providers transition to virtual service delivery.

Home Visiting: Enhanced Workforce Development

In collaboration with the Maryland Department of Health, NJ Department of Health, Rowan University and DCF and with funding from Health Resources and Services Administration (HRSA), additional supports are being provided to the Home Visiting network by way of training, coaching, and evaluating each states' utilization of the Goal Plan Strategy (GPS). The GPS is a sophisticated implementation system that supports staff in developing and implementing individualized family plans. It includes well-aligned and well-integrated training, supervision, monitoring, and continuous quality improvement (CQI) measures. The evaluation focuses on GPS' overall feasibility and effectiveness in motivating, enabling, and reinforcing visitors' use of the family goal plan. NJ is committed to the continuation of these efforts in strengthening staff development and integrating the strategies that were initiated with this Innovation

project. In partnership with Rowan University, NJ has developed an Innovation Sustainability Plan known as Innovation 2.0. The plan is comprised of two parts: Part 1: provide virtual learning session webinars focused on Coaching; GPS and Developing Communities of Practice. The virtual learning opportunities will be available to every home visitor and supervisor within the NJ Evidence-Based Home Visiting network. Part 2: offers six months of individualized coaching offered to supervisors. Supervisors will have the opportunity to apply for individualized coaching, which will be provided by Rowan University. Supervisors will have the autonomy to select topics related to their professional development. Coached home visitors will apply the same strategies with their families, ultimately building a collaborative working alliance.

Maryland and New Jersey submitted the final report to HRSA in December 2019. To sustain the work of the Innovations Project, DCF in partnership with Rowan University developed webinars in the areas of goal planning strategies, coaching, and communities of practice. Each webinar was supplemented by one-hour of reflective practice sessions to support home visitors and supervisors as they developed their skillset around goal setting with families. The webinar series was developed to train the cohorts of home visitors and supervisors that were not a part of the project and have the training available for new staff hires in the future.

Single Point of Entry for Early Childhood Services: NJ Central Intake (CI)

Central Intake hubs facilitate linkages to families from pregnancy to age five so that they may access the most appropriate services in an efficient manner. The hubs are provided for all 21 counties through a collaboration between the New Jersey Department of Health and DCF. The hubs provide families with referrals to services such as home visiting, childcare, adult education, housing, medical homes, prenatal care, early intervention services, mental health services and local community services that support a child's healthy development and family well-being.

Central Intake hubs are aligned programs within our ECCS/Help Me Grow system implementation model, supporting expectant mothers and families with children birth to five years with linkages to services. During the 2020 COVID Pandemic, these programs/services transitioned to remote work. Services were sustained and maintained as most of their work is done via phone. Outreach and Engagement efforts were adapted through virtual and social media platforms. Texting was also incorporated as an effective outreach strategy. Central Intake hubs were able to enhance their outreach and engagement efforts through virtual events via zoom and Facebook live. The CI hubs were able to pivot and sustain program without major disruption due to referral infrastructure of CI system since the Prenatal Providers are a primary referral source.

Early Childhood Comprehensive Systems (ECCS)/Help Me Grow (HMG)

The ECCS collective impact approach works to enhance early childhood systems. Using a Collaborative Innovation and Improvement Network (CoIIN) model, the ECCS approach builds and demonstrates improved outcomes in population-based children's developmental health and family well-being indicators. With collaborations at the state

(DCF) and local level, teams actively participate in intensive targeted technical assistance, learning how to utilize collective impact principles. Utilizing collective impact principles will accelerate or improve results for families in a comprehensive, coordinated preventative health approach and will integrate an early childhood system that addresses the physical, social-emotional, behavioral and cognitive aspects.

Through the ECCS/HMG collective impact approach, five Placed Based Community (PBC) teams, Central Intake (CI) leads developed, implemented and tested strategies for universal developmental health promotion and screening within their Central Intake hubs. The CI's utilized the online Ages and Stages Questionnaire (ASQ) Family Access Portal through Brookes Publishing. January 2018 – July 2019 the five PBC's through their quality improvement efforts completed 156 developmental screenings for children birth to five years. In September 2019, the ECCS work expanded beyond the five PBCs to the entire statewide CI system in all 21 counties with support and implementation by the Early Childhood Specialist. The Early Childhood Specialist expanded CI's reach of developmental health promotion screening and linkage to an additional 160 screenings, nearly doubling the reach of children to a total of 316 developmental screens completed by the end of December 2019. In calendar year 2020, despite the COVID-19 emergency, the statewide CI system reach 914 children, providing developmental screening at no cost. ECCS/HMG collective impact provided NJ the opportunity to make universal developmental health promotion and screening accessible to all children birth to five years. The infusion of Early Childhood Specialist within the Central Intake hubs funded through the Preschool Development Grant resulted in 97% increase in reach from 2019 to 2020. Central Intake hubs have infused the implementation of developmental health promotion and screening policies within the central intakes statewide and will continue to maintain this service for NJ's children birth to five years.

Cross-Sector Training in Strengthening Families Protective Factors Framework (SF-PFF)

The Strengthening Families framework is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. New Jersey has been providing the *Bringing the Protective Factors Framework to Life* training to all Child Protective Service workers and early childhood community partners since March 2015. Trainings include providers from a multitude of sectors including CP&P, early childhood (home visiting, childcare, etc.), domestic violence, mental health, substance use and recovery, health services and Family Support Networks. This framework will continue to be integrated in various systems throughout the state in FFY 2020.

Strengthening Families Initiative (SFI)

Through a partnership with the NJ Department of Human Services, county-based Child Care Resource and Referral (CCR&R) agencies are hosting Books, Balls and Blocks (BBB) events. BBB events intend to promote developmental health and screenings, as well as provide referrals and linkages for families with young children in the community.

Embedded in the Protective Factors Framework, BBB events are implemented in partnership with other community partners and volunteers. The events provide opportunities for families to engage in activities to learn how to best support their child to improve math skills, promote early literacy and problem solve through play.

Many of these events were placed on hold during the pandemic. DCF and the DHS will develop collaborative strategies to determine how to continue to support this effort due to changes in staffing structure in both departments.

Early Childhood Integrated Data System (ECIDS)

The *NJ Enterprise Analysis System for Early Learning (NJ-EASEL)*, which is New Jersey's Early Childhood Integrated Data System (ECIDS) is a cross-agency collaboration between the NJ Departments of Education, Children and Families, Human Services, and Health, supported by the NJ Office of Information Technology (OIT). Developed reports integrate data from various state systems to inform coordination of early care and education programs and services essential to the development and growth of New Jersey's youngest children. This provides a means to understand the collective impact and effectiveness of these programs and services, which can lead to improved program delivery and access to early care and education programs and other services for young children.

School-Based Youth Services Program (SBYSP)

DCF Office of School-Linked Services partners with school districts and community providers throughout the State to operate SBYSP. SBYSP services are available to all enrolled students and include supports such as mental health counseling, substance abuse counseling and education/prevention efforts, preventative health awareness, primary medical linkages, learning support, healthy youth development, recreation, and information/referrals. The funding for these programs is a combination of state and federal Temporary Assistance for Needy Families (TANF) funds.

SBYSP sites have adapted a hybrid approach to supporting students during the COVID-19 emergency, providing virtual activities such as, clubs and counseling as well as, in person support for school districts that practice in person learning. SBYS staff have been able to use creative methods to stay connected to youth using text messaging and various social media platforms to share resources and conduct well-being check ins. SBYS staff utilized their partnerships to secure and connect families with tangible/concrete supports during the pandemic, ensuring access to technology for academic support, connections to local food pantries as well as, baby supplies, diapers wipes and formula. (Select SBYS sites assisted in distributing baby supplies provided to NJ DCF by the California based nonprofit Baby2Baby).

Parent Linking Program (PLP)

There are a sub-set of SBYSPPs that receive additional funding to implement the PLP. The goal of the PLP is to prevent child abuse and neglect and to minimize or eliminate barriers that often impede expectant and parenting teens from completing their education. Program services are administered through intensive case management and focus on prenatal education and linkages, parent education and skill building, infant/child development education, childcare, and referral services as needed. The funding for these programs is a combination of state and federal Child Care and Development Funds (CCDF) funds.

All PLP sites are working remotely or in a hybrid method. To date, all school districts remain closed, however, some of the childcare centers have been able to open and service infants and toddlers. At the height of the pandemic most programs were focused on providing immediate concrete supports, ensuring access to technology for academic support, addressing food insecurity for families, diapers, formula and other needs for the children of the students. Through a contract for services with DCF, Prevent Child Abuse NJ (PCA-NJ) continues to provide TA oversight for programs by conducting virtual site visits and data monitoring. Programs primarily continue to service students virtually for individual support; however, some programs have been able to conduct small groups to implement the Partner with Teen Parents and Safe Dates curricula. All sites continue to participate in site networking meetings and required trainings.

With DCF support and/or participation in several local, community-based service coordination efforts, families throughout New Jersey have access to a wide array of supports and services which promote healthy child and family development and well-being.

Update on Service Descriptions: Title IV-B Subpart 1

The Stephanie Tubbs Jones Child Welfare Services Program

NJ DCF currently utilizes Title IV-B Subpart 1 funding towards caseworker activities on behalf of children and families to include investigations of child abuse and neglect, caseworker visits with children whether in their own home or in out-of-home placement, as well as case planning activities with families to promote family stabilization and permanency. This includes the utilization of funding to support the State Central Registry (SCR). SCR is NJ's statewide hotline which receives and responds to all child protective service and child welfare reports.

In addition to SCR, funding under Title IV-B Subpart 1 supports prevention and family support services as outlined in the [*Promoting Safe and Stable Families \(PSSF\)*](#) section of this report.

As described in section E: [Update on Service Descriptions: Child and Family Services Continuum](#), DCF will continue to evaluate and maximize use of all federal funding over the next five years.

Services for Children Adopted from Other Countries

Children adopted internationally typically do not interface with the public system. Families interested in adopting children from other countries will generally work directly with private adoption agencies.

Though DCF is not involved in the initial adoption proceedings for children placed internationally, DCF supports adoption services are available for any adoptive family in the state regardless of the source of the adoption. In addition, inter-country adoptive families can also access a multitude of services provisions through DCF (e.g., help with adolescence, child behavioral health, and educational services).

During this reporting period, New Jersey funded a statewide Post Adoption Counseling (PAC) program that was administered locally by a network of contract agencies with adoption expertise. Through this program, adoptive families were able to access a variety of adoption-related supports. The programs core services included: (1) in-home therapeutic services; (2) child and family counseling; (3) behavioral supports to adoptive families; (4) education, resource and referral services through an online adoption clearinghouse (www.NJARCH.org), as well as a warm line for immediate support; and (5) family respite through structured child activity.

As of September 30, 2020, as a result of a reduction in state funding, DCF made the difficult decision to terminate the PACS contracts. However, DCF remains committed to supporting adopted children and their families and was able to maintain the provision of clinical services through a partnership between the PACS agencies and DCF's Children System of Care. DCF will continue to explore alternate funding strategies, enhance our existing services and evaluate existing national programs that will support best practice in providing stability to adoption and kinship families

In the event of an inter-country adoption disruption, DCF will work with International Social Services (ISS) to determine if there is a kinship home in the child's country of origin. If so, DCF will work with ISS to facilitate the placement and supportive services to transition the child back to their country of origin.

Though children adopted internationally do not usually interface with the public system, DCF's Office of Licensing has established a protocol requiring New Jersey adoption agencies to maintain information regarding the number of inter-country adoptions and the countries from which the children originate. This information is accessible by the Office of Licensing.

Services for Children Under the Age of Five

DCF understands the importance of family stabilization and permanency. The CFSR and data highlighted in figures 30, 31, 32 reflect that permanency outcomes for children, especially children under the age of five, are still a struggle for NJ. Examining entry cohorts of young children entering foster care between 2012-2019, NJ found that children under five and more specifically, children under the age of one are less likely to achieve permanency within 12 months of entering out-of-home placement (29%) with a median length of stay of 15 months, longer than any other age group. In addition, only about two-thirds of children in this age group achieved permanency in 24 months.

Figure 30

Children ages 5 and under who Achieved Permanency												
	2011		2012		2013		2014		2015		2016	
# of Children Ages 5 and Under Entering Placement	2,233		2,553		2,430		2,398		2,142		2,022	
Perm within 12 Months	916	41%	1061	42%	991	41%	974	41%	885	41%	803	40%
Perm within 24 Months	1476	66%	1636	64%	1598	66%	1571	66%	1406	66%	1327	66%
Perm within 36 Months	1,890	85%	2,122	83%	2,023	83%	2,039	85%	1,841	86%	1,743	86%
Perm within 48 Months	2,092	94%	2,366	93%	2,260	93%	2,250	94%	2,014	94%	1,893	94%

Figure 31

Children Under 1 and 1-5 who achieved Permanency within 12 Months																
	2012		2013		2014		2015		2016		2017		2018		2019	
Under 1	1050		948		955		883		816		761		720		608	
	399	38%	342	36%	339	35%	292	33%	302	37%	257	34%	247	34%	178	29%
1 year to 5 years Old	1503		1482		1443		1259		1206		1117		902		656	
	662	44%	649	44%	635	44%	593	47%	501	42%	472	42%	404	45%	261	40%

Figure 32

Median Length of Stay under 1 and 1 to 5 - All Entries
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	2012	2013	2014	2015	2016	2017	2018
Under 1	15	14.8	16.4	17.2	15	16.5	15
1 to 5	10.3	10.6	11.5	9.9	12	12.5	11.4

Objectives targeting improvements for permanency to include evaluation of the service array are highlighted in the [General Information on DCF's Collaboration Efforts](#) section, as well as areas of focus in attachment A, NJ DCF's CFPS PIP Progress Report. DCF anticipates that these objectives – particularly those centered around father engagement, kinship care, and behavior-based case planning – will have a strong impact on permanency for young children.

Below are highlights of existing and planned supports and partnerships for young children in the state and their families. These activities will address the developmental needs of all children and families.

Home Visiting

As described in the [Examples of Current Service Coordination section](#), DCF implements a statewide continuum of evidence-based home visiting services for families with young children, birth to age five. To address the developmental needs of all vulnerable children under the age of five over the next five years, DCF will look to expand home visiting services by adding universal home visiting services. Home Visiting expansion will implement the lessons learned through the Home Visiting/Medicaid Demonstration Project. This Demonstration Project will be an opportunity to expand Home Visiting services in eleven counties once approved.

DCF Office of Early Childhood Services (OECS) partnered with the New Jersey Department of Human Services, Division of Family Development to receive two years of intensive technical assistance from National Governors Association (NGA) Center for Law and Social Policy (CLASP) to achieve statewide systems change through the development and implementation of a two-generation state plan. Activities included reviewing Temporary Assistance for Needy Families (TANF) policies and eligibility criteria, developing and testing new strategies for participants of the Healthy Families-TIP (TANF Initiative for Parents) home visiting program, and developing effective recruitment strategies. A revision of the home visiting TANF collaboration is underway to increase its ability to connect families through a refined, coordinated process with anticipation to not exhaust families' TANF eligibility, yet move them to economic stability faster. A refined policy has been developed that will expand the target population for this initiative to participants of all three home visiting models, as well as extend exemption time from a work activity and develop a communication loop between the home visiting provider and county welfare agency.

Single Point of Entry for Early Childhood Services: NJ Central Intake (CI)

The statewide system of Central Intake hubs facilitates linkages to young children and families from pregnancy to age five intending to connect families to the most appropriate service in an efficient manner.

Through the ECCS/HMG collective impact approach, five Placed Based Community Teams Central Intake (CI) leads developed, implemented and tested strategies for universal developmental health promotion and screening within their Central Intake hubs. The CI's utilized the online Ages and Stages Questionnaire (ASQ) Family Access Portal through Brookes Publishing. January 2018 – July 2019 the five PBC's through their quality improvement efforts completed 156 developmental screenings for children birth to five years. In September 2019, the ECCS work expanded beyond the five PBC's to the entire statewide CI system in all 21 counties with support and implementation by the Early Childhood Specialist. The Early Childhood Specialist expanded CI's reach of developmental health promotion screening and linkage to an additional 160 screenings, nearly doubling the reach of children to a total of 316 developmental screens completed by the end of December 2019. In CY2020, despite the COVID-19 emergency, the statewide CI system reach 914 children CY2020 providing developmental screening at no cost. ECCS/HMG collective Impact provided NJ the opportunity to make universal developmental health promotion and screening accessible to all children in NJ birth to five years. The infusion of Early Childhood Specialist within the Central Intake hubs funded through the Preschool Development Grant resulted in 97% increase in reach from 2019 to 2020. Central Intake hubs have infused the implementation of Developmental health promotion and screening policies within the central intakes statewide and will continue to maintain this service for NJ 's children birth to five years.

In October 2018, New Jersey was one of seven states selected to receive a Technical Assistance Grant from BUILD, Vital Village and Nemours called Project HOPE. Project HOPE is designed to generate real progress toward equitable outcomes for young children (prenatal to age five) and their families by building the capacity of local communities (Central Intake), state leaders, cross-sector state teams, and local coalitions to prevent social adversities in early childhood and promote child well-being. DCF and the Department of Health (DOH) are co-leads on this initiative. The five state departments will continue to strive to achieve the overarching goal of systems collaboration and alignment for easier access to high quality services and supports for families through Project HOPE. The goals of Project HOPE are to promote optimal health and well-being for young children from the prenatal stage to age five, prevent and mitigate early childhood adversities, and improve adverse social settings to reduce racial, ethnic, geographic, and economic inequities. This shift or system realignment will increase access to opportunities for young children and families in communities with significant racial, ethnic, economic, health and education disparities. In addition, this will also be a vehicle to engage community members and create feedback loops to ensure ongoing communication between state and local policy makers, practitioners, community leaders, and families. Over the next five years DCF will look at various funding streams:

TANF, Child Care Development Block Grant, and Title V for opportunities to examine structural barriers to services for families in New Jersey.

In September 2019, New Jersey was one of 10 states selected to receive a Technical Assistance grant from Pew funded through the Robert Wood Johnson Foundation called Calling All Sectors: State Agencies Joined Together for Health. Calling All Sectors is examining the challenges around maternal and infant health and well-being that range across many sectors including transportation, housing, and education. Improving maternal and infant health and well-being requires knowledge from broad range of state agencies and departments as well as engagement from community groups and members. This is a natural alignment with the current work and focus of Project HOPE.

During the early months of the pandemic, with on-the-ground organizing by Parents Empowering Parents (PEP), local partners have distributed 443 kits, containing education materials, hand sanitizer, masks, gloves, infant formula, and diapers to help expectant families and families with children ages birth to five. The PEP group worked diligently to find families that were not connected to formal supports. Atlantic City Police Athletic League, St. James A.M.E (Atlantic City), and Mount Zion A.M.E (Bridgeton) were among the community organizations that helped mobilized distribution of the kits. Food insecurity and housing remain daily worries for many families in both Atlantic City and Bridgeton.

Early Childhood Specialists (ECSs)

Funding from the Preschool Development Grant (PDG) provided by the Administration for Children and Families (ACF) has been instrumental in expanding this initiative statewide, as referenced in the [General Information on DCF's Collaboration Efforts](#) section of this report. The Early Childhood Specialist will support referrals for children birth through five years of age and women who are pregnant. Their primary population will be families with developmental concerns as well as those referred by CP&P. For referrals that express a developmental concern, the ECS will provide support through providing developmental resources, a developmental screening (Ages and Stages Questionnaire®)³², or a referral to Early Intervention. The ECS will help to facilitate communication and teaming between our early childhood system of care (Central Intake) and CP&P. With the caregiver's consent, the ECS will provide timely feedback regarding information and service linkages made.

Father Engagement

The DCF Office of Early Childhood Services (OECS), within DCF's Division of Family and Community Partnerships (FCP), will continue to pursue a relationship with Child Support through New Jersey Department of Human Services, Division of Family Development to engage the non-resident parent in parenting education to increase emotional, parental and financial involvement in the lives of the noncustodial parent's children. Programming will also focus on providing employment-based services that can help the noncustodial parent achieve self-sufficiency.

³² Squires, J., & Bricker, D. (2009). *Ages & Stages Questionnaires®, Third Edition (ASQ®-3): A Parent-Completed Child Monitoring System*. Baltimore: Paul H. Brookes Publishing Co., Inc

Parent Linking Program (PLP)

The Parent Linking Program is required to provide family-centered childcare services for infants and toddlers six weeks to 36 months old. Childcare services are provided in a center-based setting and promote healthy child development through relationship building and a variety of cognitive, physical, and social activities. Research reveals that the location of a childcare center in the high school setting supports the goal of the teen parent remaining in school while also learning about child development. The close network of guidance counselors, parenting class teachers, and social workers at the high school contribute to stringent follow-up. In June 2019 the e-childcare system was introduced to the Parent Linking Programs, with the goal to promote continuity of childcare during the summer months when most programs are closed. E-childcare offers the opportunity for students to have a choice in selecting quality childcare for their child and allows parents to engage in work or other after school activities. This effort has stalled due to administrative challenges for some of the programs. DCF and DHS are working together to offer targeted supports to programs for a more seamless rollout. Efforts will be made to expand PLP services to additional high schools throughout the State to meet the needs of expectant and parenting teens. Additional efforts will be made to identify and support a higher volume of young fathers to maintain the care and support of his child through parenting and employment education. Due to the COVID-19 emergency, expansion efforts were placed on hold.

Child Health Care Case Management

Over the years, DCF was able to reform the health care system for children in placement by assessing where there were service gaps, areas of strength, and areas in need of improvement. The assessment was done using data collection and analysis, system mapping and best practice review. This work led to the development of a structured model to ensure primary and preventive health care needs of children entering out-of-home placement are met. The development of the Coordinated Health Care Plan and teaming with Rutgers University has provided DCF the ability to implement the plan and build capacity to provide comprehensive and continuous coordination of quality health care case management to support the needs of children in placement within all 46 CP&P Local Offices. As part of this capacity building, DCF and Rutgers University Child Health Unit (CHU) staff have focused on continuity of care for children from the time they enter placement until they exit care, engagement of biological family in health care planning and follow-up, as well as the appropriateness and timeliness of mental and behavioral health care services. This level of partnership and coordination of health care case management allows DCF to ensure children in placement receive appropriate medical and behavioral health care supports and services. For more information, please refer to the DCF Health Care Oversight and Coordination Plan.

In-Home Recovery Program (IHRP)

IHRP is an innovative program seeking to improve outcomes for parents who have substance use disorder and are actively parenting a child under six years. The program is adapted from the Family-Based Recovery Program (FBR) developed by the Yale Child Study Center In-Home Services Division³³ and initially targeted children under 36 months. Family-Based Recovery³⁴ is based on two foundational principles: attachment is critical to healthy development and substance use treatment works. IHRP teams are comprised of two clinicians, one to address caregiver's substance use and one to address the parent and child relationship. Additionally, a Family Support Specialist provides case management services. IHRP teams work intensively with families for up to 12 months. IHRP seeks to build on the promising practices that FBR has established to provide a client-centered intervention for families involved in the child welfare system due to caregivers' substance use. IHRP is a relationship-based model premised on the idea that strong, safe, and secure relationships are one mechanism by which client change takes place. Close attention to building relationships across all stakeholders has been a key component of implementation and represents a parallel process by which the core tenets of the intervention are upheld and modeled.

The pilot program was developed and implemented in the context of strong partnerships among key stakeholders. The Nicholson Foundation developed the initial Request for Proposals for New Jersey and funded Preferred Behavioral Health Group to work with CP&P to implement the program in Ocean County, an area disproportionately impacted by the opioid epidemic. The Yale Child Study Center, with funding from Nicholson Foundation, provides consultation to inform implementation of the program and direct-service levels. Rutgers University School of Social Work, with financial support from DCF, provides the evaluation activities for the program. Stakeholders maintain regular communication to ensure coordination and timely problem-solving.

In order to sustain the IHRP, DCF published a Request for Proposals (RFP) for the program in December 2020. Preferred Behavioral Health, the contracted provider for the pilot funded by the Nicholson Foundation, was awarded the DCF contract grant in February 2021. The DCF funding will enable Preferred Behavioral Health to continue serving families in Ocean County, referred by CP&P, and serve a minimum of 24 families in a year beginning May 1, 2021. The target population includes expanded eligibility for families with children ages birth to six. Additionally, DCF funding will sustain ongoing training, technical assistance, and reflective supervision from the Yale Child Study Center and evaluation by Rutgers University.

Efforts to Track and Prevent Child Maltreatment Deaths

³³ <http://www.familyct.org/programs/family-based-recovery/>

³⁴ Hanson, K.E., Saul, D.H., Vanderploeg, J.J., Painter, M., & Adnopoz, J., 2015. Family-based recovery: An innovative in-home substance abuse treatment model for families with young children. *Child Welfare*, 94(4), 161–183

One of the core functions of DCF is the protection of children from maltreatment. Child fatalities resulting from maltreatment, while relatively rare in New Jersey³⁵, are nonetheless an ongoing point of focus for the Department.

From January 2010 until December 2020, 193 New Jersey children died as a result of maltreatment, identified in *National Child Abuse and Neglect Data System* (NCANDS) reporting. In the State of New Jersey, cause and manner of death must be certified by a physician, typically a medical examiner. “Manner of Death” refers to one of six subcategories of death: Other Homicide, Suicide, Accidental, Natural, Child Maltreatment and Unknown/ Undetermined. “Cause of Death” refers to the specific mechanism of death and varies greatly.

In the 193 cases referenced above:

- Manner of Death: Other Homicide accounted for 28%. Child Maltreatment accounted for 31% of fatalities.
- Age at Death: Children less than 1 year of age accounted for 44% of the fatalities.
- Gender: Male children accounted for 56% of the fatalities.
- Race: White children accounted for 46% while Black/African American children accounted for 43%. For comparison, in 2019, white, non-Hispanic children accounted for 46% of New Jersey’s child population; black, non-Hispanic children accounted for 13%.³⁶
- Hispanic: Hispanic children account for 20%. For comparison, in 2019, Hispanic or Latino children accounted for 28% of NJ’s child population.³⁷
- Gender and Race combined: White Females accounted for 22% and Black/African American Males accounted for 27% of fatalities.

Currently, child fatalities are reported to the DCF Fatality and Critical Incident Review Unit (FCIRU) by many different sources including law enforcement agencies, medical personnel, family members, schools, medical examiner offices and child death review teams. In addition, the Bureau of Vital Statistics confirms all child fatalities and supplies the birth as well as death certificates when available. The CP&P Assistant Commissioner makes the determination as to whether the child fatality was a result of child maltreatment. The state NCANDS liaison consults with the FCIRU Coordinator to ensure that all child maltreatment fatalities are reported in the state NCANDS files.

NJ SPIRIT is the primary source of reporting child fatalities in the NCANDS Child File. Specifically, child maltreatment deaths are reported in the NCANDS Child File in data element 34, Maltreatment Death, from data collected and recorded by investigators in the Investigation and Person Management screens in NJ SPIRIT.

³⁵ In 2018, NJ’s rate of child maltreatment-related fatalities was 0.92 per 100,000, less than half the national average of 2.39 per 100,000; and in 2019, NJ’s rate of 0.98 per 100,000 continued to be less than half the national average of 2.5 per 100,000 - Source: Child Maltreatment, 2018; Child Maltreatment 2019.

³⁶ The Annie E. Casey Foundation Kids Count Data Center, <https://datacenter.kidscount.org/data#NJ/2/0/>

³⁷ The Annie E. Casey Foundation Kids Count Data Center, <https://datacenter.kidscount.org/data#NJ/2/0/>

Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by FCIRU under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File in data element 4.1, Child Maltreatment Fatalities not reported in the Child File.

The New Jersey Child Fatality and Near Fatality Review Board (CFNFRB) reviews child fatalities and near fatalities to identify their causes, relationship to governmental support systems, and methods of prevention. The CFNFRB is multi-disciplinary, including representation from pediatrics, law enforcement, the NJ Department of Health, social work, psychology, and substance use treatment. Membership consists of ex-officio members and six public members with expertise or experience in child abuse appointed by the Governor. Four Regional Community-Based Review Teams operate under the aegis of the CFNFRB and its composition mirrors that of the CFNFRB. The CFNFRB also functions as a citizen review panel and conducts monthly meetings. The CFNFRB looks for challenges or barriers and whether current protocols and procedures should be modified, or new resources are needed; and analyze challenges initiated by other systems in which the family was involved such as medical, mental health, substance abuse, law enforcement, and education.

As described in section C: [Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes, Goal 1](#), of this report, activities are underway and planned to prevent maltreatment and maltreatment-related fatalities through the use of: (a) geospatial risk modeling to identify communities and populations in need of focused prevention efforts; (b) in partnership with the NJ Department of Health, growth of an array of home visiting services to support families of young children, given that young children are at elevated risk of maltreatment related fatalities; (c) use of human factors debriefing and safety science to identify systems improvements needed in order to prevent fatalities and serious injuries; (d) an ongoing process of identifying and implementing necessary improvements to the prevention service array, incorporating evidence based practices as warranted. As these activities are further developed and as data on their impact emerges, DCF will rely on dialogue with the NJ Task Force on Child Abuse and Neglect and NJ CFNFRB to provide ongoing input and feedback on these and related initiatives.

Supplemental Funding to Prevent, Prepare for, or Respond to, COVID-19 (CARES Act)

DCF utilized CARES Act funding to purchase Chromebooks for resource families in need of devices to support access to services and Courts. Additional software was purchased to support the monthly provider service report and Daycare COVID-19 Reporting and Inspection information (GIS Software). DCF expects to spend the remainder of CARES Act funds by December 31, 2021.

Update on Service Descriptions – Title IV-B Subpart 2

Promoting Safe and Stable Families

The Promoting Safe and Stable Families (PSSF) Program is a federally funded (Title IV-B, Subpart 2) grant program that focuses on helping families stay together, promotes family strength and stability, enhances parental functioning, and protects children. The federal government requires that at least 20% of the funding be spent on programs in each of the following four funding categories: Family Preservation Services, Family Support Services, Family Reunification Services and Adoption Promotion and Support Services.

Attachment B, the Promoting Safe and Stable Families table, provides a list of funded service programs, program description, the geographic area and populations served, as well as any changes to programming.

While research has not been conducted to provide further information on the impact the services listed in attachment B have had, these services have assisted DCF in meeting program goals such as primary prevention of out-of-home placement, child maltreatment and child maltreatment fatalities. Services such as Healthy Families and Keeping Families Together have also provided a supportive network for families to preserve the integrity of the family unit in their home or assisted in reunification. As highlighted in figure 4, NJ continues to see a decline in the number of children entering out-of-home placement. [Figure 4](#) illustrates a 68% reduction in the number of children entering out of home placement from the onset of the DCF reform in 2006 with over 13,000 children in placement to 6,955 in 2015, and as of September 2020, 4,120 children.

These services have also continued to support families by providing education and treatment services to reduce the risk of maltreatment and child maltreatment fatalities. As noted in the “Child Maltreatment 2019” report published by the Administration for Children and Families (ACF)³⁸ New Jersey’s average child maltreatment victimization rate per 1,000 children stands as one of the lowest in the nation at 2.6% compared to the national average victimization rate of 8.9. NJ’s child fatality rate per 100,000 is 0.98% compared to the national child fatality rate of 2.50%.

Service Decision-Making Process for Family Support Services

Current Family Support Services programs will continue through FFY21. These programs include community-based supports such as home visiting, supportive housing, parent-child visitation, and mentoring services. Future decision making regarding the optimal use of these funds to support needed services for children and family’s processes will be aligned with the [Plan to Achieve Service Excellence](#) evaluation process as described under the [Strengths and Gaps in Services](#) section.

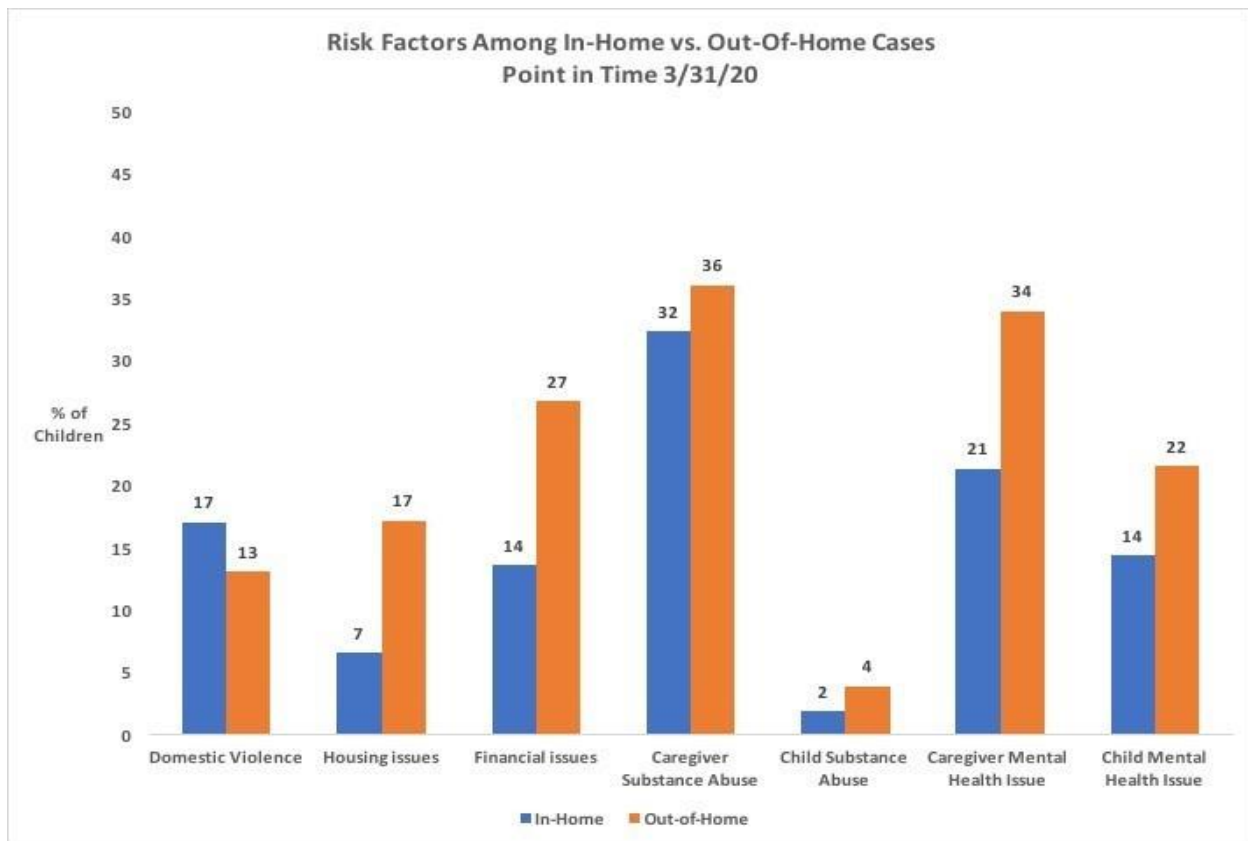
³⁸ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2021). Child Maltreatment 2019. Available from <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2019.pdf>.

IV-B subpart 2 funding percentages will continue to be maintained above 20% and are outlined in the OMB CFS-101, Part I.

Populations at Greatest Risk of Maltreatment

Children and caregivers who become involved with CP&P present with a variety of family, caregiver, and child-level challenges. Among the challenges of children served both in and out-of-home, the most common were caregiver substance use (out-of-home: 35%; in-home: 28%) and caregiver mental health issues (out-of-home: 33%; in-home: 18%). Financial issues (24%) and child mental health issues (18%) were common among children in out-of-home placement. Children under the age of five with caregivers who experience co-occurring challenges are at the greatest risk of maltreatment. Figure 33 provides a visual of these risk factors.

Figure 33



**Point-in-time estimates derived from Structured Decision-Making Assessments completed within 12 months of the date of extraction*

As described in section E: [Update on Service Descriptions: Child and Family Services Continuum](#), over the next five years the DCF will be undertaking significant efforts to ensure that the entire service continuum is available, accessible, and adapted to the specific needs of these and other populations served by the Department, and of high quality.

As these efforts progress, DCF has:

- In 2020, in partnership with the NJ ACES Funders Collaborative, created the Office of Resilience³⁹, an office within State government that coordinates efforts across State agencies and collaborates with philanthropic and private partners to host, coordinate and facilitate statewide initiatives related to raising awareness of and creating opportunities to eradicate Adverse Childhood Experiences, or ACEs, through grassroots and community-led efforts, technical assistance and strategic support for organizations already pursuing this work. The Office of Resilience has constructed an Inter-Agency Team comprising representatives of key government offices, and released a Statewide Action Plan, the culmination of over 12 months of information gathering and planning with constituents, community organizations, health, education, and other child and family serving organizations, and government agencies. The NJ ACES Statewide

³⁹ [June 9, 2020 - New Jersey Appoints National ACEs Expert to Head Office of Resilience](#)

Action Plan is available online at: <https://www.nj.gov/dcf/documents/NJ.ACEs.Action.Plan.2021.pdf>.

- In 2020, DCF's Family and Community Partnerships (FCP) moved forward with additions to its continuum of evidence-based home-visiting programs. In collaboration with the Burke Foundation, Trenton Health Team and Family Connects International, DCF is developing strategies to implement a Family Connects universal home-visitation evidence-based model pilot in Mercer County, which will address the postpartum needs of families in the community. In December 2020, the Trenton Health Team hired a coordinator to lead community alignment and to serve as a liaison between the clinical nurses and community resources. Also, in December 2020, the Request for Proposals was finalized. A [press release was issued on April 21, 2021](#) that identified the grantee of the Family Connects Pilot project: Central Jersey Family Health Consortia (CJFHC). DCF is currently in the contract process with the agency, which is a critical step of the implementation process. CJFHC is an established provider with the agency and implements several Central Intake hubs as well as another Evidence Based Home Visiting (EBHV) program (Healthy Families) in Middlesex County.
- In 2020, DCF moved forward with the Phase 2 expansion of the Peer Recovery Support Services (PRSS) program, which will make peer recovery services available to parents with suspected or confirmed substance use disorders who have open child welfare cases. The expansion will make this service available in an additional 24 local offices, thereby allowing all DCF local offices access to PRSS.
- Throughout 2020, DCF participated with other State agencies in First Lady Tammy Murphy's *Nurture NJ* initiative, designed to combat racial inequity in infant and maternal morbidity and mortality. Additional information about the Nurture NJ initiative is available online at: <https://nurturenj.nj.gov/>.
- Despite significant financial challenges to the State resulting from the COVID-19 emergency, DCF preserved funding for programs aimed at strengthening families and preventing family separation, including: three evidence-based home visiting programs (Healthy Families America, Parents as Teachers, and Nurse Family Partnership) in all 21 counties; 57 Family Success Centers; capacity for over 600 families in the statewide child welfare supportive housing program *Keeping Families Together*; the Statewide Family Preservation Services and Child Protection Substance Abuse Initiative; Mommy & Me residential treatment programming for mothers and their children, and the statewide network of domestic violence programming.
- In 2021, in collaboration with local Human Services Advisory Councils, DCF completed a Needs Assessment of all 21 NJ counties. This Needs Assessment combines quantitative data with qualitative information gathered from constituents, community leaders, service providers and others in the community. This Needs Assessment will inform programmatic initiatives to build on or improve the family preservation and prevention services described above. Additional information about the DCF/HSAC County Needs Assessment is available online at: https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html.

- In 2020, DCF applied for and was selected into participation in the Children’s Bureau’s *Thriving Families, Safer Children* initiative. DCF’s demonstration project, scheduled to launch in May 2021, will use human centered design methods to develop new ways of working with families of children aged birth to five to support parents’ ability to raise their children safely, together so that rates of family separation decrease, racial disparities in rates of family separation are eliminated, and kinship placements are used exclusively if family separation is needed. The target population for this effort was selected based on DCF’s assessment of maltreatment data and family separation data, which indicate the need for focused attention to families of young children.

Supporting the Development, Enhancement, and Evaluation of New Jersey’s Kinship Navigator Program

Background of New Jersey’s Kinship Navigator Program

New Jersey’s Kinship Navigator Program (NJ KNP) is managed by the Department of Children and Families (DCF), Division of Family and Community Partnerships (FCP), Office of Family Support Services (OFSS). The NJ KNP model is currently being implemented by four contracted agencies selected to deliver support services to families. The NJ KNP has been up and running in the state for 20 years. Two of the contracted agencies are located in the northern regions, one in the central region, and one in the southern region of the state. Core NJ KNP program activities include:

- Outreach
- Intake and Screening
- Information and Referral
- Assessment and Case Planning
- Case Plan Check-in
- Discharge

One full-time and one part-time DCF staff are assigned to support this work.

NJ DCF Approach

With the goal of creating a replicable NJ KNP Model that improves outcomes, DCF and Rutgers, The State University of NJ, tapped into the principles of implementation science to help guide the process. The field of implementation science provides a framework to help assess and support program design and implementation of interventions to achieve desired outcomes (Powell, et al., 2015;⁴⁰ Fixsen, Blase, Metz & Van Dyke, 2015)⁴¹. For innovative programs that are informed by literature, but have yet to be evaluated, the practice must be defined, implementation supports (training, coaching, fidelity tool, etc.) must be developed to support the practice, and data collection

⁴⁰ Powell, B. J., Beidas, R. S., Lewis, C. C., Aarons, G. A., McMillen, J. C., Proctor, E. K., & Mandell, D. S. (2015). Methods to improve the selection and tailoring of implementation strategies. *The journal of behavioral health services & research*, 1-18.

⁴¹ Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2015). Implementation science. In J. D. Wright (Ed.), *International encyclopedia of the social and behavioral sciences* (2nd ed., Vol. 11, pp. 695-702). Amsterdam: Elsevier.

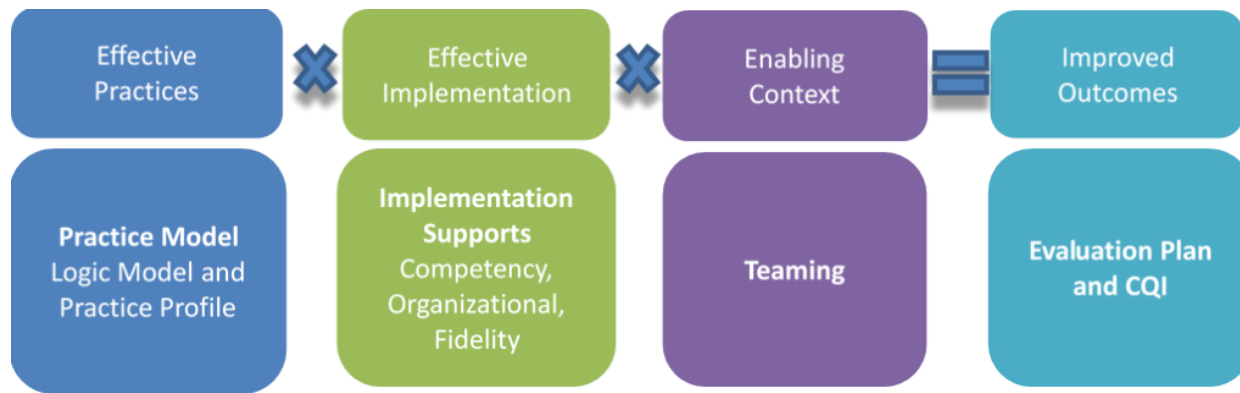
and evaluation must be established for ongoing practice improvements in order for targeted outcomes to be achieved.

The National Implementation Research Network (NIRN) (Metz, Bartley, Maltry, 2017)⁴² has summarized implementation science through the following formula that the Department has adopted as its organizing framework to manage the complexities of this work:



The formula demonstrates that improved outcomes for children and families can be achieved when there is an effective practice, effective implementation supports, and an enabling context. These elements have a synergistic effect with desired outcomes only achieved through the interaction of all three factors.

DCF systematically utilizes the Active Implementation Framework and accompanying tools to help organize and strengthen existing innovative practices. Below is a visual of NIRN’s Active Implementation Formula (Metz, Bartley, Maltry, 2017)⁴³ with the specific components that are needed to factor into the equation. Programming, whether new or existing, is assessed for the presence or absence of each factor component. When absent, that component is co-created through a teaming structure that includes stakeholders with the necessary expertise for that component.



Below is a description of each of the components of the Active Implementation formula:

⁴² Metz, A., Bartley, L. & Maltry, M. (2017). DCF Evidence-Based Practice Blueprint Provider Workshop (2017). Based on work of the National Implementation Research Network (NIRN) and Metz, A., Bartley, L. & Louison, L. (2013-2016).

⁴³ Metz, A., Bartley, L., Maltry, M. (2017). Supporting the Sustainable Use of Research Evidence in Child Welfare Services, An Implementation Science and Service Provider Informed Blueprint for the Integration of Evidence Based/Evidence Informed Practices into NJ Child Welfare System. The National Implementation Research Network.

Teaming	Multi-level teaming structures move programs, practices, and strategies from an idea to full implementation and ensure consistent internal and external communication within teams and between teams. Teams meet regularly, have dedicated appointments, and work in a structured way with agendas, meeting notes, following up on action items, timelines, workplans and project management. (Metz, et al, 2015) ⁴⁴
Practice Model Logic Model and Practice Profile	For an intervention or practice to be effective, it must be well-defined by a logic model and practice profile. A logic model is a roadmap that describes what results one hopes to achieve by doing specified activities. A practice profile is a tool for operationalizing an intervention so that staff, supervisors, and directors in implementing agencies have a clear understanding of what they are expected to do when implementing the practice. A practice profile includes guiding principles and essential functions. Guiding principles are the philosophies, values and beliefs that inform specific interventions. Essential functions describe the practice elements and promote consistency across staff and providers (Metz, Bartley, Blase & Fixsen, 2011). ⁴⁵
Implementation Supports Competency, Organizational, Fidelity	To ensure that staff are prepared to implement the practice well, staff selection criteria (job descriptions and interview protocol), skill-based training, and follow up coaching to reinforce the training must be in place. In addition, organizational supports such as clear administrative procedures, data collection/data systems to support decision-making, and processes for systems coordination are needed so that the context in which the program is being implemented can be established, and to ensure that the factors connected to the implementation are hospitable for the intervention to succeed. (Fixsen, et al., 46 2005; Metz & Bartley, 2012) ⁴⁷
Evaluation Plan and CQI	Data is used to support program implementation, ensure intervention fidelity, and assess child and family outcomes. Continuous Quality Improvement (CQI) involves developing a process for identifying, collecting, and analyzing data that are useful to make decisions on improvement. This process should be ongoing (Metz, Bartley & Maltry, 2017). ⁴⁸

⁴⁴ Metz, A., Bartley, L., Ball, H., Wilson, D., Naoom, S., & Redmond, P. (2015). Active implementation frameworks for successful service delivery: Catawba County Child Wellbeing Project. *Research on Social Work Practice*, 25, 415-422.

⁴⁵ Metz, A., Bartley, L., Blase, K., & Fixsen, D. (2011). A guide to developing practice profiles. Chapel Hill, NC: National Implementation Research Network, University of North Carolina. Available online at <http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-Metz-WhitePaper-PracticeProfiles.pdf>.

⁴⁶ Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: Louis de la Parte Florida Mental Health Institute, University of South Florida.

⁴⁷ Metz, A., & Bartley, L. (2012). Active implementation frameworks for program success: How to use implementation science to improve outcomes for children. *Zero to Three Journal*, 32(4), 11-18.

⁴⁸ Metz, A., Bartley, L., Maltry, M. (2017). Supporting the Sustainable Use of Research Evidence in Child Welfare Services, An Implementation Science and Service Provider Informed Blueprint for the Integration of Evidence Based/Evidence Informed Practices into NJ Child Welfare System. The National Implementation Research Network.

Updates on Activities Implemented During FY 2019 NJ Kinship Navigator Program Grant

During the second year of funding, NJ DCF continued to attend to the practice, implementation supports and evaluation of the NJ Kinship Navigator Program; however, due to the COVID-19 emergency project plans were delayed as the Department and the KNP teams pivoted to working remotely and attend to urgent needs in the community. In the Spring of 2020 DCF requested and was granted a no-cost extension through March 31, 2021. Outline below are the FY19 accomplishments, organized within each component of the Active Implementation formula, that will further DCF’s efforts to ensure quality design, implementation and evaluation of the NJ KNP program model.

<p style="text-align: center;">Teaming</p>	<ul style="list-style-type: none"> • DCF continues to utilize the following teaming structure to attend to all aspects of NJ KNP program development and evaluation: <ul style="list-style-type: none"> ○ Management Team – provides project management, convenes teams, manages work plans and deliverables, identifies and addresses barriers, and provides regular communication to DCF Executive Management. ○ Model Design Team – Integrates program enhancements into the KNP logic model and practice profile and provides programmatic expertise and support for the creation of forms and other training and evaluation materials, as needed. ○ Training Team – Manages, coordinates, supports, and provides oversight of consultant contract to develop training, coaching and program manual. ○ Evaluation Team – Manages, coordinates, supports, and provides oversight of consultant contract to create an evaluation plan, all necessary evaluation tools and plan for development of DCF’s internal capacity to implement monitoring of fidelity and outcome indicators. ○ Training and Evaluation Team – Coordinates and manages crossover work that includes both evaluation and training consultants for the creation of forms and/or assessment of training and timelines. ○ KNP Connex Team – Manages, coordinates, supports and provides oversight of consultant contract to design and develop a data collection and reporting system specific to NJ’s KNP to support evaluation and ongoing CQI efforts.
<p style="text-align: center;">Practice Model Logic Model and Practice Profile</p>	<ul style="list-style-type: none"> • Modifications were made to the NJ KNP practice model based on the recommendations from the formative evaluation completed during the FY18 KNP grant. Modifications included: <ul style="list-style-type: none"> ○ Enhanced outreach efforts to disconnected kinship caregivers. ○ Added Kinship Wraparound Services Strengths and Needs Assessment to identify kinship caregiver, child and/or family strengths and needs to target and/or improve program support efforts. ○ Established a comprehensive inventory of available community-based resources distributed by KNP Case Managers to kinship caregivers. ○ Implemented a systematic follow-up process for tracking referrals.

	<ul style="list-style-type: none"> • The NJ KNP logic model and practice profile were updated to align with above modifications ensuring the program meets all requirements of Sections 427 (a) (1) and 474 (a) (7) of the Social Security Act. • DCF partnered with the Institute for Families at Rutgers University to develop a comprehensive KNP operations manual, onboarding tools and supplements to guide and standardized operations across implementing agencies. The manual includes background information on the KNP, operational procedures and program forms. • During the pandemic, DCF worked with KNP providers to understand adaptations made to service delivery. Providers reported providing virtual services as well as no-contact meetings with kinship caregivers. These service delivery adaptations were incorporated into the logic model and practice profile.
<p style="text-align: center;">Implementation Supports Competency, Organizational, Fidelity</p>	<ul style="list-style-type: none"> • DCF partnered with the Senator Walter Rand Institute for Public Affairs at Rutgers University to develop KNP fidelity tools. • DCF partnered with the Institute for Families at Rutgers University to design robust training and coaching curricula and materials to increase staff competencies and support sustainability. Training and coaching include: <ul style="list-style-type: none"> ○ Web-based Learning on KNP Practice Profile – Course overviewing the essential elements and key activities defined within the KNP practice profile and logic model. ○ Web-based Training Course for KNP Staff– Course reinforcing the responsibilities and skills required of KNP staff based on the KNP practice profile and logic model, building skills through role plays and simulated tasks, and reinforcing use of the KNP program manual. ○ Web-based Supervisor Training Course for KNP Supervisors –Course reinforcing the responsibilities and skills required of KNP Supervisors ○ Web-based Coaching Training Course for KNP Supervisors - Course providing an overview of the Child Welfare Skills Based Coaching model and how to apply it within the KNP to build and reinforce staff competencies in the KNP practice. ○ Web-based Coaching Guide for KNP Supervisors – Practical learning guide to support transfer of learning. Includes coaching learning tools and establishing-Coaching Circles for ongoing learning. • DCF partnered with MTX to design and buildout NJ KNP Connex (Salesforce), a web-based data collection and reporting system to align with NJ’s KNP Evaluation Plan. (Work will continue into FY20 grant.)
<p style="text-align: center;">Evaluation Plan and CQI</p>	<ul style="list-style-type: none"> • DCF partnered with the Senator Walter Rand Institute for Public Affairs at Rutgers University to complete the following activities: <ul style="list-style-type: none"> ○ Developed a comprehensive evaluation plan for a process and outcome evaluation of the NJ Kinship Navigator Program that includes a rigorous experimental or quasi-experimental component. ○ Created necessary evaluation tools to be implemented in Fall 2021. (Due to the pandemic, there were delays in developing evaluation tools and launching the buildout of the KNP Connex system.)

Anticipated Activities to be Implemented During FY 2020 NJ Kinship Navigator Program Grant

DCF is committed to supporting the development, enhancement, and evaluation of the NJ KNP. In FY 2020, DCF will continue to support implementation of its NJ KNP model and program evaluation. DCF will circulate the program manual and electronically deliver the training, supervision and coaching curricula all implementing agencies. DCF will continue its work with MTX developing the NJ KNP Connex system, which will be tested and launched to all KNP provider agencies to begin entering data.

Once provider staff and supervisors complete the training modules, a process evaluation will be conducted to assess whether the model is being implemented as intended and to identify barriers and facilitators to implementing the practice. DCF will use quantitative and qualitative evaluation data to improve the practice model and to ensure that needed supports are in place. During this time DCF will have an opportunity to review preliminary outcomes.

By October 2021, DCF expects to have a stable KNP model with effective implementation supports in place. At that time, DCF will be well-positioned to implement a rigorous evaluation of the NJ KNP. In alignment with the Title IV-E Prevention Services Clearinghouse standards, DCF will utilize a comparison group to assess the program's impact on participating families compared to a similar group of families who did not receive the program.

<p style="text-align: center;">Teaming</p>	<ul style="list-style-type: none"> • DCF will continue utilizing the following teaming structure to attend to all aspects of NJ KNP program development: <ul style="list-style-type: none"> ○ Management Team – provides project management, convenes teams, manages work plans and deliverables, identifies and addresses barriers, and provides regular communication to DCF Executive Management. ○ Model Design Team – Integrates program enhancements into the KNP logic model and practice profile and provides programmatic expertise and support for the creation of forms and other training and evaluation materials, as needed. ○ Evaluation Team – Manages, coordinates, supports, and provides oversight of consultant contract to create an evaluation plan, all necessary evaluation tools and plan for development of DCF's internal capacity to implement monitoring of fidelity and outcome indicators. ○ KNP Connex Team – Manages, coordinates, supports and provides oversight of consultant contract to design and develop a data collection and reporting system specific to NJ's KNP to support evaluation and ongoing CQI efforts.
<p style="text-align: center;">Implementation Supports Competency, Organizational, Fidelity</p>	<ul style="list-style-type: none"> • KNP providers will receive the NJ KNP manual and participate in electronic trainings relevant to their role in NJ's KNP (created in FY19 grant). • DCF will continue to partner with MTX to design, buildout, test and launch NJ KNP Connex (Salesforce), a web-based data collection and reporting system to align with NJ's KNP Evaluation Plan.

Evaluation Plan and CQI

- Review and refine the evaluation plan (created in FY19 grant) for the process and outcome evaluation of the NJ Kinship Navigator Program that includes a rigorous experimental or quasi-experimental component.
- Develop a plan for internal capacity and sustainability to measure outcome indicators and implement ongoing continuous quality improvement activities.
- Execute the NJ KNP process evaluation

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Currently, the Monthly Caseworker Visit grant is utilized to fund electronic equipment for caseworkers to document in real time face-to-face visits with children to include decision making assessment of safety, permanency and well-being as well as contracted programs. A safety application was purchased and installed on caseworkers' mobile devices to use along with a tether to immediately notify the need for law enforcement assistance in life-threatening situations, especially during field visits, and relay caseworker details for quicker emergency response. During the COVID-19 emergency, DCF also used funds to purchase Personal Protective Equipment (PPE). As discussed in the [Plan to Achieve Service Excellence](#) section, DCF will be evaluating purchased services and use of funding to maximize outcomes for families, and this process will include review and planning for optimal use of the Monthly Caseworker Visit grant.

In order to meet statutory performance standards and assure the maximum benefit of CP&P support and services to children and their families, DCF policy mandates CP&P caseworkers make regular, in person, face-to-face visits with all children in open case status, their parents, and, if applicable, the out-of-home placement provider. Caseworkers visit with the child, his or her parents, and placement provider as frequently as necessary to implement all elements of the case plan and to achieve permanency.

Revisions were made to NJ SPIRIT and SafeMeasures to allow for video conferencing as a method of contact with families. Video conferencing affords the agency the opportunity to observe children and families and obtain information to assess well-being that could not otherwise be assessed through a phone call.

Caseworkers were responsible for coordinating contact with providers and other internal staff that were also be having contact with families. In July 2020, the Department issued a "Supporting In-Person Parent-Child and Sibling Visitation during the COVID-19 Pandemic: A Guide for CP&P Staff and DCF-Contracted Visitation Providers" that outlined guidance to staff around visitation with families: <https://www.nj.gov/dcf/news/COVID19-Guidance.for.CPP.and.Providers.on.Family.Visits.pdf>

As of July 6, 2020, CP&P caseworkers resumed in person visits with all families although the use of virtual visits are permissible certain circumstances.

Adoption and Legal Guardianship Incentive Payments

During this reporting period, NJ DCF utilized the Adoption and Legal Guardianship Incentive Payments to support Post Adoption Counseling (PAC) services. These are home-based service programs that assist to stabilize the family both pre-adoption and post Adoption and Kinship legal Guardianship. These services were offered to prevent the dissolution of an adoption and to maintain stability post-discharge. Adoption specific services focus on grief and loss, and the significant trauma many foster and adoptive children experience. The current Adoption and Legal Incentive Grant has been obligated and targeted to be expended by 12/31/2020. Any future grant funding will be evaluated to determine use and maximize outcomes for families.

Adoption Saving Expenditures

Similar to the Adoption and Legal Guardianship Incentive Payments, the Adoption Savings methodology, savings payments received were used to support PAC services in all 21 NJ counties.

With DCF's commitment and focus on placement with Kin, we continue to evaluate our programming and explore opportunities to support our Kinship and Adoptive families, many of which are kinship adoptions. Over the next year New Jersey will be evaluating to determine best use of the current and future unused savings calculated.

New Jersey is not required to complete the Adoption Savings Methodology form as NJ will not be changing the calculation method.

All spending was completed through FFY18. FFY19 funding will be spent in full during the next state fiscal year to support families of children with special needs.

Family First Prevention Services Act (FFPSA) Transition Grants

Presently, DCF FFPSA Transition Grant funds remain unspent. Prior to the onset of the COVID-19 emergency, DCF launched a planning effort to determine appropriate use of these funds. DCF had to suspend those activities to manage the COVID-19 emergency. In 2021, DCF has resumed planning activities and is positioned to use FFPSA Transition Grant funds to support development of data architecture needed to support claiming and reporting for FFPSA services, as well as costs of implementation and monitoring of evidence-based models that will be incorporated into the service array.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program)

Agency Administering Chafee

The DCF Office of Adolescent Services (OAS) administers and supervises the implementation of the Chafee program and plan. OAS works in partnership with DCF's, Division of Child Protection and Permanency (CP&P) to implement the Chafee program in all 21 counties across the state. OAS leads training, case practice, and policy initiatives related to serving Chafee eligible youth. In addition, all National Youth in Transition Database (NYTD) activities and Chafee services contracted through service providers are monitored by OAS. The OAS Team has approximately 15 staff that support the Chafee program and plan statewide. OAS will still work collaboratively with divisions and offices across the Department to ensure that the implementation of the Chafee plan or coordinated and meeting intended goals.

Description of Program Design and Delivery

Program Design and Structure

New Jersey's John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program) is driven by the Youth Thrive protective and promotive factors framework to promote healthy development and wellbeing of youth. This framework emphasizes the importance of developing and strengthening social connections, youth resilience, knowledge of adolescent development, concrete supports in times of need, and cognitive and social-emotional competence. Youth served through the Chafee program receive flexibly designed support and services through child welfare and community-based provider staff who are knowledgeable and trained in Youth Thrive. This shared practice lens incorporates and aligns with the tenets of positive youth development to support youth's goals related to interdependence, self-sufficiency, and healthy lifestyles as they transition to adulthood.

The Chafee program includes a range of policy, practice, and service supports delivered through child welfare casework and community-based provider staff. These supports are identified in the Transitional Plan for Youth Success (TPYS) that is completed every six months with youth in foster care settings starting at age 14. The TPYS seeks to develop goals and objectives that are youth-driven and informed by the Casey Life Skills Assessment (CLSA). The TPYS also identifies the youth's self-identified recent accomplishments, strengths, interests, and future goals. Child welfare casework staff is responsible for assisting youth in completing the TPYS. A youth identifies individuals to participate in the development of their TPYS who can support their goals and objectives. The child welfare caseworker facilitates this teaming process to ensure the youth is linked with and/or empowered to seek out necessary services and resources to best support the implementation of the youth's plan.

Fiscal Year 2021 Update

OAS has worked with the Department's Child Protection and Permanency (CP&P) leadership to incorporate the TPYS into the Solution Based Casework (SBC) Case Plan/Family Agreement. Integrating the adolescent planning information into the SBC case plan/family agreement will ensure planning with youth for continuity as the Department implements the SBC practice model.

By the nature of a youth's age and experience in foster care, youth are offered Chafee funded services and supports as well as other services that are funded through a variety of other State and Federal resources (see Figure 36: Chafee Services and Eligibility). This broad service and support array aim to fulfill Chafee program requirements and leverages other service systems and community-based programs to holistically and comprehensively address youth needs.

Due to fiscal constraints related to the COVID-19 emergency, some of the services outlined in Figure 36 under the Chafee Specific Programming are no longer available as of October 1, 2020. This includes permanency, youth advocacy and leadership services. Despite the COVID-19 emergency, all other services have been offered and available. Mentoring services are being revised and rebid in coordination with the Youth Council, as described earlier in this report.

Available services are offered to youth based on an assessment of their needs and include skill development, housing, education and career development assistance as they transition to adulthood, as well as financial assistance.

In fiscal year 2021, the new program, LifeSet⁴⁹, was implemented and the contracted agencies began providing services to youth on October 1, 2020. The LifeSet program will help young adults leaving the foster care system successfully transition into adulthood. LifeSet is designed to provide direct support to young people while also engaging their families and support systems to promote goal achievement in the transition to adulthood. More information is included in [Strategy 5: Services for Young Adults 18+](#) of this report.

Services available for adolescents that aid in their preparation for adulthood are a part of the larger service array available for adolescents in care, regardless of permanency goal. DCF understands that it is essential for adolescents to have and increase protective factors to mitigate risk. To that end, all services are offered through the lens of the Youth Thrive framework which is in alignment with the overall vision of the Department.

COVID-19 Emergency Update

Despite the COVID-19 emergency, contracted service providers were able to adapt services, changing to mostly remote contact, and also adapted to meet the needs of the youth they serve. This included providing food and other necessities, care packages,

⁴⁹ <https://www.youthvillages.org/services/lifaset/>

and helping to ensure youth had access to technology to stay connected to education, service providers, friends and family. DCF enacted a moratorium on closing child welfare cases for 21-year-olds until December 30, 2020. Another extension was then provided for young adults who had continued needs until March 31, 2021. With the passing of the Division X: Supporting Foster Youth and Families through the Pandemic Act, additional extended services and supports continue to be available for young adults. Throughout the COVID-19 emergency, OAS was in regular and frequent communication with contracted providers to ascertain needs for youth, staff, and the agency. Through virtual meetings, surveys and phone calls, information was gathered to ensure that DCF could assist as much as possible.

Division X: Supporting Foster Youth and Families through the Pandemic Act

DCF held several listening sessions with different groups including the Youth Council, contracted adolescent serving providers, and child welfare staff to get recommendations on how to best support Chafee eligible youth with the supplemental funding and increased flexibility of offering services and supports. In addition, DCF reviewed the Think of Us survey results from approximately 270 young adults from NJ. Think of Us, is a technology and social justice firm that values lived experience and proximity in all things. Its team is comprised of folks with lived experience in the foster care system, case workers, foster parents, funders, career employees and adoptive families from across the country. In January 2021, Think of Us released a national survey of the needs of foster youth. New Jersey secured a data excerpt of the NJ respondents.

Based on the input and suggestions from these different stakeholders the following tentative plan was created.

Reopening of Cases – young adults that now meet the eligibility requirements to reopen their child welfare case were identified by DCF’s Research, Evaluation and Reporting office. OAS staff will gather contact information for these youth from contracted providers as well as child welfare staff. OAS staff will contact each youth to inform them of the ability to reopen their child welfare case. For youth who want to reopen, OAS will send the information to State Central Registry so the case can be reopened in the system.

Extending Cases for 21-year-olds – at the beginning of the pandemic, DCF had a moratorium on closing cases of youth who turned 21. At that time, youth were able to receive child welfare services until December 2020. The moratorium was then extended to March 31, 2021 for 21-year-olds who had an identified need(s), and a plan was developed in partnership with the youth. With the passing of Division X updated guidance was issued that included the parameters that were set forth to keep child welfare cases open for 21-year-olds until September 30, 2021.

Public Awareness Campaign – this campaign will focus on the services and supports available to 18–26-year-olds. Using an infographic (in English and Spanish) a social media and distribution campaign will go out via the following platforms:

- DCF Social Media – including Facebook, Twitter and Instagram
- Stakeholder’s Social Media – including Facebook, Twitter and Instagram
- Email distributions – will include DCF contracted providers, Family Success Centers and child serving affinity groups (e.g. Advocates for Children of NJ)

Supplemental Funding

The supplemental funding will be used tentatively in the following ways and will be available to young adults ages 18 through 26:

- To provide cash payments to Chafee eligible young adults 18 through 26
- To provide financial assistance for identified concrete needs such as housing, transportation, education, cell phones, food, child related expenses, etc.

Similar to the COVID Relief Payments that were distributed to young adults in November 2020, cash payments will be electronically disbursed either onto a debit card, via direct deposit or another application that allows for ease of use and no/low fees.

DCF was also able to utilize federal COVID-19 Relief Federal funds to provide financial assistance to eligible youth. 1,086 youth received \$1,850 in direct cash assistance. These youth were provided financial literacy information and guidance and ultimately chose how to use their money that would best meet their needs and mitigate COVID-19 emergency related hardships.

DCF learned a great deal from either participating in or obtaining information from the forums and events sponsored by the Children’s Bureau throughout 2020. Select members of the Youth Council participated in the Virtual Roundtable, which provided an important opportunity for the young adults to share insight and to also hear and learn from others. Hearing from other jurisdictions regarding initiatives and strategies for incorporating youth voice as well as delivering services has sparked suggestions and conversation within DCF. For example, learning from another jurisdiction which offers youth the ability to apply for housing and other assistance through their website was especially beneficial as DCF is looking to increase the use of technology with youth.

DCF has solicited feedback from youth and young adults about service needs and desired outcomes for Chafee programs and services in a variety of ways over the last several months. DCF engages in conversation with youth who participate in Chafee services as well as receive feedback and input from the Youth Council. Additional information regarding youth input into programming and services is described in [Chafee Plan Strategy Two](#) of this report. From the youth advocacy and leadership work a communication/feedback loop was created to provide DCF with a roadmap for obtaining youth input, incorporating the recommendations, then provide feedback regarding the implementation of the recommendations. DCF has utilized this process to gather feedback on policies and services that impact adolescents and young adults.

Youth Voice, Leadership, and Advocacy

Since 2001, DCF has supported youth advisory initiatives to promote youth voice and provide input to DCF, while also teaching life skills, promoting peer networking, encouraging engagement in community, and providing youth with a platform to share feedback about their experience in foster care.

The Youth Advisory Network (YAN)

In July of 2017, DCF awarded four regional YAN community-based providers to implement a Youth Advisory Network model statewide. YAN is designed to create a network of youth serving (and Chafee specific) programming and to shift the culture in New Jersey to one that values youth leadership and voice and provides opportunities to strengthen youth's advocacy and leadership skills. These efforts will ensure that youth concerns are heard and that their voice will continue to influence changes and improvements to both the DCF system and local communities in New Jersey. This redesigned model aims to engage a larger number of youth in a more consistent, comprehensive manner that will result in an impact that is enduring and widespread.

As part of the effort, DCF is working to ensure that provider staff are knowledgeable and confident in their ability to provide opportunities for youth advocacy and leadership. As such, YAN regional leads provide training to DCF provider agency staff in youth leadership and advocacy development, as well as youth participation concepts and strategies.

The COVID-19 emergency significantly altered YAN programming, eliminating the potential for face-to-face interaction, which is a pivotal piece of the work. Since July 1, 2020, YAN maintained consistent and strategic communication with OAS providers. In an effort to provide relevant, concise and useful information for all OAS providers, bi-weekly regional newsletters were distributed that included local community resources, youth leadership and advocacy activities, and professional development opportunities for youth-serving staff. Examples of information shared in the newsletters include strategies on how to help youth cope with virtual education, as well as videos and discussion guides to assist staff on having difficult conversations with youth about race, injustice, advocacy, and systemic inequities.

YAN Regional Leads hosted 16 regional virtual meetings with provider staff to review the newsletters, have discussions and develop strategies related to challenges and successes they have experienced with their youth during the pandemic. Staff reported the meetings to be very helpful in gaining new ideas, activities and working through challenges.

The YAN Foundational Training was transferred to a shortened virtual platform to accommodate service providers. The target launch date for the virtual training was September 2020.

Unfortunately, due to the COVID-19 emergency and necessary statewide fiscal constraints, the YAN contract was ended, effective October 1, 2020. All regions were provided with a final newsletter, recapping the most important resources and activities for provider staff to save.

Youth Councils

In December of 2018, DCF announced the creation of the Office of Family Voice (OFV) that will include young adults, parents, and caregivers that have experience with DCF's programs and services. This new Office leads various initiatives to promote family and youth voice across DCF programming and services. OFV hired a Youth Programming Advisor that has lived experience and will lead additional efforts around youth voice such as a Statewide Youth Council. More information regarding the Statewide Youth Council is described in [Chafee Plan Strategy Two](#) of this report.

Strengthening New Jersey's Chafee Program 2020-2024

The 2020-2024 Chafee Plan

New Jersey's 2020-2024 Chafee Plan outlines several important and ambitious changes that seek to improve and strengthen policy, practice, support, and service delivery informed by and provided to Chafee eligible youth. All strategies outlined below now have a clear workplan with timeframes for completion of key activities. Details regarding benchmarks for success and strategies for accomplishing activities were also finalized in the workplan this past year.

Strategy 1: Create Statewide Chafee Advisory Group

Fiscal Year 2021 Update: Strategy 1

DCF currently convenes our Chafee-specific providers quarterly for training, networking, feedback opportunities, and resources. Additionally, the New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) started hosting an Adolescent Workgroup which reviews the needs and services available to youth in foster care. However, due to the COVID-19 emergency this workgroup has not met since May 2020 and is currently on hold.

Seeking to inform, guide and track progress in the execution of the Chafee program, DCF determined a standalone advisory group was also essential. To meet this need, the Chafee Advisory Group (CAG) was created in the fall/winter of 2019. The purpose of the Statewide Chafee Advisory Group is to provide leadership and ongoing support and feedback for the implementation of the Chafee program. DCF will explore coordinating NJTFCAN's Adolescent Workgroup and the Statewide Chafee Advisory Group.

The Advisory Group, which meets quarterly, is comprised of 16 members that represent various internal and external stakeholders. Members represent youth,

education, housing, workforce development, resource parents, community providers, legal, and the LGBTQI community. The CAG met three times throughout 2020 and once in 2021 thus far. The members of the CAG will also participate in the strategy teams that exist for each of the strategies outlined in the Chafee five- year plan, listed below.

There are nine strategy teams that will focus on different goals outlined in the Chafee plan. The teams are led by DCF staff and will have 8-10 members each. The strategy teams are:

- Youth Voice
- Chafee Philosophy
- Promoting Kinship, Permanency and Connections
- Services to 18+ Year Old's
- Marketing and Technology
- Data
- Ages and Stages – Mental Health, Substance Use and Domestic Violence
- Ages and Stages – Expectant and Parenting Youth
- Education and Training Vouchers

Specific roles and responsibilities were co-created with the Advisory Group and may include, but will not be limited to the following:

- Provide feedback, leverage resources, and support the implementation of the Chafee program and plan.
- Support the development of a network of stakeholders that is committed to supporting youth in foster care to successfully transition to adulthood.

The agendas and minutes from each of the Statewide Chafee Advisory Group meetings are publicly posted on DCF's website, providing the general public with ongoing information regarding the implementation of DCF's Chafee Plan.

Strategy 2: Continue to Elevate Youth Voice

Family and youth voice are prioritized as a value and core approach to implement DCF's strategic plan. New Jersey's Chafee Program continues to enhance efforts to promote youth voice through the activities below:

- a) The Office of Family Voice (OFV) in partnership with OAS will develop a Statewide Youth Council that will provide feedback to the system regarding changes and enhancements needed to DCF's programs and services (completed January 2020)
- b) Develop a training for youth and youth serving adults that will support young people in various roles (e.g. workgroups, task forces, panel presentations, councils, committees) to appropriately prepare and receive support regarding strategic sharing and using their own lived experience in a healthy way to help inform systems change and enhancement (January 2022)

- c) Partner with relevant stakeholders to develop strategies to ensure that youth in foster care are informed of, prepared for, and attend their family court hearings (December 2022)
- d) Increase opportunities for youth with lived experience to serve as peer supports for youth currently in care (ongoing)
- e) Increase opportunities for youth with lived experience to be included in training initiatives (e.g. informing curriculum, serving as trainers) (ongoing)

Fiscal Year 2021 Update: Strategy 2

As described earlier DCF created the Office of Family Voice (OFV) in December 2018. A key tenet of the OFV is to hire young adults, parents, and caregivers that have lived experience with DCF's programs and services. This office will lead various initiatives to promote family and youth voice across DCF programming and services. In March of 2019, OFV hired a Youth Programming Advisor who has lived experience and will lead efforts around youth voice such as a Statewide Youth Council.

Statewide Youth Council

In the summer of 2019, OFV conducted informational voice sessions throughout the state. OFV convened groups of young people and gathered input to inform the design and procedures of a DCF Youth Council. Those sessions informed the goals and structure of the Council. The Youth Council works together with DCF to achieve Shared Leadership.

The Youth Council's goals are to:

1. Elevate the voices of youth and alumni directly impacted by DCF services and their communities
2. Work together with DCF Leadership to identify key issues with DCF's policies and practices
3. Develop recommendations to help transform DCF policy and practice
4. Train and educate resource parents, DCF staff and leadership, caseworkers, providers, judges, law guardians and other child welfare professionals on issues important to DCF youth and alumni
5. Provide input into how DCF does its work
6. Support youth voice in case planning
7. Empower youth by providing resources and knowledge that enables them to take action, influence and make decisions on critical issues

In the Fall of 2019, OFV completed a statewide application process culminating with the selection of 24 youth leaders with lived experience with Child Protection and Permanency (CP&P), Children's System of Care (CSOC), and/or the Office of Education (OOE). OFV partnered with the Office of Quality to have all applicants complete a Service Quality Standard Survey as a component of the interview, which will be used to inform Family First efforts.

In January 2020, Commissioner Beyer hosted the DCF Youth Council kick-off. February's council meeting was also held in-person. Plans were underway to begin northern and southern regional site meetings hosted on Rutgers University campuses. However, in March, DCF, transitioned to a new world of work from home, social distancing and virtual programming. Council meetings were moved to a virtual platform and meetings continued without missing a scheduled event.

The Youth Council has created three subcommittees to address topics critical to older youth. In August of 2020, the Youth Council met with Commissioner Beyer and DCF Executive Management and each of the subcommittees presented their recommendations. Each subcommittee had developed well-researched recommendations and proposals specific for youth experiencing foster care. The Commissioner and Executive Staff offered their full support for the recommendations and the subcommittees have begun to advance the work.

The Sibling and Advocacy Subcommittee proposed launching a Peer to Peer program to ensure youth entering care have someone they can go to for advice and guidance on navigating the foster care system from the perspective of another youth with similar lived experience. In the fall of 2020, a collaborative workgroup including the Sibling and Advocacy Subcommittee and staff from DCF's Offices of Family Voice (OFV), Strategic Development (OSD) and Adolescent Services (OAS) convened to build out the concept. The workgroup developed a logic model reflecting the youth's vision for what a Peer to Peer program would include. The workgroup then reviewed existing Peer to Peer models across the country, and discussed and rated each model based on the following categories: evidence of effectiveness, available supports for implementation, usability of the model, fit with the youth's vision, and capacity needed for implementation. Through this process and discussions, the Youth Advocacy Subcommittee came to consensus that the BraveLife Intervention model⁵⁰ best aligned with their vision. In February of 2021, DCF posted a Request for Proposals for three regional Peer to Peer programs in South, Central and North Jersey. The Peer to Peer Program will provide young people ages 14-21 in the care of NJ's Division of Child Protection and Permanency with peer support through trained professional staff and credible messengers who themselves have lived experience in NJ's child welfare system.

The subcommittee is also researching the rights of siblings and their ability to advocate for younger siblings and youth in foster care and has proposed a Sibling Bill of Rights for youth in NJ.

The Aging Out and Communications Subcommittee is working to find the best way to connect young people to the information they need as they age out of foster care. The subcommittee drafted and proposed a new website design. In the fall of 2020, they began working with DCF's Office of Information Technology, Office of Communications, OAS as

⁵⁰ Implementation Grants to Develop A Model Intervention for Youth/Young Adults With Child Welfare Involvement At-Risk of Homelessness (YARH 2): The BraveLife Intervention." Child Welfare Information Gateway, Children's Bureau, July 2020, www.childwelfare.gov/pubPDFs/YARH2projectsummary_Westchester.pdf.

well as New Jersey's Office of Information Technology to update the design and content of The New Jersey Resource Spot website in effort to make the site more youth friendly. In February of 2021, the subcommittee met with the same group and presented a mockup website as well as their recommended content changes. The subcommittee's redesigned website has a modernized look that is more appealing to young people. The subcommittee also submitted content changes for the website including adding sections such as financial literacy and updating the housing, education, and LGBTQ sections to include resources and information needed for young people aging out of foster care. The subcommittee will meet on an ongoing basis with internal and external DCF Partners to redesign the site.

The Resource and Kin Parent Training Subcommittee is providing recommendations on the current training curriculums for resource parent and kinship providers. The subcommittee participated in and provided feedback on the Nurtured Heart Training before it was rolled out to resource parents. In the fall and winter of 2020, the subcommittee began to work with the DCF's Office of Resource Family (ORF) to provide their feedback on the PRIDE Training course curriculum. The subcommittee recently finished reviewing the training and is compiling their feedback to submit to the office. In February 2021 the subcommittee participated in a focus group with Child Focus Inc. and ORF to assist in the development of a staff training curriculum that reinforces the importance of kinship care and provides strategies for engaging kinship care givers. Subcommittee members provided feedback on the curriculum breakdown and shared their experiences with kinship care. Subcommittee members will have the opportunity to review finalized training materials and attend the train the trainer sessions to provide further feedback.

Throughout the next year council members will continue to advance the work of their subcommittees.

In addition to the work of the subcommittees the full Youth Council continues to meet monthly virtually. Commissioner Beyer attends the virtual meetings on a bi-monthly basis. Early in the pandemic the council created a COVID-19 emergency resource guide for older youth and provided feedback on DCF's guidance for Staff Supporting Adolescents and Young Adults in Foster Care. In the summer of 2020, council members gave feedback on marketing materials for the Youth Villages LifeSet pilot program. OFV selected two council members to participate in the NJ NYTD Review as state ambassadors, however due to the pandemic the review was postponed. In July 2020, Associate Commissioner Jerry Milner hosted a series of Youth Ambassador Regional Roundtable Discussions regarding the current pandemic and ongoing response to it. New Jersey was represented by two DCF Youth Council members. Council members have also provided input on COVID-19 emergency related social media posts and a storyboard for a CSOC public service announcement in which one of the council members is featured in the video. Members have also participated in taskforces, workgroups and other informative services such as podcasts throughout the year.

In January 2021, Directors of NJ's Department of Health, Office of Public Health and the Opioid Response and Policy held a focus group with DCF Youth Council to inform

Department of Health's work with youth during the COVID-19 emergency. During this focus group Youth Council members were able to discuss their experiences with the COVID-19 emergency from a youth's perspective. Council member also participated in a Stimulus Package Chafee Extension Focus Group with OAS discussing how to best distribute funds in an effort to address what youth are in need of while dealing with the COVID-19 emergency. In March of 2021, Youth Council members spoke at the Children in Court Virtual Education Conference. They discussed key issues with services, policies and practices and their recommendations to help transform New Jersey's child welfare system.

Another important activity within the strategy is to ensure that youth are informed of, prepared to participate in and attend court hearings. During this period, OAS initiated an inquiry with key court personnel and partners to understand the pandemic-era court proceedings and the rate at which youth are participating in hearings. Early anecdotal evidence suggests that families and adolescents are more able to be present and participate in court due to video conferencing and teleconferencing options. Though it is not yet known the scope of options, additional data collection could lead to a proposal to use video and teleconferencing methods after the public health emergency has ended.

In addition, as it relates to developing strategic sharing/shared power learning products, OAS conducted several planning sessions with key stakeholder groups (e.g. the Office of Training and Professional Development, the Office of Family Voice, Child Protection and Permanency) to align the learn objectives of the training product. These planning sessions are ongoing and will result in a training product in early 2022.

Strategy 3: Design and Implement Changes in Chafee Program Philosophy

DCF has made great strides to improve policy, practice, and programming to comprehensively serve youth in foster care. The Youth Thrive framework includes the importance of relationships, understanding of adolescent brain development, trauma-informed care, and youth voice. However, through quantitative and qualitative reviews of our data and youth we serve, additional considerations to effectively serve youth in foster care are essential.

Race Equity Informed Policy, Practice and Programming

DCF acknowledges and is concerned about the disproportionate number and disparate treatment of African American/Black and Hispanic/Latino youth in foster care. DCF is embarking on broader efforts to address institutional and systemic racism. The Chafee program will more closely examine these inequities and include a race equity informed lens to update and enhance policy, practice, and programming to youth in foster care.

Healing-Centered Engagement

Trauma-informed care has been and will continue to be an important and meaningful approach to serve children, youth, and families in the child welfare system. However,

there is a recognition that those served also need to thrive and not just survive. Trauma-informed care has important considerations regarding understanding and helping individuals cope with trauma. DCF seeks to go beyond coping, and truly helping those we work with to heal. Often youth in foster care are in survival mode and just getting by. Our goal is to help youth in foster care to recover and thrive through healing. Chafee program changes during 2020-2024 will move beyond asking “what’s happened to you?” to “what’s right with you?” to meet young people where they “dream” and not just where they are.⁵¹

Fiscal Year 2021 Update: Strategy 3

To assist in meeting strategy three, OAS is tracking the Department’s work of the Race Equity Steering Committee and on Healing-Centered Engagement which is focused on preventing ACES and promoting resilience. During this fiscal year, primer documents on each prong of the philosophy (Youth Thrive, Race Equity, and Healing-Centered Approach) have been drafted and intended to be used by the Chafee Advisory Group members to inform and drive the Chafee Strategy Team work. OAS intends for this strategy to be completed by September 2021.

Strategy 4: Promoting Kinship Care, Permanency, and Connections

DCF’s 2017 CFSR results indicated a need to improve efforts to achieve permanency for youth in foster care. The CFSR Performance Improvement Plan includes strategies regarding strengthening concurrent planning practices, DCF’s relationship with judiciary staff, and promoting kinship care. The Chafee program will be strengthened to also support these efforts by:

- a) Developing a formalized process and create resources (i.e. bench cards) to train and increase knowledge of judiciary staff regarding the unique needs of adolescents and young adults in foster care. This information will include updated policy, practice, and program information impacting youth in foster care (December 2022)
- b) Supporting youth in kinship care through system and direct service intervention strategies that support both the youth and their kinship caregiver (completed December 2020)
- c) Updating life skills services for youth through reimagining age appropriate skill development within the context of family, peer, and community relationships. This reimagined service may help to promote emotional and legal permanency (July 2022)
- d) Refining efforts to ensure that youth in foster care experience age and developmentally appropriate activities that will assist in building and strengthening relationships in their home, promote stability, and support efforts towards legal permanency (September 2021)

⁵¹ Ginwright, Shawn, Flourish Agenda, Healing Centered Engagement, 2019 [webinar]

Fiscal Year 2021 Update: Strategy 4

Initially slotted for December 2021 completion, however, due to the COVID-19 emergency, efforts to develop a formalized process and create resources (i.e. bench cards) to train and increase knowledge of judiciary staff regarding the unique needs of adolescents and young adults in foster care are still in process, as a bench card for judiciary staff is currently being finalized. This bench card will be used for training purposes as well as a resource for staff reference. In addition, OAS is supporting CP&P efforts to restructure training for resource staff and/or relative caregivers that includes information regarding normalcy, Youth Thrive and navigating CP&P resources, services and policy for youth in foster care.

DCF will be working with Mathematica to reimagine and develop an intervention that will promote well-being and protective factors. This framework, called LI2 (Learn, Innovate, Improve) includes getting feedback/input from a cross-section of stakeholders, using the information to design an intervention and then having the opportunity to implement and test the effectiveness. DCF will be participating in this process throughout the spring and summer of 2021.

Strategy 5: Services for Young Adults 18+

Many of DCF's services for young adults' rest on program models that have not been updated in over a decade. The Chafee program will be strengthened by:

- a) Reviewing and updating the housing program model for youth 18+ (July 2022)
- b) Reviewing and updating aftercare services for youth 18+ to more comprehensively support a youth's transition to adulthood (July 2022)

Fiscal Year 2021 Update: Strategy 5

Aftercare Services for Youth 18+

In an effort to update the aftercare services for youth 18+ to attain activity (b), DCF began piloting the LifeSet model. The LifeSet program provides intensive community-based support to assist young adults aging out of state custody or other care arrangements successfully transition to independence. Services are voluntary, youth-driven, and last nine months on average. LifeSet teams consist of four specialists and one supervisor. Specialists carry low caseloads of 8-10 and see each young adult at least one time weekly, with sessions focusing on increasing independent living skills and navigating the transition to adulthood. Areas addressed can include education, employment, housing stability, healthy relationships, mental and physical health, and other independent living skills. LifeSet services are highly individualized and tailored to suit the individual strengths and needs of each young adult. Services are delivered in the young adult's natural environments, i.e. the young adult's home, place of employment, community settings. The program model employs the use of evidence-based and best

practices. More information about LifeSet in NJ can be found on the DCF website at <https://www.nj.gov/dcf/adolescent/lifaset.html>.

Over the summer of 2020, contracted providers hired staff, completed training. These providers began serving youth in October 2020. At that time, due to the COVID-19 emergency, all services began remotely and are currently offered both remotely and in person. At any given time, there are 128 youth enrolled across the four providers and since inception, LifeSet in NJ has served 147 unduplicated youth.

Housing for Youth 18+

DCF is working towards partnering with Public Housing Authorities to utilize the Foster Youth to Independence vouchers for young adults transitioning to adulthood. Several planning meetings have been held as well as discussions with Chafee Advisory Group and external partners who are interested in partnering with DCF.

Strategy 6: Marketing Chafee Services to Eligible Youth

In recognition of the evolving nature of preferred methods of communication for youth and young adults, DCF will develop an innovative strategy to market Chafee services. Activities to revise and refine marketing strategies include:

- a) Developing and implementing a strategy to market Chafee services to newly eligible youth that achieved reunification 14+ (August 2021)
- b) Refining and implementing marketing strategies of Chafee services to Chafee eligible youth whose child welfare cases are closed (August 2021)
- c) Comprehensively reviewing the possibility of providing services to adolescents who are not in placement but involved with child welfare to prevent placement (Prevention - In home) (December 2023)
- d) Reviewing Medicaid continuity of coverage (October 2022)

Fiscal Year 2021 Update: Strategy 6

The Marketing and Technology Strategy Team was identified in August 2020 and includes staff from the Department of Children and Families, Office of Adolescent Services, Division of Child Protection and Permanency and external stakeholders. The team has focused on developing a strategy to market Chafee services to newly eligible youth that achieved reunification 14+ and refine marketing strategies of Chafee services to Chafee eligible youth whose child welfare cases are closed. Due to the pandemic the initiation of the team meetings was delayed.

The timeframes for the activities to be completed for this strategy had to be adjusted, due to the COVID-19 Emergency, which have been updated above.

Strategy 7: Technology

In 2015, a new youth-specific website, the New Jersey Youth Resource Spot (NJYRS) (www.njyrs.org) was launched. Activities to meet the ever-changing needs of technology services within the Chafee Plan include:

- a) Updating the content and functionality of the NJYRS website (December 2021)
- b) Developing a mobile application specific to youth in foster care to help them navigate the foster care system, understand their rights, and get connected to available resources and supports (September 2022)
- c) Posting NYTD data on public DCF and NJYRS websites. Send notifications through DCF listserv when data is posted (Fall 2022)
- d) Developing online access for youth to complete the NYTD Follow Up survey (October 2022)

Fiscal Year 2021 Update: Strategy 7

DCF continues the process of updating the content and functionality of the NJYRS website. In addition, the website content has been reviewed by the Youth Council and they have provided a proposal of changes to DCF. The content changes are currently being reviewed to determine if all changes recommended are feasible.

Furthermore, DCF has attempted to contact the system partner who launched the Youth App in 2019 for youth in Trenton, NJ. However due to the COVID-19 emergency, communication has been challenging. DCF will continue its efforts to obtain lessons learned that could assist with possible future mobile application development.

DCF has made progress in offering online access for youth to complete the NYTD Follow Up survey by making it available via Survey Monkey. However, having access via NJYRS and/or an app is still being pursued.

Due to the COVID-19 emergency the timeframes for the activities to be completed for this strategy had to be adjusted which have been updated above.

New Jersey's Process for Sharing the Results of NYTD Data Collection

Thus far, DCF has shared the results of the NYTD data collection with contracted service providers over the last several years using the data snapshots created by the Children's Bureau. DCF has also discussed both the independent living services data using information from federal fiscal years 2013-2107, as well as the outcomes data from surveys using information from cohorts one and two. In addition, NYTD is shared with child welfare staff, from frontline workers to leadership.

2020-2024 NYTD Data Sharing Plan

To share the NYTD data with a broader cross section of stakeholders, DCF plans to:

- a) Develop a NYTD data project plan that provides ongoing information and data analysis of available NYTD data that can then be shared with stakeholders ongoing (November 2019; updated March 2021)
- b) Post NYTD data on the public DCF and New Jersey Youth Resource Spot websites. Send notifications through the DCF listserv when this data is posted (March 2021)
- c) Share NYTD data and information with the Youth Advisory Network and Statewide Youth Council
- d) Incorporate NYTD data into all presentations and trainings (i.e. presentations to court staff, ongoing adolescent trainings, meetings with providers) (Fall 2021 and ongoing)
- e) Include NYTD data in any DCF Continuous Quality Improvement activities/presentations when possible (i.e. Child Stat, Qualitative Reviews) (Fall 2021 and ongoing)

Fiscal Year 2021 Update – NYTD Data Sharing:

- a) Develop a NYTD Data Project Plan – During the period under review, a logic model outlining all Chafee-related services available to DCF-involved youth and young adults was developed and vetted. This model was presented to the Chafee Advisory Council for review and comment.
- b) Publicly Post NYTD Data – This activity is delayed due to the public health emergency and will commence in year three.
- c) Share NYTD Data with Key Stakeholders – Due to the closure of the Youth Advisory Network contracts, there were no YAN presentations. Presentation and collaboration of information with the Youth Council will continue in year three of this plan.
- d) Presentations and Trainings NYTD Data – Presentations and trainings were temporarily suspended due to the public health emergency and will recommence in year three of this plan.
- e) Include NYTD data in any DCF Continuous Quality Improvement This work is interconnected with the work of the logic model and will continue in year three.

Strengthening NYTD Data Collection 2020-2024

DCF created a Child Welfare Information System/NJ SPIRIT interface for community-based providers to enter NYTD Independent Living Services that are provided to youth/young adults. This will assist in improving the quality of the data that is collected.

Other strategies to strengthen NYTD data collection will be addressed through the Data strategy team and include:

- a) DCF will work to create a system to capture NYTD Independent Living Services being provided by resource parents as well as child welfare staff (January 2022)
- b) Incorporate reviewing NYTD data during case record reviews during contract monitoring site visits with service providers to ensure that services are being

provided as well as verify documentation for those services is in the youth's record (Initiated and ongoing)

- c) Develop online access for youth to complete the NTYD Follow Up survey to improve access to and number of youth that complete the survey (January 2022)
- d) Develop a quality assurance process to ensure timeliness of data collection and submission, update NYTD policies as needed, and make any necessary improvements or changes (Fall 2022)

Fiscal Year 2021 Update – NYTD Data Collection:

- a) Capture resource parent and child welfare staff NYTD Independent Living Services – these efforts are delayed due to the public health emergency and will recommence in year three.
- b) Reviewing NYTD data within contracted service provision – this work is currently incorporated into the review of contracted services at least quarterly and is reviewed during the semi-annual site visits with providers.
- c) Online access to complete NTYD Follow Up Survey – During this review period, NJ researched online portals and systems in varied jurisdictions. In year three a feasibility assessment will occur to determine the system(s) that will work best for NJ.
- d) Quality Assurance Process – this work was delayed due to the public health emergency and will be addressed in year 3.

Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth

DCF is currently analyzing the NYTD data along with risk and protective factors to determine 1) the factors associated with incarceration, homelessness and adolescent parenthood among youth transitioning out of foster care, 2) the factors that may be associated with the completion of high school and obtaining full or part time employment among youth transitioning out of foster care and 3) to what extent participation in Chafee services influences incarceration, homelessness, adolescent parenthood, completion of high school and employment among youth transitioning out of foster care. Youth who completed the NYTD survey and received at least one NYTD service contribute to this data.

Outside of ongoing NYTD data collection and analysis, DCF will include additional youth specific data to help inform the Chafee program. This will include data from record reviews, qualitative reviews, New Jersey's Child Welfare Data Hub, education related data through NJ's Department of Education, and other available data. This work will be led by DCF and reviewed and informed by the Chafee Advisory Group.

Update Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth

DCF proposed refining outcomes and identifying measurement tools by September 20, 2020. However due to the COVID-19 emergency, this work has been delayed as a great deal of time and effort was needed to focus on having data to help inform DCF on how best to support children, youth and families have their needs addressed during these uncertain and difficult times. A Chafee logic model is in development that will help to identify broader goals of the work to then identify the type of qualitative and quantitative data that will be used to measure outcomes. This includes NYTD data as well as identifying other sources of data that currently exists and will help DCF understand where there are gaps in data. The logic model will be shared with the Chafee Advisory Group in May 2021 for feedback and there are plans to share it with the Youth Council.

Serving Youth Across the State

Ensuring that the Chafee Program will Serve Youth Statewide

New Jersey has a state administered child welfare system through nine Area Offices and 46 Local Offices within the Division of Child Protection and Permanency (CP&P). All governing policies and practices are administered through a centralized statewide authority. All youth that experience out-of-home care are recipients of services to secure permanency and establish strong pathways to healthy interdependence. CP&P operates rigorous continuous quality improvement systems that ensure staff receive quality pertinent training, that resources for youth and families are robust and available, and that all efforts for an adolescent to achieve permanency are exhausted prior to case closure.

Chafee services are offered statewide; however, they are primarily located in areas of the state or county with higher concentrations of youth. Some services, such as housing, are not located in every county but are accessible to youth from across the state. New Jersey has urban, suburban and rural areas and as such, services may vary due to differences in transportation infrastructure, population density, and/or cost of renting or owning a property to offer services.

Through the Youth Council as well as the Youth Advisory Network (prior to the contract ending) and meetings with child welfare staff and contracted providers, feedback is received regarding existing barriers youth experience when accessing services, as well as how experiences in receiving services may differ by county or region.

Data Informing Service Variation by Region or County

For the 2020-2024 Chafee program plan, DCF plans to analyze National Youth in Transition data (NYTD) by county to detect differences in services provided. In addition, and as referenced in the section [***Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth***](#), a plan has been proposed to use multiple data sources to review and analyze youth specific data to inform the Chafee program and services. As DCF reassesses current supports and programming to update and enhance service

models (see “[Strengthening New Jersey’s Chafee Program](#)” 2020-2024)), data will be reviewed from a variety of sources. This analysis will help determine how services may look different or are designed differently across the state.

Serving Youth of Various Ages and Stages of Achieving Independence

As noted in section E: [Update on Service Descriptions: Child and Family Services Continuum](#), DCF plans to implement strategies to achieve service excellence, to include services for youth of various ages and stages of achieving independence, to address concerns related to availability (targeted for special populations, etc.), accessibility (service gaps, waitlists, access for neighboring counties, more language availability, etc.), acceptability (individualized services, etc.), and quality. The strategies outlined in section E: [Update on Service Descriptions: Child and Family Services Continuum](#) will also target Chafee program services and supports.

Targeting Chafee Program Services and Supports

New Jersey extended foster care to age 21 in 2004. During 2015-2019 there were training enhancements (e.g. Youth Thrive and LGBTQI) and updates to planning resources (e.g. Transitional Plan for YOUth Success) for child welfare casework staff and community-based providers. Through new training and updated planning resources, staff and providers are better able to engage, assess, and plan with youth in a developmentally appropriate and informed way.

Youth in foster care often have needs related to mental health, substance use, and domestic and/or interpersonal violence. DCF will continue refining efforts to provide services to meet these needs through leveraging and improving existing resources offered by DCF’s Office of Clinical Services (specifically the child health nurse program), Children’s System of Care (mental health and substance use supports and services) and the Division on Women (domestic violence supports and services). These efforts will be coordinated with DCF’s 2020-2024 Health Care Oversight and Coordination Plan. DCF is in the process of developing a stakeholder informed plan to review supports and services currently available and utilized, while also identifying areas that need to be strengthened and tailored to meet the needs of youth in foster care. Please refer to Figure 35 regarding eligibility for benefits and services, which outlines Chafee specific services and additional services offered through DCF that can support Chafee eligible youth.

Additionally, a strategy team related to youth experiencing mental health, substance use and/or who are victims of domestic violence is being created. The team has not yet been developed and is delayed due to the COVID-19 emergency; it is estimated that the stakeholder informed plan will be completed by December 31, 2022.

DCF also recognizes that expectant and parenting youth (including young fathers) require unique services and supports to support their role as a parent while also developing as a young adult. Through 2020-2024, DCF will update and improve policy, practice, and programming to best meet the needs of these youth to promote successful parenting and

prevent maltreatment with their own children. In an effort to provide support for expectant and parenting youth, the Expectant and Parenting Youth preliminary plan has been developed. The plan includes a review of policy and training, data collection, out of home programming, and practice and resources. The plan was discussed with and shared with the Chafee Advisory Group as well as other internal and external stakeholders for feedback and input. The Expectant and Parenting Strategy (EPY) Team did not meet during this reporting period however, DCF's Policy Unit completed a full search of relevant CP&P policy to determine what policy currently exists and if updates are needed or new policy needs to be developed. The strategy chair also researched other state's child welfare policies regarding EPY youth to help inform the strategy team's policy agenda.

As stated earlier (see "[Strengthening New Jersey's Chafee Program 2020-2024](#)") the Chafee program will be strengthened by using a race equity informed lens to update and enhance policy, practice, and programming for youth in foster care. These efforts will explore strategies to tailor practice and Chafee services to ensure all youth receive fair and equitable treatment and receive support and services that are culturally informed and appropriate.

Also stated earlier, under "[Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth](#)", there will be improved efforts in 2020-2024 to use data to inform continuous quality improvements in the delivery of Chafee services. Please see Figures 34 and 35, which provide data on the number of youth in foster care by county from 2017-2019 ages 14-17 and 18-21.

Figure 34: Youth in Foster Care Ages 14-17, 2017-2019

County	2017	2018	2019
Atlantic	49	46	43
Bergen	49	36	28
Burlington	51	55	45
Camden	108	100	113
Cape May	28	30	21
Cumberland	53	47	41
Essex	178	179	147
Gloucester	68	68	51
Hudson	78	65	59
Hunterdon	<10*	<10*	<10*
Mercer	80	59	54
Middlesex	69	40	45
Monmouth	68	58	36
Morris	26	28	17
Ocean	55	51	52
Passaic	54	59	49
Salem	16	19	17
Somerset	10	15	11
Sussex	<10*	10	<10*
Union	69	51	50
Warren	23	18	13
Totals	1132	1034	892
<i>Please note totals are slightly higher after adding counties with <10 youth.</i>			

Figure 35: Youth in Foster Care Ages 18-21, 2017-2019

County	2017	2018	2019
Atlantic	<10*	11	11
Bergen	24	24	22
Burlington	21	16	10
Camden	33	31	25
Cape May	<10*	<10*	<10*
Cumberland	15	12	12
Essex	60	56	50
Gloucester	17	19	13
Hudson	33	29	28
Hunterdon	<10*	<10*	0
Mercer	15	13	12
Middlesex	16	13	11
Monmouth	19	15	10
Morris	<10*	10	<10*
Ocean	<10*	14	13
Passaic	17	15	15
Salem	<10*	<10*	<10*
Somerset	<10*	<10*	<10*
Sussex	<10*	<10*	<10*
Union	26	24	20
Warren	<10*	<10*	<10*
Totals	296	302	252

Please note totals are slightly higher after adding counties with <10 youth.

Assessments and Tools to Determine Individualized Needs

DCF currently uses the Casey Life Skills Assessment (CLSA) with youth 14+ in foster care. The CLSA is completed annually by youth with assistance from either the child welfare caseworker or a contracted service provider. The CLSA is used in conjunction with the Transitional Plan for YOUTH Success (TPYS) to help inform goals that have been identified by youth. There are six domains of the TPYS:

- Supportive Relationships and Community Connections
- Education
- Employment
- Living Arrangement
- Health
- Transitional Services

At this time DCF has identified that the CLSA self-assessment is not the best indicator of a youth's knowledge or skill across domains. Some preliminary research on assessments was conducted through DCF's Youth At-Risk of Homelessness federal project, however this research did not yield an assessment that was appropriate to replace or supplement the CLSA.

More recently, DCF has reviewed the newly released Youth Thrive Youth Survey. This survey is a self-assessment that DCF plans to incorporate utilizing with youth in care to help round out the Youth Thrive protective and promotive factors framework that is integrated into the work conducted by child welfare staff and contracted service providers.

The findings from the 2017 CFSR indicated a need to improve practice regarding assessing needs and connecting with services. During this reporting period, DCF began, but has yet to complete, the process of exploration to review and inventory existing assessments to identify if there is anything else that exists that might be useful to gain a better understanding of the needs of youth in order to connect them to the appropriate service(s)/support(s). If an assessment(s) that meets these needs does not exist, DCF will consider developing a tool. The "Embracing a Youth Welfare System: A Guide to Capacity Building" guide provides helpful material regarding information which should be incorporated into a useful assessment. This guide will be considered when identifying or developing assessments which may be implemented in the future. DCF will also include a more intentional link between the assessment results and connecting youth to appropriate service(s).

DCF has launched Solution Based Casework (SBC) for child welfare practice. As mentioned earlier in the report, the Office of Adolescent Services is partnering with child welfare leadership to incorporate adolescent transition planning and assessment into SBC.

[Collaboration with Other Private and Public Agencies](#)

DCF is committed to ongoing and meaningful collaboration with a variety of stakeholders as a central element of its work and the implementation of the Chafee program and services. Multiple approaches and activities are utilized to continue collaboration and consultation with stakeholders, these include but are not limited to:

[*Collaborative Mechanisms with Contract and Non-contracted Providers*](#)

DCF regularly creates and convenes opportunities for synergy with community-based service providers. Many of these efforts are open to non-contracted agencies. Through the Office of Adolescent Services, there are layered discussions, forums and focus groups to ensure that services are accessible and represent cutting-edge practices. Chafee-specific contracted service providers convene quarterly for updates, trainings, and resources on a variety of youth related topics. During the last three quarterly meetings these providers have received information regarding NYTD services, the Child

and Family Service Plan, and have provided feedback regarding the Chafee program purposes. This feedback has been incorporated into the planning activities outlined in this 2020-2024 Chafee plan.

DCF also works closely with One Simple Wish (OSW), an online non-profit organization and platform that brings national awareness to the foster care system and increases the wellbeing of children experiencing out-of-home care by granting their unique wishes. This support increases a youth's access to items including but not limited to musical instruments, sports equipment and other needs. OSW will support youth currently in foster care and youth with experience in foster care ages 21+.

Although DCF contracts with several housing programs, DCF also partners with Roots and Wings which is a privately funded program that provides safe housing, case management, education, counseling, and life skills to youth aging out foster care 18+. This is an important program and partnership since this program serves youth up to age 24.

Initiatives with Key Stakeholders

Youth

Youth are key stakeholders and partners to inform the Chafee program and service area. Refer to prior section titled "*Youth Voice, Leadership, and Advocacy*" for more information.

Public Agencies in New Jersey

The Children in Court Improvement Committee and the Administrative Office of the Courts (AOC)

DCF's Office of Adolescent Services provides standard and ad-hoc training for the Children in Court Improvement Committee (CICIC) and the Administrative Office of the Courts (AOC) to enhance communication and collaboration in effort to improve timely permanency, particularly for adolescents. More broadly, DCF will partner with the CICIC on a statewide permanency improvement effort. The CICIC will manage this effort through use of a standing agenda item related to permanency.

The Department of Community Affairs (DCA)

DCF will continue its strategic partnership with DCA in the form of varied subsidized and supportive housing models for youth across the state. This includes, but is not limited to, Section 8 vouchers for child welfare-involved young adults (including parenting youth) and other supports. DCA has provided rapid rehousing vouchers for young adults and families involved with child welfare. OAS is working with approximately 20 young adults/families to obtain housing through these vouchers.

The Housing and Mortgage Finance Agency (HMFA)

HMFA is dedicated to increasing the availability of and accessibility to safe, decent, and affordable housing to families in New Jersey. HMFA and DCF collaborate with contracted supportive housing providers to track housing and services for adolescents and young adults, identify gaps in the local service continuum and develop appropriate outcome measurements. Also, staff from HMFA's Homeless Management Information System (HMIS) provide periodic trainings and technical assistance to DCF funded housing service providers.

The Department of Education (DOE)

In accordance with the 2015 Every Student Succeeds Act, DCF and DOE have a data sharing agreement in place to provide education/school data regarding youth in foster care with the intent to review trends in student's educational attainment. DCF and DOE continue to collaborate to ensure both departments are meeting the requirements of the Fostering Connections to Adoptions and Success and Every Students Succeeds Act. A memorandum of agreement has been developed to memorialize that quarterly meetings will be convened. The first quarterly meeting was held in February 2021.

The Juvenile Justice Commission (JJC)

To improve outcomes for youth involved with the juvenile justice system or dually involved with both child welfare and juvenile justice, DCF participates in several collaborations with the JJC. This includes Juvenile Detention Alternative Initiative, statewide and local activities and efforts through the Office of Juvenile Justice and Delinquency Prevention.

Technical Assistance Providers

Through federal projects and other initiatives, DCF partners with and has contracts for various technical assistance (TA) providers regarding initiatives to improve and enhance Chafee services and programming. Some of these technical assistance providers include:

- The Center for the Study of Social Policy, providing TA regarding the Youth Thrive initiative.
- The Juvenile Law Center, providing TA regarding implementing the normalcy and reasonable prudent parent mandate.
- The Corporation for Supportive Housing, providing TA regarding New Jersey's Connect to Home youth supportive housing programs specific to the Youth At-Risk of Homelessness Federal Project.
- Child Trends, providing evaluation TA regarding the Youth At-Risk of Homelessness Federal project.
- Payperks (through Conduent), providing TA regarding the NJ Money Skills online financial literacy program.

Collaboration with Other Private and Public Agencies 2020-2024

Enhancing Career Planning and Supports

In September 2017, DCF launched a new Pathways to Academic and Career Success (PACES) coaching program statewide. The PACES program serves 500 youth across six programs within four community-based service providers. PACES programs provide yearlong academic and career coaching to youth in foster care, ages 16-21, from tenth grade through their second year of college, or completion of a career technical certificate program. In addition to academic support and post-secondary exploration, this program includes assisting youth in developing soft skills necessary to succeed in a work environment. DCF has provided technical assistance and trained PACES coaches and recognizes that additional support is needed to bolster their knowledge and resources regarding career coaching. Bi-monthly meetings are held with the directors of each of the four provider agencies and their PACES coaches to provide technical assistance, resources and obtain feedback about any program related challenges or enhancements. These meetings also provide an opportunity for the agencies to share best practices and highlight students' accomplishments.

To ascertain whether the PACES program has a positive effect on students' academic performance, development of soft skills and college and career technical school enrollment and persistence, DCF is measuring various program outcomes. Outcomes such as increases in high school GPAs by the end of the school year, students planning to attend New Jersey colleges or universities that receive the New Jersey Tuition Aid Grant, students persisting to the second year of college, and students in career technical education students completing their certification will be measured. These outcomes are measured through data received through a Memorandum of Agreement with the Department of Education, NJ Foster Care Scholars data maintained by Embrella, a community-based agency that oversees the NJ Foster Care Scholars Program. DCF is continuing to explore outcomes measures for soft skills/ non-technical employability skills that lead to employment success. Preliminary data analysis and outcomes development began in year two and will continue. In 2020 PACES served 460 total participants and the following was achieved:

- 88% (405) of the total participants (460) are in school or employed.
- 78% (358) of the total participants (460) had academic advancement
 - 190 progressed a grade in high school. There are 190 participants in high school.
 - 145 achieved college advancement. There are 145 participants in college.
 - 17 achieved a GED/high school equivalency
 - 6 achieved a certification for career advancement. These participants are in an academic setting.
- 43% (196) of the total participants (460) are employed
 - 47 of the employed participants are not in school
 - 149 of the employed participants attend school or are in an academic setting

Efforts will be made to engage with Rutgers' Heldrich Center for Workforce Development to increase knowledge of labor and workforce development, research and resources. More specifically, there is interest in developing a partnership with the PACES coaches to have access to the New Jersey Career Network Coaching Community of Practice, an on line platform that supports service providers and staff to provide effective career coaching and soft skills to youth in foster care. This partnership was delayed due to the public health emergency and will restart in earnest in the winter of 2021. Coaches now have access to the Career Networking Coaching Community of Practice.

In addition, although there have been some partnerships over the years, DCF is also interested in strengthening our partnership with New Jersey's Labor and Workforce Development and the Statewide Employment and Training Commission regarding initiatives to support career readiness for youth in foster care. For example, there are initiatives related to Science, Technology, Engineering, and Math (STEM), and apprenticeships that could be highly beneficial for youth in foster care. The Youth Transitions to Work Programs can also provide greater opportunities for youth to transition to skilled and high wage occupations. Currently, our PACES programs are referring youth who are not pursuing a post-secondary education to Youth and Job Corps to obtain their High School equivalency and gain employment skills. This partnership deepened in 2020 and will be further enhanced in year three. Throughout the year, several Workforce Development Boards are sending job opportunities for youth and young adults that are shared with the PACES coaches and CP&P Resource Development Specialists who in turn discuss with youth/young adults or notify caseworkers who will then share with their youth/young adults.

Initiatives Related to Adolescent Health

In review of the Chafee program, DCF acknowledges there is a need to strengthen practice and education to youth regarding preventative health activities (smoking avoidance, nutrition education, and pregnancy prevention). DCF plans to partner internally through the Child Health Nurse Program for youth in foster care, the evidence-based Home Visitation Programs and with the Department of Health regarding these prevention activities and interventions. The goal is to ensure that this information is provided to youth in foster care and that youth are informed of strategies to maintain health. Youth should additionally have access and participate in a variety of practice and programming activities which promote health and well-being. This work was delayed due to the public health emergency and will relaunch in summer 2021.

Preventing Homelessness and Promoting Housing Stability for Youth in Foster Care

DCF has numerous contracts for youth supportive housing and several key partnerships with housing stakeholders statewide. Recently, DCF has become more familiar and started working more closely with the Continuums of Care (CoCs) statewide. DCF seeks to expand and improve CoC partnerships to better coordinate youth housing resources

and ensure that youth experiencing housing instability are appropriately assessed to best understand their housing needs. Due to the pandemic, meetings regarding this activity were delayed. This work will commence in year two.

Promoting Developmentally Appropriate Activities and Experiential Learning

Since the implementation of the normalcy and reasonable prudent parent mandate, DCF has convened a large stakeholder group to provide feedback and drive related practice guidance resources, training, and policy. There are outstanding issues related to driving instruction, cell phones/cell phone plans, transportation, and savings accounts for youth in foster care that require attention. DCF will seek out partnerships with other state departments and private agencies to identify potential resources to leverage or purchase to ensure youth in foster care have consistent accessibility to activities and learning that are developmentally appropriate and essential for transitioning to adulthood. This work is delayed due to the public health emergency and will commence in year three.

Determining Eligibility for Benefits and Services

Child welfare caseworkers are responsible for linking youth with needed Chafee services through a youth driven assessment and planning process. The Youth Bill of Rights and the Voluntary Services Agreement (for youth 18+) outlines the services and needs that the caseworker is responsible for in partnership with the youth and their support system. Chafee eligible youth that are closed with the child welfare system can access Chafee services through various service providers available statewide. In addition, youth may re-enter the child welfare system after the age of 18 and before the age of 21 if they were receiving child welfare services at age 16+. Eligibility for Chafee services will be expanded to serve youth that were in foster care at age 14+ and were reunified with the families. DCF is currently reviewing youth data and funding availability to determine whether Chafee services can be extended to 23 years old and Education and Training Vouchers (ETV) can be extended to age 26. This data and resource review is ongoing.

Chafee funds for independent living services and room and board are implemented through programming with various service providers and leveraged with other funding sources to create a continuum of Chafee services statewide. Please refer to figure 36 regarding eligibility for benefits and services.

DCF will not deny eligibility for independent living services to a youth who otherwise meets the eligibility criteria but who is temporarily residing out of state. DCF will not terminate ongoing independent living assistance solely because a youth is temporarily residing out of state.

Figure 36 Chafee Services and Eligibility

<u>Support</u>	<u>Youth that have experienced foster care at age 14 up to age 21</u>	<u>Youth who aged out of foster care at 18</u>	<u>Youth who exited foster care for adoption or KLG after 16+</u>	<u>2020-2024 Plan for Extended Eligibility Youth who exited care to reunification at 14 or older</u>
Youth Bill of Rights	Yes, through child welfare case worker	Yes, through child welfare case worker	No	No
Transitional Plan for YOUth Success (planning tool)	Yes, through child welfare case worker	Yes, through child welfare case worker	Yes, through some Chafee specific service providers	Yes, through some Chafee specific service providers
Casey Life Skills Assessment (CLSA)	Yes, through child welfare case worker	Yes, through child welfare case worker	Yes, through some Chafee specific service providers	Yes, through some Chafee specific service providers
Voluntary Services Agreement (VSA)	Yes, through the child welfare case worker starting at age 18	Yes, through the child welfare case worker starting at age 18	No	No
Chafee specific programming available				
Life skills services	Yes	Yes	Yes	Yes
Pathways to Academic and Career Exploration to Success coaching services	Yes, starting at age 16 if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming
Financial literacy through njmoneyskills.com and Ever-Fi	Yes	Yes	Yes	Yes
Independent Living Stipend for rent, food, and/or incidentals	Yes, starting at age 16+ if the youth is in an eligible	Yes, if the youth is in an eligible independent	No	No

	Independent living placement	Living arrangement		
Flexible funding to support extracurricular activities, sports, and hobbies	Yes	Yes	No	No
Foster Care Scholars ETV and State Tuition Waiver funds	Yes, based on federal and state eligibility requirements	Yes, based on federal and state eligibility requirements	Yes, based on federal and state eligibility requirements	Yes, based on federal and state eligibility requirements
Foster Care Scholars Gap Housing (for breaks and summer months)	Available to any Foster Care Scholar	Available to any Foster Care Scholar	Available to any Foster Care Scholar	Available to any Foster Care Scholar
Supervised transitional living housing programs	Yes, starting at age 16 up to 21	Yes	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
Transitional living programs	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
Permanent supportive housing	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
LifeSet	Yes, starting at age 17 up to 21	No	No	No
Wraparound emergency funds up to age 22	Youth are eligible and can apply for funds after the child welfare case is closed	Youth are eligible and can apply for funds after the child welfare case is closed	Yes, after the age 18	Yes, after the age 18

Supplemental DCF supported services available to youth in all categories

Children's System of Care: mental health, substance use, and intellectual/developmental disability services

Home Visitation Programs: in-home parenting support and psychoeducation for new or at-risk parents

Outreach to At-Risk Youth Programming (OTARY): community-based afterschool programs to prevent juvenile delinquency and gang involvement

School-Based Programming: Prevention and support programming located in select middle and high schools

Supplemental and frequently used services available to youth in all categories
Afterschool programs (e.g. Boys and Girls Clubs, YMCA)
Day and summer camps (one camp is funding through DCF)
One-stop county-based career centers
One Simple Wish (wish granting for concrete needs for youth in foster care)

Cooperation in National Evaluations

DCF will cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

Education and Training Vouchers (ETV) Program

During this reporting period the ETV program continued to operate. There are no updates to the methods to operate the program, identification of prospective students, outreach, application process, acceptance, measuring satisfactory progress, coordination with other programs and ensuring that the cost of attendance is not exceeded (with the exception of the provisions of Division X of P.L. 116-260, the Consolidated Appropriations Act)

In response to the COVID-19 emergency, in March and April 2020, OAS and Embrella (the organization that administers the ETV funding on behalf of DCF) staff made individual outreach to every participant of the NJFC Scholars program to inquire about the students' well-being and assess their needs. All NJFC Scholars living on New Jersey campuses were allowed to remain on campus. For any NJFC Scholars outside the state whose campus was closed or students who chose to leave campus, other temporary living arrangements were made including living with family members or using DCF supported "Gap housing funds" to assist with rental agreements. All students reported they had their basic needs met and had the technology and internet connectivity to attend classes remotely.

In November 2020, DCF provided \$1,850 direct deposit payments to all NJFC Scholars to assist them with expenses. In March 2021, in anticipation of Division X: Supporting Foster Youth and Families through the Pandemic Act supplemental funding, OAS and Embrella held three listening sessions with current Scholars and surveyed them to ask about current and anticipated needs during the pandemic. Their feedback informed how the supplemental funds will be used. The ETV provisions of the Division X tentative plan is the following:

- NJFC Scholars will not be removed until after the Fall 2021 semester (satisfactory progress waived until 9/30/21)
 - Students who are not meeting the GPA policy will be placed on probation and will be notified that the academic policy will be in effect at the conclusion of the Fall 2021 semester
- NJFC Scholars will not “age out” of ETV funding until the Fall 2021 semester, specifically until 9/30/2021
 - Students who reached the age of 23 since Spring 2020 or who are 21-22 and are not continuously enrolled in school, will be informed that they are still eligible for ETV funding until 9/30/2021 (Fall 2021 semester)
- The \$518,816 in supplemental Division X funding for NJFC Scholars will be distributed over five semesters at \$103,763 each semester to cover the Division X timeframes for the increase ETV funding (October 2020 thru September 30, 2022). The number of ETV students per semester will determine the amount each student will receive in direct deposit payments.

The projected number of students:

- Fall 2020: 213
- Spring 2021: 226
- Fall 2021: TBD
- Spring 2022: TBD
- Fall 2022: TBD

Methods to Operate the ETV Program Effectively

Through the New Jersey Foster Care (NJFC) Scholars program, DCF continues to provide ETVs to eligible youth who have aged out of foster care or left care for kinship legal guardianship or adoption. The NJFC Program is the umbrella program for ETV, Statewide Tuition Waiver and “State Option” funding. The NJFC Scholars program is overseen by the Office of Educational Support and Programs (OESP) within the Office of Adolescent Services (OAS), and administered via contract by the non-profit provider, Embrella (formerly Foster and Adoptive Family Services).

Identification of Prospective Students

Eligibility for ETV funding under the NJFC Scholars Program is based on age and length of time in foster care placement. In New Jersey, students who are 16-21 years of age and were: 1) 14 years of age or older with at least 18 months of foster care placement, 2) 16 years or older with 9 or more months of foster care placement or 3) who exited care for adoption or Kinship Legal Guardianship (KLG) after the age of 16, qualify for the program. Students who exited care for adoption between the ages of 12 and 15 are also eligible for NJ Foster Care Scholars under “State Option” which offers the same financial support as ETV (using State dollars). Students enrolled in NJFC and in school at the time they turn 21 are eligible for ETV funds up to age 23.

DCF's Office of Research, Evaluation and Reporting provides a monthly data file using an algorithm that captures all youth age 14-21 years of age with the requisite foster care placement histories as well as the youth ages 12-15 who exited care for adoption and those who exited care after age 16 for adoption or KLG. This monthly data report is used to qualify students for the NJFC Scholars Program and determine if the student is eligible for ETV or State funding (for the Tuition Waiver or State Option). This report is also used for targeted recruitment strategies (see below).

Outreach/Recruitment

Embrilla convenes year-round workshops throughout the state for youth currently and formerly in foster care, their caregivers and caring adults to assist in applying for ETV and completing the Free Application for Federal Student Aid (FAFSA), as well as applications for New Jersey specific state aid.

Embrilla also convenes the annual Passport to Education conference for youth in foster care, their child welfare caseworkers and youth-serving providers. Information and resources are shared with both youth pursuing post-secondary education and training and the agency staff or resource caregivers that are assisting them. The conference includes workshops on navigating the financial aid process, college application process, budgeting and options for post-secondary education.

NJFC Scholars sessions, including information about ETV, are also regularly held across the state. These sessions seek to inform secondary and post-secondary school staff and youth about eligibility, and to enhance a collaborative service partnership for a youth's success in post-secondary education. Sessions are also held with youth service providers and advocates such as Court Appointed Special Advocates (CASA), Law Guardians, life skills and housing providers, high school guidance counselors, Educational Opportunity Fund (EOF) programs, and college support programs.

Application Process

The NJFC Scholars application is web-based, allowing convenient access and an expedited application process. Students must apply in the fall semester. For those reapplying, an abridged version of the application is available. For new applicants, students must provide a copy of their high school diploma or High School Equivalency as well as:

- For Citizens: Proof of completed and submitted FAFSA for the academic year (confirmation email from FAFSA, Student Aid Report, award letter, etc.)
- For Dreamers eligible for New Jersey State Aid and the New Jersey Statewide Tuition Waiver: Proof of completed and submitted New Jersey Alternative Financial Aid Application
- Proof of acceptance or enrollment from the Post-Secondary Institution they are attending or are planning to attend (acceptance letter, registration or class schedule)

- If transferring to a new school, proof of the number of credits transferred must be provided, or a letter explaining why credits did not transfer
- Returning students only must provide:
 - Most recent college/technical school transcript

Students requesting educational supports (e.g. assistance with books, bus passes, and computers) can apply for these supports at the beginning of each semester.

Review and Acceptance

Upon acceptance, students receive a welcome letter confirming their acceptance into the NJFC Scholars Program. The welcome letter outlines the academic policy and requirements of the student's funding as specified by either ETV or the Statewide New Jersey Tuition Waiver legislation. The letter specifically notes that the ETV funding must not exceed the cost of attendance, is limited to \$5,000 per academic year and must be dispersed in two \$2,500 installments. Students are also informed that they must be registered at least half time and must be continuously enrolled on their 21st birthday to continue to receive funding until they reach the age of 23. Lastly, the letter advises the student that funding ends at age 23 regardless of the student's completion of post-secondary education.

Each NJ Foster Scholar is assigned a Scholarship Coordinator at Embrella who assists the student in understanding their funding, communicates with the financial aid offices to resolve any financial aid issues and supports the student in navigating any financial aid requirements.

Measuring Satisfactory Progress

Per the academic policy, students must maintain a 2.0 GPA each semester and make Satisfactory Academic Progress (SAP) as determined by their Post-Secondary Institution (PSI). Scholarship Coordinators are responsible for verifying GPA and SAP each semester by using the "NJ Foster Scholars Program Student Account Inquiry Form" (refer to the section below on "Methods to Ensure ETV Funding Doesn't Exceed Total Cost of Attendance"). Students that do not meet the above-stated academic requirements will be placed on probation with the objective of raising their grades to meet the 2.0 requirement for the next semester. If a student falls below a 2.0 GPA for two consecutive semesters they are removed from the program. The student may appeal the removal due to extenuating circumstances and can be reinstated. The majority of students whose appeals are granted successfully continue in school.

Methods to Ensure ETV Funding Doesn't Exceed Total Cost of Attendance (COA)

Embrilla uses an "NJ Foster Scholars Program Student Account Inquiry Form" to ensure that ETV funding does not exceed the cost of attendance. Upon a student's acceptance into the NJFC Program, Embrella staff email the inquiry form (each semester) to the Post-secondary institution's (PSI) Financial Aid, Bursar or Student Accounting office for completion of cost of attendance expenses, actual costs for tuition and fees, room, and

board. The inquiry form also asks the PSI to list the financial aid awarded to the student for the semester by category: federal (Pell, SEOG), state, and institutional grants, scholarships, loans (subsidized, unsubsidized, private) and personal payments.

Once Embrella receives the completed inquiry form from the PSI and confirms that the student's financial aid package doesn't exceed the COA, the ETV funds (up \$2,500 per semester and no more than \$5,000 per academic year) are available to be released to either the PSI, the student, or a third-party vendor depending on the category of student's unmet need. Funds will be released to the PSI if the unmet need is for tuition and fees, and/or room and board if the student is living on campus. Funds are released to the student (via check, debit card or direct deposit) for educational supports such as transportation, childcare expenses, laundry, food, incidentals, or rental payments (with a copy of a lease). Funds are released to a third-party vendor for the purchase of computers or laptops, books and supplies.

It should be noted that students who remain under the supervision of Child Protection and Permanency (CP&P) do not receive ETV funds for food, rent or incidentals support. These expenses are provided through CP&P Independent Living stipends. NJ Foster Care Scholars have access to the web-based student portal which allows educational support requests to be made.

All financial records are maintained in a secured Microsoft Access database. Fields in the database include all the COA, payments, payee information, purpose of the payment or purchase, date of payment or purchase, and the type of funding used (ETV or State). The database also captures the student's demographic data, grade point average by semester, and ETV timeframes. Timeframes include the date school began, date the student disengaged from school (if relevant), date resumed school (if relevant) and the date of the student's 23rd birthday. Students are notified in writing six months prior to their 21st birthday that it is required to remain consecutively enrolled to continue receiving funding after their 21st birthday. In addition, students are notified in writing six months prior to their 23rd birthday to remind them that ETV funding will terminate.

Coordination with Other Education and Training Programs

DCF and Embrella make every effort to assist youth in maximizing all available financial aid. Embrella also administers New Jersey's Statewide Tuition Waiver Program (TW) on behalf of DCF. ETV students whose ETV funding is discontinued because they reach the age of 23 and who meet the TW eligibility (nine months of foster care placement after the age of 16) may then access TW funding to complete their education. The TW funding is available to students for five years from the date TW is accepted, allowing the student to continue their education up to age 28 (if they begin using TW at age 23).

DCF will work with the administration of the New Jersey's Higher Education Student Assistance Authority (HESAA) to ensure current and former foster youth apply and utilize available state aid. HESAA has oversight of the Education Opportunity Fund Program as

well as State aid, including the Tuition Aid Grant, Community College Opportunity Grant, NJ STARS, the Governor's Urban Scholarship Program, and the Governor's Industry Vocations Scholarship (NJ-GIVS). DCF has begun working with HESSA to improve aid and access to higher education for young adults that experienced foster care.

Embrella will also continue to coordinate with HESAA to ensure NJFCS' independent status is verified expeditiously. This streamlining allows students to obtain applicable State aid without the necessity for additional paperwork.

DCF maintains relationships with several of New Jersey's State Universities such as Rutgers University, Stockton, and Montclair State University, each having unique college support programs which many of our NJ Foster Scholars are participants.

DCF's PACES program (which began in September 2017), in partnership with four non-profit agencies (see [Collaboration with Other Private and Public Agencies 2020-2024](#), Enhancing Career Planning and Supports section of the Chafee plan for additional information on PACES) is tasked with ensuring that high school students in foster care are college ready. This includes referring students to college bridge and student support and TRIO programs, such as Upward Bound and the Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP) Programs.

Method for Determining Unduplicated Youth

Using the database, Embrella and Office of Educational Support and Programs (OESP) staff can run a variety of reports using the "query" function. A query is run to check for duplicates. Frequently run reports include:

- All students with identifying information, name and location of PSI, enrollment status, GPA
- ETV-funded students
- State-funded students
- Amount of ETV spending and by spending category
- New students per semester
- Returning students
- Students who fell below 2.0 GPA

Unduplicated Number of ETVs Awarded

Please refer to the [Statistical and Supporting Information, Education and Training Voucher](#) section of this report for information.

Chafee Training

DCF has a vast training menu supporting various areas of child welfare practice. Within this training menu are several Chafee specific training opportunities available to child welfare staff, service providers, and other stakeholders. These training opportunities aim

to assist participants to effectively implement policy, practice, and programming to ensure high quality and comprehensive services to Chafee eligible youth. All the training programs are highlighted below.

Cost allocation methodology for Workforce Development and Continuing Education

Contract Training - costs identified to the NJ Child Welfare Training Partnership are as follows:

- 1) The number of DCF staff attending the training during the current quarter is identified.
- 2) The costs of the NJ Partnership for Child Welfare are allocated based on the number of trainees paid by the Division attending specific Partnership-sponsored training programs during the current quarter, to the functions to which the trainees are assigned.
- 3) If local office Permanency workers, Resource Family workers, Adoption workers, and/or child placement review workers are among those trained the allocation procedures are the same as for items 3, 4, and 5 under training programs.

Youth Thrive

The Youth Thrive protective and promotive factors framework training was co-designed by the Center for the Study of Social Policy (CSSP), the Office of Adolescent Services (OAS), and DCF's Office of Training and Professional Development (OTPD) to help NJ's young people reach their full potential. This training is co-led by a seasoned trainer and a trainer with lived experience. Youth Thrive is based on emerging research in neuroscience and brain development as well as established research on the promotion of positive youth development. This training emphasizes the importance of supporting healthy development and wellbeing of youth to assist in promoting positive outcomes. This three-day training is offered to child welfare staff and service provider staff. In addition, a Youth Thrive home correspondence course has been developed and is offered to resource and adoptive parents.

Youth Thrive Update

In March of 2020 the Youth Thrive trainings were canceled due to the COVID-19 emergency, and this was extended through the remainder of 2020. During this time Youth Thrive Protective and Promotive factors framework training transitioned from in person to an online training across six half day sessions. In March 2021, the first online Youth Thrive training will be provided. DCF staff will be reviewing this new training modality and experience and making recommendations for changes as necessary.

Got Adolescents?

Got Adolescents? is a one-day training for child welfare staff primarily serving adolescents and young adults. The training provides the “101” regarding youth specific policy, practice, and programming to best prepare child welfare staff to best engage and team with youth.

Got Adolescents? Update

In March 2020 the Got Adolescents? Trainings were canceled due to the COVID-19 emergency and was extended through the remainder of 2020. The training is now being offered online as two half--day sessions.

Transitional Plan for YOUth Success (TPYS)/Casey Life Skills Assessment (CLSA)

TPYS/CLSA is a one-day training that is designed to provide child welfare staff and service providers an opportunity to develop a basic competency and understanding of assessment and planning practices with youth in foster care. The content includes the identification and exploration of assets and opportunities, long and short-term goal setting and application of the CLSA in the development of a TPYS. The training focuses on the importance of comprehensive assessment, effective planning and youth-involvement in assisting youth with their transition into adulthood.

TPYS/CLSA Update

In March of 2020 the TPYS/CLSA trainings were canceled due to the COVID-19 emergency and this was extended through the remainder of 2020. During this time the TPYS/CLSA training transitioned from in person to online training. DCF plans to offer four trainings through the end of the state fiscal year. The training will be provided in two half-day sessions.

Post-BA Certificate in Adolescent Advocacy (ADAD)

OAS and Montclair State University created this 15-credit certificate program primarily geared to child welfare staff and expanded to other DCF staff over the years. The ADAD certificate focuses on adolescent advocacy, case practice, and provides students with a multidisciplinary understanding of the role of the adolescent advocate as seen through the disciplines of law, sociology, and psychology. The certificate incorporates youth perspectives, concepts from the Youth Thrive framework, adolescent development, trauma informed care, and engagement into its coursework. DCF will be updating the coursework to include more transfer of learning activities and the Attachment, Regulation, and Competency (ARC) framework. The ADAD certificate is a one-year program that includes five courses: two in the fall, two in the spring and one in the summer. In an effort to ensure that all staff have access to the program, both an in-class option at Montclair State University and an online option are offered for 40 staff each year.

Post-BA Certificate in Adolescent Advocacy (ADAD) Update

Due to fiscal constraints, the Adolescent Advocacy certificate program was discontinued in September 2020. At its close, the program served over 300 child-serving staff in a number of different capacities and increased the practice knowledge regarding working with adolescents and young adults to support their successful transition to young adulthood.

Safe Space Program and Training

The Safe Space Program encourages and promotes DCF to create welcoming and inclusive environments for Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) youth, families, and staff. This strategy provides an atmosphere whereby the LGBTQI population can feel safe and supported and can access resources specific to their needs. DCF continues to educate its workforce on providing proficient and comprehensive services to LGBTQI individuals. In order to ensure that DCF remain responsive to this population, Safe Space Liaisons participate in Safe Space in-service trainings held throughout the State. Each in-service training features a guest speaker that provides cutting-edge resources, best practices, and LGBTQI specific information. In addition, a statewide Safe Space Networking conference is held annually.

Safe Space Program and Training Update

Due to the COVID-19 emergency, in-service trainings and the annual conference were cancelled. A Microsoft Teams group was created for the Safe Space liaisons. This platform allows for sharing of information, resources and events and is monitored by the Safe Space Coordinator.

The Office of Adolescent Services (OAS) is also collaborating and planning with the Division on Women (DOW) on a federal grant to create protective environments for the LGBTQ community. Using Dr. Eli Green's (of the Transgender Institute) *The Teaching Transgender Toolkit: A Facilitator's Guide to Increasing Knowledge, Decreasing Prejudice & Building Skills* select Safe Space Liaisons created a virtual pilot training to be offered to DCF and Juvenile Justice Commission staff. The pilot was launched on December 18, 2020.

On 10/28/2020 an information session was held for Safe Space Liaisons, other DCF staff and LGBTQI community-based program staff with The Trevor Project, a LGBTQI suicide prevention organization. In the spring of 2021, the Anti-Violence Project (AVP), a NYC based organization committed to prevention and intervention services for LGBTQI people who are victims of discrimination or violence, will provide webinars to DCF and community partners on Intimate Partner Violence & Sexual Violence 101 and Bystander Effect + How to Effectively Intervene. Both trainings include safety planning for LGBTQ and HIV-Affected survivors of violence.

Other plans for early 2021 include online professional development courses (taught by Dr. Eli Green) for internal and external stakeholders who are interested in learning foundational knowledge and skills to teach transgender trainings. The training consists of 2 days of Transgender Non-Binary 101 and 202 courses and 4 days of Transgender Training of Trainers (TOT). During the TOT participants will learn the nuances of facilitation and hone their skills to deliver highly impactful trainings. Participants have committed to train their respective staff.

Cultural Competency LGBTQI Training

This recently launched two-day training for child welfare staff develops a basic understanding of the needs, challenges, issues, and resources pertinent to LGBTQI youth, adults, and families served by the child welfare system as well as the skills to recognize and meet these needs. Through discussions and activities around terminology, values and attitudes, the coming out process, safety, and legal issues, participants will learn how to best provide services that promote the psychological, social, emotional, and physical health and welfare for all, regardless of sexual orientation, gender identity, or gender expression.

Cultural Competency LGBTQI Training Update

In March of 2020 the LGBTQI trainings were canceled due to the COVID-19 emergency and this was extended through the remainder of 2020. During this time the training transitioned from in person to online training. The training was reviewed for conversion to synchronous (teacher-led) online trainings. This review took into consideration the in-depth discussion and interaction that the original format offered, and the subject matter requires. The conversion process included review of materials, group and individual activities, testing and evaluations. The revised curriculum remains mandatory for DCF staff for re-launch in Spring 2021.

Youth Leadership and Advocacy Training

This one-day training is currently offered to Chafee specific service providers to provide an overview of the theories and concepts related to youth engagement and leadership development. The training emphasizes how youth engagement contributes to healthy development, healing from trauma, and fostering youth resilience. Knowledge is increased regarding strategies for developing effective youth-adult partnerships and effective strategies to promote leadership and advocacy. This training will be expanded to child welfare staff, resource parents, and other youth advocates over the next three years.

Youth Leadership and Advocacy Training Update

This training was coordinated by the Youth Advisory Network contracted agencies and due to budget constraints, the program ended October 2020. Concepts from this training have been integrated into early efforts to create a “Shared Leadership” training for DCF staff and external stakeholders that will ensure individuals with lived experience provide meaningful input and are involved in decision making that the system utilizes for continuous improvement and transformation. This training is in development and will tentatively pilot in 2022.

Adolescent Networking Conference

OAS partners with Rutgers University to hold a biennial conference for youth, staff, service providers, and other interested stakeholders.

Adolescent Networking Conference Update

The committee began planning for the spring 2021 Adolescent Networking Conference in October 2020. The Adolescent Networking Conference is entitled, "Supporting Youth for A Better Tomorrow: Health, Hope, Justice and Connection and it is taking place on May 4 & 5, 2021 via Zoom. It aims to further DCF's mission to keep all New Jersey residents (including our adolescents and young adults) safe, healthy, and connected. There will be a focus on a broad range of topics to promote positive youth development including physical health, mental health, and social justice.

What Every Caseworker Needs to Know about Education and Special Education ()*

This two-day training focuses on federal and state education laws, including education stability and special education. In 2020-2021, the training will be enhanced to include addressing school discipline.

What Every Caseworker Needs to Know about Education and Special Education (*) Update

In March of 2020 this training was canceled due to the COVID-19 emergency and this was extended through the remainder of 2020. During this time the training was re-evaluated and transitioned from in person to online training. The curriculum development team reviewed the training materials, activities and tests for adaption for adult learners in an online environment. The training will relaunch via the online training platform in Spring 2021.

Chafee Training Plan 2020-2024

Along with the training opportunities described above, DCF will continue implementing or pursue the following trainings:

- *Normalcy Training*: A two-hour online Normalcy and Reasonable Prudent Parenting Training was developed and created during the summer 2019 and launched on October 1, 2019 for all child welfare staff to complete. A subsequent in-person training will be available for child welfare in 2020, and a similar training will be developed for resource and adoptive caregivers and for non-family based out of home providers.
- *Expectant and Parenting Youth Training*: DCF seeks to develop training for child welfare staff and providers regarding the unique needs of expectant and parenting youth (including young fathers).
- *Chafee-related training for resource and adoptive parents*: DCF has several trainings for child welfare staff and service providers, however needs to focus on strategies to ensure that similar Chafee related training is available to resource and adoptive parents through in-person and/or online based modalities.
- DCF will develop a training for youth and youth serving adults that will support young people in various roles (e.g. workgroups, task forces, panel presentations, councils, committees) to appropriately prepare and receive support regarding strategic sharing and using personal lived experience in a healthy way to help inform systems change and enhancement.

Consultation with Tribes (Chafee/ETV)

There are no federally recognized tribes located within the geographic boundaries of New Jersey; however, three tribal nations have very recently received state recognition. DCF will plan to engage these tribes through the Commission on Indian Affairs regarding Chafee and Education and Training Vouchers (ETV) program services for Indian youth. As outlined in [the *Serving Youth Across the State and Determining Eligibility for Benefits and Services*](#) sections above, these services are available statewide to all eligible youth to include those identified as Indian youth.

There have not been any tribes requesting to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision.

Consultation and Coordination Between States and Tribes

There are no federally recognized tribes located within the geographic boundaries of New Jersey; however, in the past two years, New Jersey's Attorney General's Office reached settlements with the Nanticoke Lenni-Lenape Tribal Nation, the Powhatan Renape Nation and the Ramapough Lenape Nation, which included official recognition as American Indian Tribes within the State of New Jersey. All are members of the New Jersey Commission on Indian Affairs.

DCF may provide services to children that are members of these tribes, as well as to children that currently reside in New Jersey but are members of, or eligible for membership in, tribes outside of New Jersey. New Jersey seeks to appropriately serve

Indian children within the requirements and spirit of the Indian Child Welfare Act, regardless of their tribal affiliation.

In an ongoing effort to build collaborative relationships with Indigenous communities throughout New Jersey, DCF has solicited feedback from the Commission on Indian Affairs, which is administered through the New Jersey Department of State. Representatives from DCF's Interstate Services Unit attend all quarterly Commission meetings. Additionally, in March of 2019, DCF's Administrator for the Office of Resource Families attended a Commission meeting to partner with the tribes to identify and recruit tribal members who are willing to go through the resource family licensing process to act as a placement option for children that may enter CP&P custody that have a tribal affiliation.

DCF's Office of Resource Families also requested cultural competence training from Commission members, which is in the process of being arranged. Efforts in these areas are on-going as DCF continues to make outreach efforts and search for additional ways to partner with New Jersey's state-recognized American Indian Tribes, particularly regarding children that may enter foster care.

CP&P implemented the new rule to the Indian Child Welfare Act (ICWA) (comprehensive regulations which provide the first legally binding federal guidance on how to implement ICWA) through its updated policy released in February 2019. Additionally, CP&P centralized the notification process for staff in 2018 by assigning a NJ Central Liaison to the Bureau of Indian Affairs (BIA) and Tribes.

The NJ Central Liaison is housed in DCF's Office of Interstate Services. The Liaison sends notification letters to the Tribes and BIA and tracks and monitors responses/information exchanged between the Division, the Tribes and BIA. The NJ Commission and BIA continue to provide advice on a case specific basis, as well as consultative services to meet the requirements set forth. BIA continues to provide training as needed to the Liaison.

Throughout 2019, DCF's Office of Interstate Services provided training to staff and stakeholders covering both ICWA policy and DCF's centralized ICWA referral process. Additionally, all new adoption workers are trained on the rules and guidelines of ICWA. With this, an integrated practice guide is available to assist staff in appropriately identifying any tribal affiliations of youth within the first five days of placement. Concurrent planners also regularly discuss a child's possible tribal affiliation to ensure staff is continually following up on the issue and appropriately collaborating or transferring cases to tribes when necessary.

The Administrative Office of the Courts and CP&P are working together to strengthen the protocol to handle cases under ICWA's New Rule. In ongoing practice, the courts and the Deputies Attorney General apply the provisions of the Indian Child Welfare Act successfully. They require that tribal affiliations be included in all final adoption papers.

Matters which must be transferred to tribal jurisdiction are handled appropriately, focus on the law, and interactions with staff are maintained as necessary.

The Division continues to explore ongoing concerns about the identification of tribal members and the provision of culturally sensitive services to families with a tribal affiliation. Key components of this initiative are the engagement of families and their ability to share their own background and history. The model of practice focuses on services customized for the family's needs, the use of self-selected family supports and community resources, and the use of family meetings as a planning mechanism. All offer tribal members a means to keep children within their communities and enable them to receive supports that fit their needs. DCF has presented information to tribal leaders and the larger community regarding these reforms and on the process of relatives and kin becoming caregivers.

During January 1, 2020-December 31, 2021, ICWA referrals were made for 46 children representing 32 families. Letters were sent to 42 individual Native American Tribes and Nations. The BIA was contacted on 2 cases where the Tribe or Nation was unidentified. The Commission and/or the BIA continue to be available to help the child welfare agency to resolve a child's status.

CAPTA State Plan Requirements and Updates

CAPTA Substantive Changes to State Law

There have not been any substantive changes to state law or regulations that would affect NJ's eligibility for the CAPTA State Grant.

Significant Changes to Approved State CAPTA Plan

There have not been any significant changes to NJ's CAPTA Plan in the use of funds.

Utilization of CAPTA State Grant Funds

Currently, NJ utilizes direct CAPTA funding to support four (4) of the 14 program areas enumerated in section 106(a) of CAPTA. The four program areas are the following:

- 1) The intake, assessment, screening⁴⁸ and investigation⁴⁹ of reports of child abuse or neglect
- 2) Case management⁵⁰, including ongoing case monitoring, and delivery of services and treatment provided to children and their families
- 3) Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers
- 4) Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for

reporting suspected incidents of child abuse and neglect, including differential response

Under these four program areas, funds are used for a variety of different programs and services including the DCF Family Success Centers; collaborative training opportunities for investigative workers and community stakeholders such as Finding Words; services to assist families with high risk behaviors including Domestic Violence; public awareness services such as the Child Assault Prevention Program; development of training and coaching curricula and a program manual to support quality implementation of NJ DCF's Supportive Visitation Services program.

In NJ, every child who is a victim of child abuse or neglect, which results in a judicial proceeding, is appointed a law guardian through the Office of the Public Defender (OPD). Through OPD, all law guardians receive training appropriate to their role, including training in early childhood, child, and adolescent development. This is funded through sources other than CAPTA.

With the availability of additional funding pursuant to supplemental funding under the American Rescue Plan Act of 2021, DCF plans to implement programming to support kin placements, in-home nursing services and parent peer support programs.

Additional information related to these funded areas are listed under the [Services for Children Under the Age of Five and Populations at Greatest Risk of Maltreatment](#) sections, to include Community-Based Child Abuse Prevention programs and Children's Trust Funds.

Additional funds are coordinated from other programs listed below such as the Children's Justice Act, Child Protection Substance Abuse Initiative (CPSAI) as well as the three citizen review panels.

Children's Justice Act

Performance Report – Federal Fiscal Year (FFY) 2020

The New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) and the New Jersey Department of Children and Families (DCF) is pleased to submit a program report for the Children's Justice Act (CJA) grant. In FFY 2020, CJA funds were used to develop, implement and administer programs designed to improve:

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

CJA FFY 2020 Grant Activities

In FFY 2020, CJA funds were used for child-centered programs designed to prevent additional trauma to child victims. Since its inception, NJTFCAN has advocated for a statewide multidisciplinary approach to the investigation, prosecution and treatment of cases of child physical and sexual abuse. Model programs funded through CJA provided state-of-the-art training in the identification, investigation and prosecution of child abuse and neglect and improved diagnostic and therapeutic services to child victims and their families.

Model/Demonstration Programs

NJTFCAN Professional Development & Training Programs

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

In FFY 2020, CJA funds were used to support the following professional development projects to enhance the knowledge of persons involved in the investigation, prosecution, assessment and treatment of child abuse and neglect.

Finding Words-New Jersey: Forensic Interviewing Training

Statement of Purpose

Since 2002, the DCF and NJTFCAN have supported Finding Words-New Jersey, a forensic interviewing program originally developed in collaboration with the American Prosecutors' Research Institute (APRI) and based on the national Corner House protocol RATAAC and subsequently disseminated by the National Child Protection Training Center (NCPTC).

The goal of the project is to train frontline professionals involved in the investigation and prosecution of child abuse to conduct an effective and legally defensible interview of alleged child sexual abuse victims of various ages and prepare children for court. At the completion of the five-day training, participants have a meaningful understanding of important concepts and practices including: child abuse dynamics, children's language and development, memory and suggestibility, the impact of questions on the process of abuse disclosure and factors associated with a credible and reliable child statement.

Forensic Interviewing is one of the steps in most child protective services investigations, including those conducted by DCF's Child Protection & Permanency (CP&P). A professional investigator interviews a child to ascertain whether that child has been abused or neglected.

Forensic interviewing not only brings out information that is needed to determine if abuse or neglect has occurred, it may also provide evidence that is admissible in court should the investigation lead to criminal prosecution. A legally sound forensic interview relies on interviewer objectivity, the use of non-leading questioning techniques and precise documentation.

Target Population

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

Approach

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

Outcomes

In FFY 2020, there were three regional trainings conducted throughout the State. These trainings included participants from the following disciplines: 38 Division of Child Protection and Permanency (CP&P) staff, 44 Prosecutors’ Detectives, 31 Municipal Police Detectives, 23 Assistant Prosecutors, 2 Child Advocacy Center Coordinators/Victim Witness Coordinators, 2 New Jersey State Police Detectives, 2 Division of Criminal Justice staff, and 8 police officers.

Total Attendees by County	Participants	Total Attendees by County (cont’d)	Participants
Atlantic	7	Middlesex	6
Bergen	7	Monmouth	9
Burlington	5	Morris	9
Camden	8	Ocean	5
Cape May	5	Passaic	12
Cumberland	7	Salem	3
Essex	10	Somerset	5
Gloucester	4	Sussex	1
Hudson	22	Union	9
Hunterdon	3	Warren	3
Mercer	6	NJSP	4
		Total:	150

Impact of the Program on the Child Protection System

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

To date, over 2,500 professionals involved in investigating child sexual abuse have been trained in the *Finding Words-New Jersey* protocol and have demonstrated, through role play, effective child sensitive interviewing skills. Multidisciplinary team members are more knowledgeable about the process of disclosure, age appropriate guidelines in questioning, child development, barriers to disclosure, memory, perpetrator/victim relationships, suggestibility and problems encountered during the interview.

Some of the outcomes of the *Finding Words-New Jersey* training include:

- Prosecutors have adopted Finding Words - NJ as their protocol of choice when interviewing alleged child abuse victims.
- Child Forensic Interviewing is included in the U.S. Department of Justice Best Practices.
- Trained child forensic interviewers are taught research-based methods for improving investigations; these skills have decreased interview errors in laboratory settings. Training appears to be effective when highly structured protocols are used, and regular supervision is provided.
- Criminal cases are strengthened with accurate information to withstand legal scrutiny and child victims are better prepared for courtroom testimony.
- Child victims experience fewer traumas during the investigation and prosecution process
- Prosecutors are more sensitive to the special needs of child victims and actively support the development of Child Advocacy Centers (CAC).
- The project is in compliance with the goals of the Task Force CJA Three-Year Assessment to reform the investigation and prosecution process and improve civil and criminal court proceedings.

NJTFCAN continues to work with DCF to facilitate child-focused forensic training for DDCCPP child abuse investigative units.

This project relates to category A listed in the federal law in that it directly improves investigative handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation.

Skill Building Conference

Statement of Purpose

NJTFCAN, in collaboration with DCF, and with the logistical assistance of Stockton University, hosted a series of statewide virtual events for approximately 3000 professionals in the field of child welfare. These events were held biweekly beginning on Friday, October 16, 2020. Entitled, “*Conversations on Race and Racism in Child Welfare,*” this interdisciplinary conference provided professionals and advocates working

with children and families an opportunity to learn from experts in child welfare/protection issues and disciplines serving children and families. The speakers for this event included thought-leaders on the topic of race and racism and how it intersects with the work being done at DCF. Speakers included:

- Dr. Patricia Reid-Merritt, Stockton University, on the topic of “Race and Racism in New Jersey”;
- Dr. Jessica A. Pryce, Director, Florida Institute for Child Welfare, on the topic of “Racial Disparities in Child Welfare”; and,
- Dr. Carol W. Spigner, University of Pennsylvania, with a discussion entitled “How Can We Respond?”.

Target Population

Professionals in child protection, law enforcement, social work, educators and daycare providers, mental health, medicine, juvenile justice, domestic violence, law guardians, and CASA volunteers.

Approach

Selected experts presented on topics relevant to child abuse and neglect cases.

Impact on the Child Protection System

- Participants learned about the history of race and racism in New Jersey;
- Participants gained a deeper understanding of the causes and consequences of racial disparities in child welfare settings; and,
- Participants discovered how the New Jersey Department of Children and Families is responding to racial disparities in the child welfare system.

Outcome

Each individual session was attended by over 1,000 child welfare professionals. Each 2-hour session offered 2.0 Cultural Competency Hours of Continuing Education (CE) for Social Workers, Licensed Marriage and Family Therapists, and Licensed Professional Counselors.

These virtual events were in line with category A of the CJA law regarding investigative, administrative and judicial handling of cases of child abuse and neglect. By providing training and information about racism and racial disparities in the child welfare system, child protection professionals will be better able to understand and address the impact of individual biases in reporting, investigating, intervention and placement processes.

Additional and Unique Professional Development

Collaborative Safety Training

Statement of Purpose

Designed to establish a culture of safety while simultaneously transforming the critical incident review system using contemporary safety science and a nationally recognized model, the Collaborative Safety model supports the agency to develop a robust and proactive response to critical incidents and a responsive system dedicated to learning and improvement. It uses an approach that moves away from a culture of blame and towards a culture of responsibility. Years of research have shown that blame may decrease accountability, as it inhibits the ability of the organization to learn and improve. It is recommended that this work take place over the course of three phases.

- **Phase One** objectives include establishment of the systemic critical incident review, alignment of agency executives and management in using systems-thinking as well as understanding of the review process, engagement of external stakeholders, and implementation of systemic critical incident review which includes orienting frontline staff and supervisors to the process.
- **Phase Two** objectives include engagement of leadership and management in leadership labs over the course of a year to embed systems-thinking into organizational management, training agency supervisors on how to embed safety science principles into everyday agency supervision, and ongoing maintenance and technical assistance to refine the systemic critical incident review system.
- **Phase Three** includes ongoing maintenance and fidelity to the systemic critical incident review process and establishment of sustainability.

Target Population

The target population is all DCF staff including leadership, management, frontline supervisors and frontline workers as well as Children's System of Care providers.

Approach

In FFY20, the Critical Incident Review Unit in the Office of Quality (OOQ) continued to support DCF's efforts to implement the Collaborative Safety approach for reviewing critical incidents related to child maltreatment. The goal remains to conduct a review process that generates learning about the systemic factors that are associated with the critical incident, such that the Department can ongoingly learn from the incidents and make any needed changes to Departmental policies or practices. During May 2020 - May 2021, a Department-wide multidisciplinary team that had been trained by Collaborative Safety, LLC, reviewed child protection cases for inclusion in a systemic review process and conducted subsequent human factors conversations with staff to provide context regarding the factors that influence child protection casework and decision-making. In addition, with support and technical assistance from Collaborative Safety, LLC, three mapping teams - which are comprised of staff from all levels at the Department - were organized and began to meet ongoingly to analyze casework and decision influences from a systems perspective. Preliminary results from the review processes and ongoing implementation updates were shared with the Department's Executive Management. Looking ahead, DCF anticipates continuing to refine the review process and to conduct ongoing training of frontline staff regarding safety science.

In addition, the DCF Children's System of Care (CSOC) continued efforts to prepare for the launch of a human factors review process within its programs. Collaborative Safety, LLC, was engaged to assess the strengths and gaps in the current Unusual Incident Reporting process and presented a set of recommendations for change to the Department in Fall 2020. DCF created a work group to act upon those recommendations, and work to that end is under way. In addition, CSOC and the DCF Institutional Abuse Investigation Unit (IAIU) prepared for the launch of a critical incident debrief process within the CSOC. Planning activities included training of leaders and middle managers, the formation of a project management team, the development of criteria for case selection, identification of the needed business process flow, and recruitment of staff who will be trained as reviewers. System-wide training is slated to commence in late Spring, 2021, with anticipated launch of the review process by July 2021. Additional DCF staff is being hired to support this process.

Outcomes

- Increased trust in the provision of care;
- Improvements in employee retention;
- Increased public trust; and,
- Improved outcomes from a system dedicated towards improving the reliability and safety of provided services.

Impacts on Child Protection System

- A robust and proactive response to critical incidents;
- A responsive system dedicated to learning;
- Improved staff morale;
- Increased staff engagement;
- Increased accountability; and,
- Improved systems in place.

The Collaborative Safety Initiative is in compliance with the goals of the Task Force CJA Three-Year Assessment to provide training to frontline protection investigators and supervisors to provide better outcomes for the families of New Jersey.

This initiative is in line with Category C of the CJA federal law in that it is a reform of current procedures regarding how critical incidents of child abuse or neglect, including child fatalities, are handled within DCF. As detailed above, these new procedures will result in improvement to not only how DCF responds to critical incidents, but also how DCF will be able to continually analyze and improve responses in the future.

Child Protection Substance Abuse Initiative (CPSAI)

DCF utilizes a portion of the CAPTA State Grant to support the Child Protection Substance Abuse Initiative (CPSAI). CPSAI provides services through contracts with community agencies whose overall goals are to provide assessment, treatment referral, motivational support, and related transportation to CP&P clients who are referred by CP&P workers for substance use or abuse assessment and substance abuse treatment.

At least one CPSAI staff member, who conducts substance use or abuse assessments of parents of CP&P supervised children, is located in each CP&P Local Office. The CPSAI initiative supports program areas in CAPTA section 106(a). Attachment C, the CPSAI table, provides an overview of service category and description, geographic area and populations served, as well as any changes to programming. Additional information regarding CPSAI can be found in the [Service Coordination for Families with Active Child Welfare System Involvement](#) section of this report.

NJ Citizen Review Panel Reports and NJ DCF Written Responses

NJ has three statutorily required Citizen Review Panels:

1. New Jersey Child Fatality and Near Fatality Review Board (CFNFRB)
2. New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)
3. New Jersey Staffing and Oversight Review Subcommittee (SORS)

Each panel submits and publishes an annual report that can be reviewed publicly on the DCF public website. The following links represent the latest Citizen Review Panel Reports:

CFNFRB: 2019 Annual Report – Issued 2021

https://www.nj.gov/dcf/documents/about/commissions/fatality/CFNFRB.Report_2019.pdf

NJTFCAN: Tenth Annual Report July 1, 2019-June 30, 2020

https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/njtfc_reports.html

SORS: Fourteenth Annual Report July 1, 2019- June 30, 2020

https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/njtfc_reports.html

DCF is committed to the partnerships with the Citizen Review panels and continues to work in collaboration with them. Each year the three primary Citizen Review panels submit an annual report and DCF is given the opportunity to respond. Attachments D, E, and F represent the DCF responses to the previous year's annual reports.

Infants Affected by Substance Abuse

Policy/Statute

The Comprehensive Addiction and Recovery Act of 2016 (CARA) Section 503 amended Title I of the Child Abuse and Prevention Treatment Act (CAPTA) to help states address the effects of substance use disorders on infants, children, and families. CARA defines the following:

- Removed the term “illegal” with the intent that all infants born substance affected are identified, even in those cases where exposure is due to a legally prescribed substance

- Requires a Plan of Safe Care and recommends best practice; multi-disciplinary, family-focused, strengths-based/protective capacities and protective factors
- Increased DCF's federal reporting requirements

DCF developed and implement strategies to meet the requirements under the federal policy. This included consultation and partnership with medical subject matter experts and other stakeholders including the NJ Department of Health (DOH). DOH is the licensing authority for hospitals and birthing centers.

In collaboration with DOH, DCF adopted N.J.A.C. 3A:26⁵², Substance Affected Infants on January 16, 2018. This rule sets for the reporting requirements related to substance exposed infants for hospitals and birthing centers.

Target Population

DCF adopted a standard definition of the term “affected by substance abuse” to specify those infants for whom the mandatory reporting requirements and Plans of Safe Care apply. Utilizing the clinical expertise and research knowledge of medical subject matter experts as well as technical assistance and support from the National Center for Substance Abuse and Child Welfare (NCSACW), the following definition was endorsed and incorporated into NJAC 3A:26:

A “Substance Affected Infant” is one:

- Whose mother had a positive toxicology screen for a *substance – Manufacture, possession, or use controlled by government entity; prescription meds or illicit drugs.*
- Who has a positive toxicology screen for a controlled substance after birth which is reasonably attributable to maternal controlled substance use during pregnancy.
- Who displays the effects of prenatal controlled substance exposure or symptoms of withdrawal resulting from prenatal controlled substance exposure.
- Who displays the effects of Fetal Alcohol Spectrum Disorder (FASD).

Data Collection

In order to accommodate reporting of SEI referrals and meet the requirements of reporting in the National Child Abuse and Neglect Data System (NCANDS), the CARA workgroup reviewed policy as well as reporting mechanisms in NJ SPIRIT to determine how reports were captured. Enhancements to NJ SPIRIT and guidelines were established for entering referrals of SEIs when reports are called into SCR. New Jersey successfully updated NJ SPIRIT in November 2020 and, from this platform, will be able to partially report the number of Plans of Safe Care created and the Number Referred to Appropriate Services in the FFY 2021 NCANDS Child File. For FFY 2020, New Jersey identified 2,005 substance exposed newborns using a manual tracking system; 1,788 had a Plans of Safe Care and 1,511 were referred to appropriate services.

⁵² [N.J.A.C. 3A:26](#)

Plans of Safe Care Protocol Summary

DCF's protocol to support the implementation and monitoring of services, supports and Plans of Safe Care, includes:

- Referrals are coded as “substance affected infant” when identified by the CP&P Local Office
- The intake caseworker will initiate the Child Protection Services (CPS) investigation or child welfare assessment prior to the child’s discharge from the hospital
- The intake caseworker will complete the Structured Decision-Making tools to identify safety and risk factors, strengths and protective capacities, as well as needs of the infant and family. The caseworker will engage parent(s) in substance use evaluation(s), ensure that parents understand safe sleep, Shaken Baby Syndrome (Abusive Head Trauma) and medication safe storage, and obtain medical reports on the health and development of the infant.
- Families of substance affected infants are scheduled for a multi-disciplinary team case conference prior to closing the investigation or during a transfer conference to permanency. This team will include but is not limited to CP&P staff, system partners with knowledge of developmental needs of infants and young children, as well as representatives from the Early Childhood System of Care, substance use professionals, clinical consultants and Domestic Violence Liaison.
- The multi-disciplinary team case conference is documented on a Supervisory Contact Sheet in NJ SPIRIT and includes family structure, CPS history, current status, family’s voice, safety concerns, risk factors, protective factors, tasks/responsibilities/target dates.
- The caseworker shares recommendations from the conference and substance use evaluation with the family and invites them to attend a Family Team Meeting (FTM) and develops a Plan of Safe Care. If the family is opened for services within CP&P, the Plan of Safe Care is documented on a Family Agreement. If the family is not opened for services within CP&P, the Plan of Safe Care is documented on a closing letter.
- The Family Agreement or closing letter serves as the Plan of Safe Care.
- If the parent declines an FTM, a Family Agreement or closing letter, the Plan of Safe Care is developed by the caseworker and the parent(s).
- The Plan of Safe Care ensures that the infant and parents are referred for services and supports that reduce risk factors and increase protective factors. Services include but are not limited to:
 - Treatment for substance use disorders and recovery support services
 - Social services
 - Housing
 - Early Intervention services
 - Home visiting services
 - Health care services

- Childcare
 - Parenting support and education
 - Services through the Family Success Centers
 - Parenting support
- The Plan of Safe Care is documented on the Family Agreement or closing letter and identifies the resources, services and supports that the family agrees to obtain to reduce risk factors and increase protective factors.

Collaborating with Stakeholders

Division of Mental Health and Addiction Services (DMHAS)

DCF, in conjunction with the Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS), developed and provided a Plan of Safe Care consumer information package to be distributed by medication-assisted treatment (MAT) and other service providers serving pregnant women with substance use disorders. These materials assist service providers in helping the pregnant mother understand, learn what to expect, and prepare for the birthing event. The packet includes an introduction letter, a Plan of Safe Care template, Four Opioid Use Disorder and Pregnancy to After Birth Fact Sheets from the Substance Abuse and Mental Health Services Administration, DCF list of Central Intake for community services, the DCF 'Supporting Substance Affected Newborns and Their Families' information, DCF Safe Sleep for Infants materials, DCF When a Baby Cries pamphlets, a Center for Disease Control and Prevention safe storage of medication pamphlet, and DCF and NJ's Division of Highway and Traffic information on car safety pamphlet. DCF and DMHAS are optimistic that providing this packet to the MAT providers prior to the birth event, combined with subsequent calls to DCF, will support the mother and baby to be more prepared for intervention, thus making it less traumatic and more supportive.

New Jersey Department of Health

DCF worked with the NJ Department of Health to disseminate information to hospitals regarding reporting requirements for substance exposed infants.

Robert Wood Johnson Foundation and Rutgers University

Using the nationally recognized ECHO platform⁵³, DCF worked with the Robert Wood Johnson Foundation and Rutgers University to provide education to healthcare providers on Plans of Safe Care and resources available to families of substance affected infants. Ideally, Plans of Safe Care will be developed during prenatal care or initiated before discharge from the hospital in collaboration with healthcare providers.

⁵³ http://rwjms.rutgers.edu/community_health/project-echo

DCF Office of Early Childhood

The DCF Office of Early Childhood obtained funding to support the statewide network of Central Intake Hubs, hiring Early Childhood Liaisons who actively participate in the multi-disciplinary teams within the CP&P Local Offices. The role of the Early Childhood Liaison includes educating team members about the needs of infants and young children and the resources and support available for their parents in all 21 counties in New Jersey (including home visiting, child care, early intervention, family success centers, social services, etc.).

Multi-disciplinary Team Conference

When a referral for a substance affected infant is received in one of the CP&P Local Offices, a multi-disciplinary team conference is conducted to ensure that a thorough assessment is completed for families. Team members include the assigned child welfare workers and experienced supervisors, a certified drug and alcohol counselor, a domestic violence liaison, a behavioral health consultant, and an Early Childhood Liaison. Team members offer questions, ideas, resources and support that the caseworker subsequently shares with the family during the development of a Plan of Safe Care. The caseworker will ensure that parent(s) complete Plan of Safe Care recommendations. If a family is not opened for services or declines to engage in voluntary services and there is not sufficient evidence for court involvement, the caseworker ensures that the parent(s) receive education on risks to children when a parent uses substances, services available for treatment and recovery support, and safety planning for the child in periods of relapse.

Reporting

CP&P submits reports on the number of infants for whom a Plan of Safe Care was developed and the number of infants for whom referrals were made for services (including services for the affected family/caregiver) to the Office of Research Evaluation and Reporting who will collect for NCANDS reporting.

Monitoring

Plans of Safe Care are monitored at multiple levels DCF. At the individual/family level, Plans of Safe Care are monitored by the assigned caseworker and supervisor to ensure that children are safe, and families acquire the services and support they need. At the CP&P Local Office level, Plans of Safe Care are monitored by an assigned individual who ensures that all families referred with a substance affected infant are identified and conferenced within a multi-disciplinary team structure and have a Plan of Safe Care. At the state level, an intradepartmental work group meets regularly to assess implementation progress and address challenges.

Continued Assessment

Plans of Safe Care have been in all 21 counties in New Jersey. In January 2020, DCF convened an intradepartmental work group to assess implementation of Plans of Safe Care. During the initial discussion, the group agreed to assess the quantitative data currently available to better understand the volume of referrals for substance affected newborns, the risk levels of those referrals, and the disposition of referrals, among other variables. The group also agreed to assess policy and practices in other states to better understand options for meeting the needs of families before they become involved in the child welfare system. The work group will reconvene when the COVID 19 pandemic has subsided and DCF returns to normal operations.

Children's Bureau Site Visit

In 2018, CSOC staff met with Children's Bureau staff related to Plans of Safe Care. No follow up action items were identified or discussed during that site visit.

Response to the COVID-19 Emergency

On March 19, 2020, in response to the COVID-19 emergency, DCF temporarily adjusted operations to ensure administration of mission-critical services to New Jersey's children, youth and families. The State Central Registry is triaging calls and prioritizing those in need of immediate response. Substance affected newborns are considered priority, and referrals are responded to in person. Though in-person contact with parents in hospitals has been challenging, caseworkers utilize videoconferencing and phones to assess the strengths and needs of families with substance affected newborns prior to their discharge. Once discharged, caseworkers continue to follow departmental policy for Plans of Safe Care.

Victims of Child Abuse Act Reauthorization Act of 2018

NJ submitted a signed Governor's Assurance Statement of Compliance on June 30, 2019 and, therefore, no Program Improvement Plan was required.

CAPTA Coordinator/State Liaison Officer:

New Jersey Department of Children and Families
Division of Child Protection and Permanency
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Targeted Plans

Foster and Adoptive Parent Diligent Recruitment Plan

DCF remains committed to recruiting and retaining potential resource and adoptive families that reflect the cultural, racial, and ethnic diversity of children in out-of-home care. As a result, DCF has developed a comprehensive recruitment and retention plan that supports strategies that are child focused, data driven, customer service centered, collaborative, inclusive of the voice of families and youth, and sustainable.

For additional information, please review NJ DCF's updated 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan.

Health Care Oversight and Coordination Plan

The Department of Children and Families (DCF) Office of Integrated Health & Wellness (OIHW) formally the Office of Clinical Services, is charged with providing support, guidance and leadership across DCF on child and family health related matters and supports the overall safety and connectedness of children and families served by the department. This work is also provided through DCF's Division of Children's System of Care (CSOC), New Jersey's public system designed to serve children, youth and young adults with behavioral health and substance use challenges, and intellectual and developmental disabilities. Recognizing the joint efforts of the OIHW and CSOC as well as CSOC's capacity to coordinate access to services within a community and systems development framework, OIHW was integrated as a unit of the CSOC effective fiscal year 2019. This reorganization is intended to support the Department's strategic priorities that all children and families have the services and tools needed to meet their overall needs and remain safe, healthy and connected to their homes and communities. OIHW had primary responsibility for creating and implementing New Jersey's 2015-2019 Health Care Oversight and Coordination Plan and as part of New Jersey's CSOC can now use a prevention-focused approach in establishing and integrating the 2020-2024 plan into best practice for all children served by DCF.

For additional information, please review NJ DCF's updated 2020-2024 Health Care Oversight and Coordination Plan.

Disaster Plan

The need for formal emergency planning and practice in anticipation of possible critical events in a system of DCF's size is clear. Evacuation centers, transportation, education, staffing, and medical care are all services required during and post-crisis. The need to practice drills for potential emergencies is necessary. In addition, post Hurricane Katrina and Super Storm Sandy, and current COVID-19 response efforts, reinforce that comprehensive emergency preparedness plans are essential to ensure the safety and protection of the children, youth, women and families we serve.

On March 25, 2020 the State of New Jersey received a Major Disaster Declaration (DR-4488) for assistance to the statewide response and recovery efforts for the COVID-19 emergency. DCF prioritized life safety and health, and the well-being of staff and the children and families we serve. DCF developed planning and response to ensure

business continuity, is maintaining Mission Essential Functions and tracking Business Impact Assessment.

DCF's Office of Emergency Management (OEM) is currently collaborating with other Emergency Support Function #6 (ESF# 6) NJ State Departments and various Non-Government Organization (NGO) partners with logistical support and tracking resource requests through E-Team from the NJ State Police, state Office of Emergency Management (NJOEM). DCF is working in collaboration with the NJOEM, vendors and NGOs to address identified needs. Procurement of Personal Protective Equipment (PPE) and distribution for DCF staff and community providers remains a priority as well as addressing any unmet needs of displaced children or families. DCF is coordinating the planning and resources to establish alternate site facilities for sheltering of youth in out-of-home settings and establishing necessary supports and services.

DCF updated its Continuity of Operations Plan (COOP), Pandemic Influenza Annex, and Mission Essential Functions and Orders of Succession. DCF identified the mission essential functions that could be performed remotely. Technology continues to be leveraged (Zoom, TEAMS, video conferencing) to support remote work functions. Guidance relative to COVID-19, including Human Resources information was provided to DCF staff. Guidance and resources also were provided to contracted community provider agencies, families/youth and for licensed childcare. The DCF OEM team also is participating in various conference calls for working groups and team meetings to provide support and obtain situational awareness. DCF OEM also functions as the liaison to the NJOEM for the facilitation of procurement of necessary resources as well as PPE distribution.

DCF developed a "Safe Work Playbook" which entails a timeline of what the State and DCF has done during the pandemic, identifying human resources and checklists for staff to navigate during the COVID-19 emergency. DCF has engaged in new/existing partnerships with NGO's in the acquisition, donations management and distribution of numerous infant and baby items such as diapers, wipes, child coats, formula, blankets, etc., to support vulnerable families. DCF works in conjunction with a hotel aggregator and NJOEM assisting DCF Division on Women (DOW) with provision of Non-Congregate Setting emergency placements that are COVID-19 related. Hotel placements will continue to be secured to house domestic violence survivors relative to COVID-19 that need a safe place to isolate during the public health emergency.

DCF has also responded to several other natural hazard events in conjunction with the COVID-19 response. Noted below is a list of activations from April 2020 to the present.

- Hurricane Isaias (7/31/2020-8/8/2020)
 - FEMA declared a major disaster (DR-4574) on 12/11/2020
- Winter Storm (12/16/2020-12/17/2020)
- Winter Storm (1/26/2020)
- Winter Storm Orlena (1/31/2021-2/2/2021)
- Preliminary Damage Assessment in process

- Winter Storm (2/6/2021 -2/7/2021)
- Winter Storm (2/18/2021)

The DCF Plan was utilized to effectively sustain Departmental operations. DCF was able to maintain continuity of operations and ensure mission essential functions identified were continued. The Department used various communication mechanisms including Everbridge notification system, EMAG system and e-mail to convey messaging of impacts to DCF offices relative to weather related or security office closures, delays or early dismissals. DCF OEM maintains weather preparedness/readiness via NJOEM/NWS conference calls, monitoring of NWS briefings and NJSEOC situation reports.

DCF continues to monitor and maintain situational awareness via on-going briefings, DCF COVID -19 updates, a dashboard for data analysis which includes overall COOP levels of residential facilities, NJSEOC COVID situation reports. This ensures continuity of operations and identifying when the enactment of mass care protocols will be needed. Assessment of the effectiveness of the Disaster Plan is ongoing.

For additional information, please review NJ DCF's updated 2020-2021 Disaster Plan.

Training Plan

The New Jersey Department of Children and Family's (DCF) Office of Training and Professional Development (OTPD) provides training that enhances the child protective services skills of New Jersey's child welfare workforce (approximately 4,500 employees and the offices that support them). OTPD facilitators have degrees in education, social work and other human services related disciplines and are training approximately 6,500 DCF personnel statewide at any given time. In addition, OTPD provides a three-day onboarding orientation for all new and reassigned employees. Due to the COVID-19 emergency, OTPD successfully moved training for DCF statewide personnel to an online delivery.

For additional information, please review NJ DCF's updated 2020-2024 Training Plan.

Statistical and Supporting Information

Information on Child Protective Service Workforce

DCF is committed to hiring an educated, diversified workforce and providing the necessary training and tools to fulfill the Department's mission. Social workers seeking employment must meet stringent requirements to be hired. Extensive training for all new caseworkers is mandatory as is 40 hours of continuing education per year for all other caseload carrying workers and supervisors. DCF also has established caseload standards so that caseworkers can effectively meet the needs of the children and families they serve.

Summary of Recruitment Plan for Family Service Specialist Trainee (FSST)

The Department of Children and Families (DCF) takes a proactive approach to hiring by maintaining a pool of pre-screened, pre-qualified candidates to fill vacancies for entry level case manager positions as a Family Service Specialist Trainee. Since the Department receives more than 11,000 resumes for this position each year, candidates are prioritized based on education and experience in order to select those candidates most likely to succeed in public social work. Recruitment efforts are centered on an interviewing process known as a Job Fest. A Job Fest generally includes 50 to 70 candidates interviewed in two sessions. A Job Fest consists of:

a) **Introduction**

- 1) Overview of the Department of Children and Families, Division of Child Protection and Permanency (CP&P), and the role of the Family Service Specialist.
- 2) Instructions for completing the pre-employment forms/paperwork.
- 3) Overview of the hiring process.
- 4) Video presentation-the realities of the job.

b) **Initial Interview**

- 1) Each candidate is interviewed individually by a panel of two interviewers.
- 2) Each fest has eight to twelve interview panels.
- 3) Interview questions are scenario-based and designed to assess the following skills:
 - a. Judgment/Decision Making
 - b. Oral Communication
 - c. Problem Analysis
 - d. Interpersonal Responsiveness
 - e. Organization
 - f. Time Management

c) **Writing Sample**

- 1) Each candidate participates by preparing a writing sample in ten minutes.
- 2) The writing sample is evaluated to determine if it is relevant, coherent, in a narrative format, and reflects proper spelling/grammar/punctuation.

d) **Credential/Paperwork Checkout**

- 1) Each candidate meets with a Human Resources representative to:
 - a. Review employment application for completeness.
 - b. Review and verify documents (valid driver's license, social security card, college transcript, list of references).
 - c. Ensure candidate signs necessary releases, consents, and affidavits.
 - d. Advise candidate of any outstanding documentation needed to complete the application process.

Candidates successfully completing the Job Fest and background check processes are added to a hiring matrix which is distributed each week to the 46 Local Offices throughout the State. Managers and supervisors in the Local Offices use the hiring matrix to select

candidates to fill positions as vacancies occur. This proactive process allows CP&P to fill caseload carrying positions as soon as vacancies become available. By doing so, CP&P is better able to maintain mandated caseload standards.

Degree and Certifications required for caseworkers and professionals

Family Service Specialist Trainee

- Graduation from an accredited college or university with a bachelor's degree. Preference is given to those with a bachelor's or master's degree in Social work or a related degree with six months of social work experience.

Family Service Specialist 2

- Graduation from an accredited college or university with a bachelor's degree. One (1) year of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and supporting and/or carrying out treatment plans.
- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for the indicated experience.
- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for the indicated experience.
- Applicants who do not possess the required degree may substitute additional professional support work experience related to case management on a year for year basis with one (1) year of experience being equal to thirty (30) semester hour credits.

Family Service Specialist 1

- Graduation from an accredited college or university with a bachelor's degree.
- Two (2) years of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans.
- A maximum of one year of non-caseload carrying experience may be credited toward the experience requirement listed above.
- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for one (1) year of indicated experience.

- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for one (1) year of indicated experience.
- Applicants who do not possess the required degree may substitute additional professional case management experience on a year for year basis with one (1) year of experience being equal to thirty (30) semester hour credits.

Supervising Family Services Specialist 2

- Three (3) years of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems, including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans.
- A maximum of one year of non-caseload carrying experience may be credited toward the experience requirement listed above.
- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for one (1) year of indicated experience.
- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for one (1) year of indicated experience.
- Applicants who do not possess the required degree may substitute additional experience as indicated on a year-for-year basis with one (1) year of experience being equal to thirty (30) semester hour credits.

Supervising Family Service Specialist 1 (Casework Supervisor)

- Four (4) years of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans, one (1) year of which shall have been a supervisory capacity.
- A maximum of one year of non-caseload carrying experience may be credited toward the non-supervisory experience requirement listed above.
- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for one (1) year of non-supervisory experience.
- Applicants who do not possess the required degree may substitute additional experience as indicated on a year-for-year basis with thirty (30) semester hour credits being equal to one (1) year of non-supervisory experience.
- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for one (1) year of non-supervisory experience.

Training Requirements for staff

DCF's Office of Training and Professional Development (OTPD) provides training that enhances the child protective services skills of New Jersey's child welfare workforce (approximately 4,500 employees and the offices that support them). For information on the training requirements for the DCF Child Protective Services Workforce, please review the 2020-2024 DCF Training Plan.

Caseload Requirements and Data

DCF is committed to maintaining caseload standards that will allow workers to effectively address the needs of the families on their caseloads. The standards to which DCF adheres are described below and outlined in figures 36-39:

- Intake workers (Investigators) have no more than 12 families at a time and no more than eight new intakes per month.
- Permanency workers have no more than 15 families with ten children in placement.
- Adoption workers have no more than 15 children.
- No more than five workers assigned to a supervisor.

The education and demographic information of the workforce are identified in figures 37-43.

Figure 37

All Child Welfare Staff by Job Function as of September 30, 2020	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Adoption Worker	21	19	36	123				199
Adoption Supervisor	9	6	7	25			1	48
Intake Worker	88	92	188	788			5	1161
Intake Supervisor	23	26	28	156			2	235
Permanency Worker	95	119	199	902		1	12	1328
Permanency Supervisor	41	23	27	187	1		2	281
Resource Family Worker	17	27	44	195		1	5	289
Resource Family Supervisor	4	7	5	37				53
Local Office Support Staff	14	20	19	147			4	204
Local Office Support Supervisor	3	3	3	22	1		2	34
Case Practice Specialist	19	8	7	40				74
Case Work Supervisor	38	24	19	111	1		2	195
Local Office Manager	12	7	5	19			1	44
Area Office Support Staff	8	11	5	34	1		2	61
Area Office Manager	8	2	3	5				18
Degree Totals	400	394	595	2791	4	2	38	4224

Figure 38

New Hires by Job Function for October 1, 2019 through September 30, 2020	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Adoption Worker				1				1
Intake Worker			1					1
Permanency Worker	11	10	11	50				82
Resource Family Worker				1				1
Local Office Manager				1				1
Area Office Support Staff								0
Degree Totals	11	10	12	53	0	0	0	86

Figure 39

All Child Welfare Staff by Job Title as of September 30, 2020	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Family Service Specialist Trainee	12	11	15	72				110
Family Service Specialist 2	165	201	369	1540		1	19	2295
Family Service Specialist 1	59	68	104	559	1	1	7	799
Front Line Supervisor (SFSS 2)	80	65	70	426	2		7	650
Case Practice Specialist (CSS)	22	9	8	44				83
Case Work Supervisor (SFSS 1)	38	24	19	114	1		2	198
Local Office Manager	12	7	5	19			1	44
Area Office Support Staff	4	7	2	13			2	28
Area Office Manager	8	2	3	4				17
Degree Totals	400	394	595	2791	4	2	38	4224

Figure 40

New Hires by Job Title for October 1, 2019 through September 30, 2020	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Family Service Specialist Trainee	11	10	11	50				82
Family Service Specialist 1								0

Family Service Specialist 2			1	2				3
Local Office Manager				1				1
Area Office Support Staff								0
Degree Totals	11	10	12	53	0	0	0	86

Figure 41

All Child Welfare Staff by Job Title as of September 30, 2020	Asian	Black	Hispanic	Native American	White	Total Female	Asian	Black	Hispanic	Native American	White	Total Male	Staff Totals
Family Service Specialist Trainee	3	39	2	1	46	91	1	8		2	8	19	110
Family Service Specialist 2	47	820	22	45	953	1887	7	205	6	8	182	408	2295
Family Service Specialist 1	23	272	21	3	359	678	5	47	5	1	63	121	799
Front Line Supervisor (SFSS2)	10	219	18	2	311	560	2	31	2		55	90	650
Case Practice Specialist (CSS)		21			50	71		5			7	12	83
Case Work Supervisor (SFSS1)	8	57	1		107	173	3	9			13	25	198
Local Office Manager		10			25	35		4			5	9	44
Area Office Support Staff		9			12	21	2	1			4	7	28
Area Office Manager		5			10	15		1			1	2	17
Totals	91	1452	64	51	1873	3531	20	311	13	11	338	693	4224

Figure 42

New Hires by Job Title for October 1, 2019 through September 30, 2020	Asian	Black	Hispanic	Native American	White	Total Female	Asian	Black	Hispanic	Native American	White	Total Male	Staff Totals
Family Service Specialist Trainee	1	27	2		38	68	1	7		2	4	14	82
Family Service Specialist 1						0						0	0
Family Service Specialist 2		1			2	3						0	3
Local Office Manager					1	1						0	1
Area Office Support Staff						0						0	0

Totals	1	28	2	0	41	72	1	7	0	2	4	14	86
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The COVID-19 emergency has required staff to work from remote locations. With this adjustment to our operations in the Division of Child Protection and Permanency (CP&P), the department needed to develop a revised process for training and mentoring “new hires”, specifically Family Service Specialist (FSS) Trainees. Based on this, the Department of Children and Families (DCF) decided not to hire “new” FSS Trainees, this applies to all FSS Trainees including those that were part of the Baccalaureate Child Welfare Education Program (BCWEP). The department continues to re-evaluate the need to hire FSS Trainee staff by utilizing data to monitor caseloads, number of vacancies and the impact on the offices as well as other operational needs. As a department, DCF did not have any layoffs as a result of the pandemic. DCF has experienced a staff reduction as a function of not backfilling positions, March 2020 to present. The department has sufficient staffing levels to meet required caseload ratios. DCF continues to evaluate the needs of offices, caseloads and staffing across the agency to ensure appropriate staffing is maintained.

Figure 43

New Hires by month 1, 2019 through September 30, 2020	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Total
New Hires	13	10	21	9	18	13	1	0	0	0	1	0	86

Juvenile Justice Transfers

There was one child in placement under the legal authority of the Division of Child Protection & Permanency (CP&P), during this reporting period that was transferred from CP&P to the Juvenile Justice Commission (JJC). The DCF Office of Research, Evaluation and Reporting generated a report that listed all children in placement, with a placement ending reason of "Custody and Care Transferred to Another Agency". All children listed on the report were reviewed through CWIS, and the CP&P Area and Local office staff identified the children who were transferred to the JJC.

Education and Training Vouchers

Figure 44 provides the total unduplicated number of youth who received Education and Training Vouchers, and new recipients for the 2019-2020 and 2020-2021 school years.

Figure 44

	Total ETVs Awarded	Number of New ETVs
Final Number: 2019-2020 School Year (July 1, 2019 to June 30, 2020)	217	114
2020-2021 School Year* (July 1, 2020-June 30, 2021)	166	74

**in some cases, this might be an estimated number since the APSR is due on June 30, the last day of the school year.*

Inter-Country Adoptions

During FFY 2021, there were no children who entered New Jersey State Guardianship after experiencing discontinuity or disruption from a previous Inter Country Adoption.

Monthly Caseworker Visit Data

New Jersey will submit monthly caseworker visit data for FFY 2021 in a separate submission by December 15, 2021 as outlined in the program instructions.

Financial Information

Title IV-B Subpart 1 – Payment Limitations

The amount of FY2005 Title IV-B, subpart 1, funds New Jersey expended for childcare, foster care maintenance, and adoption assistance payments totaled \$724,011.

The amount of non-federal funds expended by New Jersey for foster care maintenance payments and used as part of the Title IV-B, subpart 1 state match for FY2005 was \$0.

Title IV-B Subpart 2 – Non-supplantation Requirement

The 1992 base year amount of state expenditures for the purposes of Title IV-B, subpart 2 totaled \$31,021,000.

The FY2019 amount of state expenditures for the purposes of Title IV-B, subpart 2 totaled \$87,100,000.

Additional financial information can be reviewed in the FY 2022 Budget Request—CFS-101, Parts I and II and FY 2019 Title IV-B Expenditure Report—CFS-101, Part III.

New Jersey Department of Children and Families (DCF) Child and Family Services Review Round 3 Program Improvement Plan (PIP) – Progress Report

Report date: January 31, 2021

Reporting period¹: July 1, 2020 – December 31, 2020

PIP effective date: June 1, 2019

End of PIP implementation period: May 31, 2021

End of non-overlapping year: September 30, 2022

Children’s Bureau (CB) Onsite Monitoring Visits: February 10, 2020,

¹ DCF reports to CB on a biannual basis. During calls between DCF and CB on December 5, 2019 and May 29, 2020 and November 13, 2020, DCF requested modification in PIP reporting timeframes to better align with other state reporting requirements. On all dates, CB approved DCF’s request. As such, reports will cover time periods of January 1-June 30 and July 1-December 31 and all reports will be submitted within thirty days of the completion of the six-month time period. DCF’s first biannual report, which was submitted on January 31, 2020, covered activities that took place between June 1-December 31, 2019. The second report covered activities that took place between January 1-June 30, 2020. This third report covers activities that took place between July 1-December 31, 2020. The fourth report, which will be submitted on July 31, 2021, will cover activities that take place between January 1-June 30, 2021.

Progress for Goals, Strategies and Activities

During the third and fourth quarter of New Jersey's PIP implementation period, DCF, in collaboration with judicial partners, continued to make progress in achieving the goals, strategies and activities outlined in the PIP. In the report that follows, DCF provides detailed updates for all key activities.

In the midst of the progress outlined below, DCF was faced with the COVID-19 pandemic. The public health crisis has impacted all aspects of life for children and families in New Jersey. It has changed the needs and dynamics of the families we serve and has changed how DCF—as a system—meets those needs and conducts its business. In the early weeks of the pandemic, DCF took immediate steps to safeguard the health and safety of the children and families that we work with, as well as our own staff. We altered the practices and policies that guide our daily interactions with children, families, staff and partner providers. We closed 46 local offices, restricted access to nine area offices and moved regional and hospital-based satellite schools to remote learning. DCF's Office of Information and Technology (OIT) converted the majority of our 6,700 staff members to remote work. DCF halted delivery of in-person staff training; the Office of Training and Professional Development (OTPD), as well as the model developers of Solution Based Casework (SBC) and Structured Decision-Making (SDM), rapidly worked to adapt trainings to virtual platforms and remote delivery. DCF authorized the provision of many outpatient, in-home and community-based services via remote technology after the enactment of new legislation permitting telemedicine and telehealth services. We learned to operate in a court system that was transitioning from in-person hearings to virtual proceedings.

As the needs of children and families in New Jersey continue to change in light of the health and economic impacts of the pandemic, DCF's operations, practice standards, policies and resources will continue to evolve responsively and reflectively. Since the onset of the pandemic and through the present, DCF has kept CB apprised of the pandemic's impacts on implementation and achievement of the PIP strategies, key activities and improvement goals. On October 8, 2020, DCF provided CB with notification of the need to modify some of the target completion dates outlined in the PIP. On November 13, 2020, DCF and CB discussed DCF's requests. On December 18, 2020, DCF submitted a proposal of modifications. On December 21, 2020, CB approved DCF's proposal. Despite changes to timeframes, DCF remains committed to the goals and strategies outlined in the PIP and will continue to assess how to best achieve those goals in these new times.

Q1: June 1-September 30, 2019
 Q2: October 1-December 31, 2019
 Q3: January 1-March 30, 2020
 Q4: April 1-June 30, 2020

Q5: July 1-September 30, 2020
 Q6: October 1-December 31, 2020
 Q7: January 1-March 30, 2021
 Q8: April 1-May 31, 2021

^ DCF and ACF renegotiated the target completion date for this activity. See Correspondence, dated March 27, 2020.
 * DCF and ACF renegotiated the target completion date for this activity. See Correspondence, dated December 21, 2020.
 ++ Moving forward, DCF and ACF agree that monitoring of this activity or aspects of this activity will be transitioned to the APSR. Activities that will transitioned to the APSR in their entirety are included in this report, but will be omitted from future reports.

Goal 1: Ensure that children remain safely in their own home whenever possible

Strategy 1.1: Use Structured Decision Making to assess safety and risk throughout the life of the case

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
1.1.1	Ensure Practice Expectations are Clearly Defined				
1.1.1a	Partner with Children’s Research Center (CRC) to validate risk assessment SDM tool to align with New Jersey’s case practice model.	-	Complete	DCF, in partnership with CRC, completed the validation study. The safety and risk assessment tools in the SDM suite have been validated. See 1.1.4a, below.	
1.1.1b	Add safety component to Family Agreement.	Q8*	Complete, ongoing	<p>As work to achieve implementation of Strategy 2.1 has been launched, it has become clear that significant changes to the Family Agreement and case plan will be required in order to ensure full implementation of SBC. DCF, therefore, intends to batch major changes to these tools so that the tools only undergo major revisions once for both purposes. This streamlined approach will result in one, rather than two, set of technical, policy and practice amendments. Policy guidance will be timed to coincide with the release of the new tools. See 2.2.1b through 2.1.6, below.</p> <p>During Q5-Q6, DCF planned for the development and roll-out of the new case plan and Individual Family Plan (IFP). The IFP will ultimately replace the Family Agreement. See 2.1.3, below.</p> <p>Additionally, during Q6, DCF made smaller revisions to the current Family Agreement to incorporate safety and risk. At the time that the revised SDM tools were released, DCF added prompts and space for narrative regarding staff and family discussions of the results of the SDM tools. In November 2020, the updated Family Agreement was released.</p>	
1.1.1c	Create protocol for workers to review progress on the enhanced Family Agreement with caregivers at each home visit	Q8*	-	Protocol will be issued at the time of SBC implementation. See 1.1.1b, above.	
1.1.1d	Safety Protection Plans will be amended to include protective actions.	Q6*	Complete	In Q1-Q3, DCF designed and coded revised SDM tools, including Safety Protection Plans with protective actions. In Q4-Q5, DCF undertook User	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				Acceptance Testing. In November 2020, DCF released the revised SDM tools.	
1.1.1e	Retain protocol clarifying that when a safety factor has been identified, Safety Protection Plans will be developed with the family and conferenced with the Division of Child Protection and Permanency (CP&P) casework supervisor, supervisor and worker	Ongoing	Complete	Protocol remains in place.	
1.1.2	<u>Train and coach staff to practice expectations</u>				
1.1.2 A1	Develop & deliver Statewide training Executive Level training information will be delivered to Area Directors, Assistant Area Directors, and Local Office Managers regarding the enhanced SDM tools and the new training: Assessing and Managing Safety and Risk Throughout the Life of the Case	Q6*	Complete	In Q1, executive level training was delivered to Area Directors and DCF Executive Staff. In October 2020, executive level training was delivered to Local Office Managers and Assistant Area Directors.	
1.1.2 A2	OTPD will manage rollout of Assessing and Managing Safety and Risk Throughout the Life of the Case, in collaboration with CP&P and CRC. The training will be required for casework supervisors, supervisors, and all field staff in New Jersey. Statewide rollout will begin prior to the release of the revised SDM tools in NJ SPIRIT (NJS). Casework supervisors and supervisors will be trained first followed by intake and ongoing workers. Specific components include use of SDM tools, use of enhanced family agreement, practice expectations on safety and risk assessment and intervention throughout the life of the case, and appropriate use and duration of Safety Protection Plans.	Q6*	Partially complete, in progress	An initial roll out of in-person field staff training commenced in March 2020, but was temporarily suspended due to the COVID-19 pandemic. DCF immediately engaged the model developer to determine how to re-design the training into a virtual modality. During Q4-Q5, DCF and the model developer had regular conversations about remote facilitation, including method of delivery and updated timeframes. It was determined that all casework supervisors, supervisors and field staff would be required to participate in a new eLearning module developed by CRC, which addresses use of and practice expectations for the revised SDM tools. Prior to roll-out of the new training, DCF piloted the eLearning module to ensure completeness and effectiveness. During Q6, the pilot group took the training and provided feedback and suggestions on areas needing clarification and anticipated questions from the remainder of the field staff. The training was adapted, as needed. Upon completion of the pilot and adaptations, staff in each area was identified to facilitate the delivery of the training to their respective offices. During Q6, more than half of all	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				CP&P staff undertook the training. DCF expects the remaining staff to complete the training during Q7.	
1.1.2 A3	An additional supervisory module will train supervisors & casework supervisors on managing this work throughout the life of the case.	Q6*	Complete	Supervisors and casework supervisors will participate in the same eLearning module as field staff. In addition, the identified trainers will offer small virtual meetings to refresh supervisory staff that previously received SDM training, as needed. See 1.1.2A2, above.	
1.1.2 B1	B. Coach workers to embed practice Roles: supervisors will be primary coaches of this practice and will in turn receive coaching from the casework supervisor	Q6-Q8*	Partially complete, in progress	Supervisors and casework supervisors will be responsible for coaching this practice to field staff. Supervisory observation tools will be utilized during the supervisor/worker field response, supervisory conferences and supervisory record reviews. See 1.1.2B2, below. DCF previously reviewed policies to identify necessary changes related to the use of supervisory observation tools. DCF determined that (a) at this time a revision of the policy for the supervisor position is not needed; (b) a revision of policy creating expectations of observations by casework supervisors is needed. This policy will be drafted and released at the time that the tool is released. See 1.1.2B2, below.	
1.1.2 B2	Tools: Supervisory Observation Tool will be updated to include observation of safety/risk assessment	Q8*, **	Partially complete, in progress	In Q2, DCF drafted supervisory observation tools with input from those who will be managing this practice. At the time of the COVID-19 pandemic, the tools were in the editing stage. As DCF's plans for the roll out of the SDM tools and implementation of SBC have shifted in response to the circumstances of the pandemic, DCF has decided to develop the tools alongside SBC. Design and development of the supervisory observation tools will take place during Q7-Q8. The release of the supervisory observation tools will coincide with SBC going into practice. See 2.2.1b through 2.1.6, below.	
1.1.2 B3	Tools: Casework Supervisor Observation Tool will be created to record observation of supervisor/worker conferences.	Q8*, **	Partially complete, in progress	Casework supervisor observation tool is in progress. See 1.1.2B2, above.	
1.1.2 B4	Practice: Supervisors will observe worker use of the Family Agreement in the home at least 1x/mo using updated supervisory observation tool. During record reviews, supervisors will review record with particular attention to caseworker use of SDM tools; during supervisor conferences	Q3-Q5 & ongoing ^{^, **}	Partially complete, in progress	During record reviews, supervisors pay attention to caseworker use of SDM tools. During conferences, supervisors discuss SDM assessment with caseworkers. These practices will continue as field staff receive the revised SDM tool training and begin to utilize the revised tools. Supervisors will begin using updated supervisory observation tools when released. See 1.1.2B2, above.	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
	Supervisors will discuss SDM assessments (Conversation will be documented in supervisor conference notes)				
1.1.3	<u>Assess fidelity to the practice model</u>				
1.1.3a	Casework supervisor will directly observe individual supervisor/worker conferences utilizing the Casework Supervisor Observation Tool.	Q2-Q5 ⁺⁺	-	Supervisory observation tools are in progress. See 1.1.2B2, above. Once these tools are finalized, practice implementation can begin, followed by fidelity of assessment.	
1.1.3b	Casework supervisor will collect & assess supervisory observation tools	Q3 & ongoing ⁺⁺	-	Supervisory observation tools are in progress. See 1.1.2B2, above. Once these tools are finalized, practice implementation can begin, followed by fidelity of assessment.	
1.1.3c	AQC for each Area will track use of and findings from supervisory observation tools as well as findings related to supervisory competency in coaching to this practice, and will review a sample of records to assess for quality of safety and risk assessment, and appropriate use of Safety Protection Plans	Q7 and ongoing ^{*, ++}	-	AQCs will review records to assess for quality of safety and risk assessments and appropriate use of Safety Protection Plans. DCF expects these reviews to begin in Q7. Additionally, AQCs will begin tracking use of and findings from supervisory observation tools, as well as findings related to coaching, when SBC goes into practice and the supervisory observation tools are finalized and released. Supervisory observation tools are in progress. See 1.1.2B2, above.	
1.1.3d	Casework supervisor must approve all Safety Protection Plans.	Q6 [*]	Complete	DCF policy requires that all Safety Protection Plans be conferenced with the supervisor and casework supervisor. In addition, DCF modified NJS to require approval of Safety Protection Plans by casework supervisors. In Q1-Q3, DCF designed and coded the edits to NJS. In Q4-Q5, DCF undertook User Acceptance Testing. In November 2020, DCF released the NJS revisions.	
1.1.3e	Casework supervisor will use SafeMeasures report to monitor frequency and duration of Safety and Protection Plans	Q7 [*]	-	This activity is contingent upon the release of the new SafeMeasures report. See 1.1.4d, below. Casework supervisors will begin using the SafeMeasures report immediately upon release.	
1.1.4	<u>Create or Adapt Decision Support Data</u>				
1.1.4a	Implement SDM changes of Safety Assessment, Risk Assessment, Risk Reassessment, Reunification Assessment, & MVR schedule in NJS	Q6 [*]	Complete	In Q1-Q3, DCF designed and coded revised SDM tools. In Q4-Q5, DCF undertook User Acceptance Testing. In November 2020, DCF released the revised SDM tools.	
1.1.4b	Incorporate safety and risk narrative into the Family Agreements	Q8 [*]	Complete	DCF incorporated safety and risk narrative into the Family Agreement. In November 2020, the current Family Agreement was updated to address the use and results of the revised SDM tools. In addition, the Family	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				Agreement will undergo major revisions during the implementation of SBC. See 1.1.1b, above, and Strategy 2.1, below.	
1.1.4c	Add changes to NJS that require SDM assessments are completed at critical points in the life of the case. Specifically, require completion of reunification assessment prior to child's discharge from DCF custody and completion of safety assessment prior to case closing.	Q6*	Complete	In November 2020, DCF released revisions to NJS, including those that require SDM assessments at critical points in the life of the case.	
1.1.4d	SafeMeasures will include a new report that monitors completion and duration of Safety Protection Plans	Q7*	In progress	In the wake of the deployment of the NJS revisions in November 2020, SafeMeasures will be updated to include a report of Safety Protection Plans that will allow casework supervisors to monitor frequency and duration. DCF will work with the vendor to build this report during Q7.	
1.1.5	<u>Make use of Facilitative Administration</u>				
1.1.5a	Local Office Managers will regularly review SafeMeasures report with Deputy Attorney Generals (DAG)	Q7*	-	This activity is contingent upon the release of the new SafeMeasures report. See 1.1.4d, above. Local office managers will begin regularly reviewing the SafeMeasures report with DAGs immediately upon release.	
1.1.5b	SafeMeasures reports on use of Safety Protection Plans will be regularly reviewed by CP&P leadership	Q7*	-	This activity is contingent upon the release of the new SafeMeasures report. See 1.1.4d, above. CP&P leadership will begin regularly reviewing the SafeMeasures report immediately upon release.	
1.1.5c	Supervisor/Caseworker team meetings will incorporate discussion of feedback and learning from training, coaching, and fidelity assessment	Q7*	In progress	This activity is contingent upon completion of training and release of the new SafeMeasures report. See 1.1.2A2 and 1.1.4d, above. As staff training on SDM tools continues, supervisory team meetings will incorporate discussions of learning from the training. Future discussions will include coaching and fidelity assessment.	
1.1.5d	Area Quality Coordinator (AQC) will share review findings with LOM & AD locally and at Statewide AD meeting	Q7*	-	AQCs will review records to assess for quality of safety and risk assessments and appropriate use of Safety Protection Plans and will track the use of and findings from the supervisory observation tools upon their release. See 1.1.3c, above. AQCs will share these findings with Local Office Managers and Area Directors, both locally and statewide.	
1.1.5e	Continuous Quality Improvement (CQI) teams/local PIP process will incorporate work on safety and risk throughout the life of the case	-	Partially complete, in progress	CQI teams/local PIP process incorporate safety and risk throughout the life of the case. In March 2020, many of DCF's CQI processes, including Qualitative Reviews (QRs) and ChildStat, were temporarily suspended as a result of the COVID-19 pandemic. Upon resumption of these activities,	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				this work will continue. It will be further supplemented by the additional review process described in 1.1.5f, below.	
1.1.5f	Office of Quality (OOQ) will review DCF Quality Review methodology to ensure it effectively reviews safety and risk throughout the life of the case	-	Partially complete, in progress	OOQ reviewed the extent to which the QR methodology captures practice with respect to managing safety and risk throughout the life of the case and discussed the review with CP&P leadership. DCF concluded that we will need to build a supplemental review process, in order to effectively support SDM implementation. Planning for this additional review was temporarily suspended due the COVID-19 pandemic.	
1.1.6	<u>Identify and Manage Systems Interventions Needed to Support the Practice</u>				
1.1.6a	The Office of Policy and Regulatory Development (OPRD) will update DCF policy to align with goals outlined above (e.g. include revisions to the SDM tools, supervisory conferences that include a discussion of the SDM tools, etc.)	Q6*	Complete	In Q2, ORPD, CP&P, OIT, the Training Partnership, and OTPD completed the recommended policy changes. In November 2020, at the same time that the revised SDM tools were released, DCF released updated policies related to the SDM tools.	
1.1.6b	In routine quarterly meetings, CP&P leadership will ensure collaboration with DAG office to jointly assess consistency of practice regarding decisions to take legal action on cases involving Safety Protection Plans	Q7 and ongoing*	Partially complete, in progress	Caseworkers, supervisors and casework supervisors are expected to conference Safety Protection Plans with DAGs in current practice. Once adaptations to SafeMeasures are complete, see 1.1.4d, above, CP&P leadership and the Office of the Attorney General (OAG) will collaborate to assess and ensure consistent practices relating to Safety Protection Plans.	
1.1.6c	OPRD and Office of Legal and Legislative Affairs (OLLA) in collaboration with CP&P will review and revise policy regarding Safety Protection Plan timeframes	Q6*	Complete	In Q2, ORPD, CP&P, OIT, the Training Partnership, and OTPD completed the recommended policy changes. In November 2020, at the same time that the revised Safety Protection Plan was released, DCF released updated policies related to Safety Protection Plans.	

Goal 2: Improve the quality of child welfare case practice in New Jersey, particularly around engagement and assessment of parents

Strategy 2.1: Implement behavior-based case planning practice

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
2.1.1	<u>Ensure Practice Expectations are Clearly Defined</u>				

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
2.1.1a	DCF will explore and choose evidence based/informed case practice enhancements	launched; to be completed by Q1	Complete	During Q1, DCF completed an exploration of evidence-based child welfare practice approaches. Our review indicated that SBC was the only evidence-based case practice approach that has demonstrated impact on the casework expectations and outcomes measured in the Child and Family Services Review (CFSR). During Q2, DCF contracted with the model developer.	
2.1.1b	DCF will work with model developers to incorporate evidence informed case planning into New Jersey's practice model	Q8*	Partially Complete, in progress	<p>During Q2, CP&P held a two-day kick-off event with the model developer and key internal stakeholders. During the kickoff event, the model developer presented an overview of the SBC practice model to DCF leadership and facilitated an initial orientation meeting with DCF's SBC Implementation Team. DCF assigned a project manager to facilitate the implementation teamwork across multiple DCF divisions using an implementation science framework. DCF developed the architecture for implementation, including workgroups, teaming structures and internal communications strategies. DCF identified areas of work that will be in scope for successful implementation, including training, policy, practice, legal, information technology, communications, and purchased services, and identified key implementation milestones.</p> <p>During Q3, each SBC workgroup established a charter to identify implementation driver objectives, purpose, values and ways of work. Each workgroup drafted an initial workplan to meet identified milestones. See 2.1.2 through 2.1.6, below. The SBC Implementation Team, which incorporates the chair and co-chair of each workgroup, is overseeing the integration and quality implementation of SBC into DCF's case practice model. During Q3, the SBC Implementation Team met regularly.</p> <p>Due to the COVID-19 pandemic, the SBC Implementation Team and workgroups temporarily stopped meeting in March 2020. In Q4-Q6, DCF held multiple meetings, both internal and with the model developer, to identify how to move implementation forward under current circumstances, including remote facilitation and conversion of training into a virtual modality. See 2.1.2, below. In Q5, the SBC Implementation Team and all workgroups resumed meeting and efforts towards</p>	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				implementation. In Q6, DCF took the necessary steps to secure approval for expenditure of additional costs associated with remote facilitation.	
2.1.2	<u>Train and coach staff to practice expectations</u>				
2.1.2	Training and coaching strategy to be developed Q2-4; roll out TBD	To be developed Q6*; training of trainers Q8*	Partially complete, in progress	In Q2, DCF developed SBC workgroups, including a Training and Coaching Team. The Training and Coaching Team is responsible for developing a comprehensive training and coaching plan to ensure staff and partners effectively apply SBC skills and values. In Q3, the Training and Coaching team drafted and approved a charter and completed an initial workplan. In Q4-Q6, DCF engaged in conversations with the model developer regarding necessary changes to training due to the COVID-19 pandemic, including remote facilitation, conversion of training into a virtual modality, and modified timeframes for training. By Q6, DCF and the model developer had determined an updated training and coaching strategy. In Q6, CP&P identified one person in each of the 46 local offices to serve as a “SBC Champion.” The SBC Champions will be responsible for training and coaching existing staff. In Q7, the SBC Champions will undergo a train-the-trainer with the model developer. DCF expects statewide staff training to take place between July-December 2021.	
2.1.3	<u>Assess fidelity to the practice model</u>				
2.1.3	Model fidelity tools and practices to be developed jointly with model developer	Q8*	Partially complete, in progress	In Q2, DCF developed SBC workgroups, including a Data Support Team. Initially, the Data Support Team was responsible for developing fidelity tools and practices, as well as identifying needed adaptations to NJS, SafeMeasures and other systems. During Q5-Q6, as implementation continued, DCF decided to bifurcate the work of this group, separating the development of model fidelity tools from the work to identify needed adaptations to NJS, SafeMeasures and other systems. In Q6, a Measurement and CQI Team was formed. The Measurement and CQI Team is responsible for the development of a measurement framework and CQI plan, including measures, tools, data systems, an analysis plan and a CQI structure to assess and improve implementation of SBC. By the end of Q6, the Measurement and CQI Team drafted a charter and initial workplan.	
2.1.4	<u>Create or Adapt Decision Support Data Systems</u>				

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
2.1.4a	Adaptations to NJS, SafeMeasures, other systems to be identified on an on-going basis and updates will be routinely reported in PIP progress reports.	Q8*	Partially complete, in progress	<p>The Data Support Team is responsible for developing fidelity tools and practices, as well as identifying needed adaptations to NJS, SafeMeasures and other systems. In Q3, the Data Support Team drafted and approved a charter and completed an initial workplan. The Data Support Team identified documents and forms that will need to be modified, including the case plan, the family agreement, case transfer/closing forms, minimum visitation requirement (MVR) and case notes, court orders, and more. The Data Support Team began reviewing and drafting modified versions of the case plan and the IFP.</p> <p>In Q5-Q6, the Data Support Team planned for the development and roll-out of the new documents. DCF will roll-out the new case plan in three phases: the first phase will be the roll-out of the new case plan form, which is expected in June 2021. The second phase will be the roll-out of the new IFP form, which will be a form to be uploaded as an attachment to the case plan. During the third phase, the case plan and IFP will be fully integrated into NJS windows. Additionally, during phase three, case transfer and MVR forms will be released.</p>	
2.1.4b	Rollout of changes TBD depending on complexity	TBD	-	This activity is contingent upon identifying needed adaptations to NJS, SafeMeasures and other systems. See 2.1.3, above.	
2.1.5 <u>Make Use of Facilitative Administration</u>					
2.1.5	Specific action steps to be co-developed with model developer and CP&P	Q8*	Partially complete, in progress	<p>In Q2, DCF developed SBC workgroups, including the Internal Processes Team and the Systems Integration Team. The Internal Processes Team and the Systems Integration Team are responsible for developing strategies to manage internal communication and needed partnership with external stakeholders. In Q3, each team drafted and approved charters and completed initial workplans. The teams began strategizing for communication plans to raise awareness and advance SBC amongst DCF staff, providers and other stakeholders. During Q5 and Q6, each workgroup continued to meet on a monthly basis, as well as to hold joint meetings as needed. The internal processes team developed a communication plan, outlining the dissemination of SBC information to staff and stakeholders. The systems integration team identified external stakeholders to join the workgroup and outlined methods and timeframes for sharing information and training external stakeholders.</p>	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
2.1.6	<u>Identify and Manage Systems Interventions Needed to Support the Practice</u>				
2.1.6	Specific action steps to be co-developed with model developer and CP&P	Q8*	Partially complete, in progress	The Internal Processes Team and the Systems Integration Team are responsible for developing strategies to manage internal communication and needed partnership with external stakeholders. See 2.1.5, above.	

Goal 2.0: Improve the quality of child welfare case practice in New Jersey, particularly around engagement and assessment of parents

Strategy 2.2: Promote a culture and practice that prioritize father engagement and assessment.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
2.2.1	<u>Ensure Practice Expectations are Clearly Defined</u>				
2.2.1a	Support the case practice model with clear expectations regarding level of effort required to pro-actively engage fathers	Ongoing	Complete, ongoing	DCF continues to work to support the case practice model with clear expectations regarding level of effort required to proactively engage in fathers. Progress on practice expectations are outlined in 2.2.2, below.	
2.2.1b	DCF will propose that Children in Court Improvement Committee (CICIC) incorporate father engagement into its ongoing permanency work. ²	-	-	DCF will request that this be added to the next CICIC meeting agenda in Q7.	
2.2.2	<u>Train and Coach Staff to Practice Expectations</u>				
2.2.2 A1	Develop & deliver Statewide training Statewide rollout of "Fathers are Important: A caseworker's guide to working with fathers". This training is required for all field staff, is rolled out across the state sequentially by region, and will include accountability and support packages to support transfer of learning to practice	Launched; to be completed by Q6	Partially complete, in progress	In early 2019, the Fathers are Important training commenced statewide for all CP&P caseload carrying and supervisory staff. This training is designed to help DCF staff understand the importance of fathers, whether they live in or out of the home, and help them see that the efforts to engage them are valuable to children in the long term. The training helps participants recognize their own biases and perceptions of fathers and discuss its possible impact on father engagement. It also looks at systemic barriers to engaging fathers and review strategies for engagement. This training was initially offered as a one-day training and was offered on a monthly basis in three region sites across the state. Due to the COVID-19 pandemic and the inability to convene for in-person trainings, this training was converted to a virtual platform and is	

² This activity was negotiated with ACF on 2/10/20 as an add-on.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				<p>now offered as two sessions. In Q6, staff began to take this training. DCF expects remaining staff to be trained during Q7.</p> <p>In Q4, the support and accountability package for this training was finalized. The goal of the fatherhood support and accountability package is to increase conversations through all members of the department about how to engage and partner with fathers in our work. This activity specifically focuses on workers contemplating their current practices with fathers and how they define fathers within their work and a child's life. This was developed, in part, with the Father's Tool Kit from the CB website. Activities include</p> <ul style="list-style-type: none"> • View short film, "Dads Rock: Nurturing Father Engagement" • Facilitator led group discussions to include specific questions around father engagement and practice • Continued discussions at all local offices during team and/or staff meetings to generate ideas about father engagement <p>In June 2020, the final support package was presented to Local Office Managers statewide at a virtual meeting. In Q5, CP&P and OTPD began a "road show" to meet with leadership in each area to review curriculum, select facilitators and address any concerns. By the end of Q6, the "road show" had visited five of nine areas. The remaining four areas are scheduled during Q7.</p>	
2.2.2 A2	Implement marketing strategy to elevate attention to the need for the training	-	Complete	The marketing strategy to elevate attention to the need for the training was initiated and implemented prior to the PIP approval.	
2.2.2 B1	Coach workers to embed practice Roles: supervisors will be primary coaches of this practice and will in turn receive coaching from the casework supervisor.	-	Complete, ongoing	Supervisors and casework supervisors are the primary coaches of this practice. The supervisory observation tools discussed in Goal 1 will include observations of the use of father engagement practices. See 1.1.2B2, above.	
2.2.2 B2	Tools: Supervisory Observation Tool will be updated to include observation of use of father engagement practices	Q8*, **	Partially complete, in progress	The supervisory observation tools will include use of father engagement practices. See 1.1.2B2, above.	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
2.2.2 B3	Practice: Supervisors will use modified observation tool; supervisors will review record with particular attention to caseworker use of father engagement practices; Supervisors will discuss father engagement during supervisor conferences (Conversation will be documented in supervisor conference notes)	Q4 ⁺⁺	Partially complete, in progress	Supervisors are expected to review records with particular attention to caseworker use of father engagement practices, as well as discuss father engagement during supervisor conferences. Supervisors will begin using updated supervisory observation tools upon roll out of the tools. See 1.1.2B2, above.	
2.2.3	<u>Assess fidelity to the practice model</u>				
2.2.3a	Casework supervisor will directly observe individual supervisor/ worker conferences	Existing practice	Complete, ongoing	Casework supervisors are expected to observe and participate in supervisor/worker conferences. Upon completion of the supervisory observation tools, casework supervisors will begin to collect and assess practice through use of the tools. See 1.1.2B2, above.	
2.2.3b	Casework supervisor will collect and assess supervisory observation tools	Q3 and ongoing ⁺⁺	-	Supervisory observation tools are in progress. See 1.1.2B2, above. Once these tools are finalized, practice implementation can begin, followed by fidelity of assessment.	
2.2.3c	AQC for each Area will track use of and findings from supervisory observation tools as well as findings related to supervisory competency in coaching to this practice	Q5 and ongoing ⁺⁺	-	Supervisory observation tools are in progress. See 1.1.2B2, above. Once these tools are finalized, practice implementation can begin, followed by fidelity of assessment.	
2.2.3d	AQC for each Area will review sample of records	Q7 and ongoing*	-	Supervisory observation tools are in progress. See 1.1.2B2, above. Once these tools are finalized, practice implementation can begin, followed by fidelity of assessment.	
2.2.4	<u>Create or Adapt Decision Support Data Systems</u>				
2.2.4a	Implement changes to NJS to be able to track visits with mothers and fathers separately.	Q6*	Complete	In Q1-Q3, DCF designed and coded revisions to NJS to allow for tracking of visits with mothers and fathers separately. In Q4-Q5, DCF undertook User Acceptance Testing. In November 2020, DCF released the NJS revisions.	
2.2.4b	Implement tracking mechanism in SafeMeasures to track visits with mothers and fathers separately.	Q7*	In progress	In the wake of the deployment of the NJS revisions in November 2020, SafeMeasures will be updated to include a mechanism to track visits with mothers and fathers separately. DCF will work with the vendor to build this report during Q7.	
2.2.5	<u>Make use of Facilitative Administration</u>				
2.2.5 A1	A. Elevate father engagement as a priority area for County level PIPs	Launched; to be	Complete, ongoing	OOQ & CP&P Central Office Leadership agreed that counties must incorporate father engagement into the county PIP process if it is	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
	OOQ will work with CP&P Central Office Leadership and County CQI teams to incorporate a focus on father engagement into the county PIP process.	maintained ongoing		identified as an area needing improvement. In CY 2019 and 2020, 3 of 13 counties achieved a strength rating of greater than 70% when using the QR to assess father engagement. In the remaining ten counties, father engagement was identified as an area needing improvement. Of the eight counties, five incorporated father engagement into their county PIP and five are currently in development. In March 2020, the QR process was temporarily suspended due to the COVID-19 pandemic.	
2.2.5 A2	CP&P Leadership and the Office of Quality will report trends in local PIP progress quarterly to the statewide CQI workgroup, Fatherhood workgroup, and other key stakeholders as deemed appropriate.	Ongoing	Complete, ongoing	The CQI Statewide Collaboration Team shared updates on the trends in local PIP progress at meetings in March, June and December 2019. Similar updates were provided to the Fatherhood workgroup in February, April, June and December 2019. Additionally, updates about county PIP progress were provided to staff and stakeholders at monthly ChildStat presentations. In March 2020, convenings of these groups were temporarily suspended due to the COVID-19 pandemic. See 1.1.5e, above.	
2.2.5 A3	CP&P leadership and the Office of Quality will monitor these efforts quarterly through the existing CQI infrastructure.	Ongoing	Complete, ongoing	CP&P leadership and the OOQ monitor these efforts quarterly through the existing CQI infrastructure, including QR leadership data stories (11 occurred in CY 2019, 2 occurred in 2020), quarterly CQI Statewide Collaboration Team meetings, monthly ChildStat presentations and monthly leadership meetings. In March 2020, convenings of these groups were temporarily suspended due to the COVID-19 pandemic. See 1.1.5e and 1.1.5f, above.	
2.2.5 B1	<p>B. Statewide Fatherhood Engagement workgroup will be strengthened and expanded to include stakeholders with lived experience:</p> <p>The workgroup will be expanded to ensure stakeholder representation for internal and external partners, fathers and community partners</p>	Launched	Complete, ongoing	<p>During the summer and fall of 2019 the Fatherhood Engagement Committee (FEC) was restructured and expanded with a new teaming format inclusive of fathers, stakeholders and system partners. The Committee includes representatives from DCF offices, including, but not limited to: CP&P, Office of Adolescent Services, OOQ and the Division on Women. The Committee includes external partners, including the New Jersey’s Division of Family Development, Division of Labor, Office of Probation Services, Office of Child Support, and Office of Faith Based Initiatives, as well as stakeholders from New Jersey Head Start and the non-profit sector.</p> <p>The FEC began meeting in 2019 and continued to meet through early 2020. (See DCF’s first biannual report for details of earlier meetings.)</p>	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				<p>Due to the COVID-19 pandemic, the FEC’s meetings were temporarily suspended. In December 2020, the FEC reconvened. During that meeting, the FEC reviewed the recommendations of the fathers with lived experience subcommittee (see below) and discussed how to best integrate their recommendations moving forward. The FEC plans to proceed in 2021 with bi-monthly meetings.</p> <p>Additionally, in August 2019, DCF established a subcommittee of the FEC consisting of fathers with lived experience. This subcommittee began meeting in Q3 and continued to meet in person until the COVID-19 pandemic. When in-person meetings were suspended, the group met virtually, discussing experiences and articulating recommendations. The virtual meetings allowed for the expansion of the fatherhood voice as members no longer needed to travel to attend the meetings. In February 2020, DCF hired a Fatherhood Engagement Advisor (FEA). Throughout the pandemic, the FEA has had consistent communication with the members of the subcommittee, providing fatherhood advocacy and COVID-19 resource assistance. With the support of FEC members, fathers with lived experience from Mercer, Atlantic and Burlington counties were recruited and engaged. In November 2020, DCF provided the subcommittee with an agency overview, providing an understanding of the Department’s structures. In 2021, OFV will continue to expand the subcommittee.</p>	
2.2.5 B2	Workgroup to establish year one and year two goals.	Q6-Q8*	-	In December 2020, the FEC reconvened. In Q7-Q8, the FEC will establish goals for the next year. See 2.2.5B1, above.	
2.2.5 B3	<p>The workgroup will be charged with partnering with external stakeholders (e.g. father, community providers) to share learning and develop recommendations, including:</p> <p>B3. System partners will be invited to bring their data to assist in further understanding barriers to father engagement</p>	Q2	Complete, ongoing	The FEC partners with system partners from across the state. See 2.2.5B1, above. System partners have been regularly invited to bring their data to assist in further understanding barriers to engaging fathers. In meetings held in late 2019 and early 2020, FEC members began to discuss what data would be useful for the committee to review, what type of data is tracked by partners and the importance of finding representative data. OFV presented state and national fatherhood data to the FEC system partners. The Division of Family Development provided information about the client’s they serve. In 2021, the Child Support Enforcement Unit in collaboration with the Division of Family	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				Development will be encouraged to present on their work and data. OFV and the FEC will explore what data would be useful for the committee to review and what type of data is tracked by partners and the importance of finding representative data.	
2.2.5 B4	The workgroup will interface with the New Jersey DCF CQI approach to better understand systemic needs for father engagement	Ongoing	Complete, ongoing	In Q3, the CQI Statewide Collaboration Team shared updates on the trends in local PIP progress. The FEC reviewed and evaluated goals related to father engagement outlined in the county PIPs. In 2021, the FEC will identify themes within the local PIPs, offer recommendations for the statewide CQI team and DCF leadership, and provide updates to executive management. See also 2.2.6, below.	
2.2.5 B5	The workgroup will be charged with providing at least annual update/recommendation to executive management	Ongoing	Complete, ongoing	The workgroup provides updates and recommendations to executive management and continues to refine its mechanisms for these updates. In 2021, FEC will work in collaboration with the Fathers with Lived Experience subcommittee to integrate, align and advance the subcommittee's recommendations and proposals to best improve practice and policy. See 2.2.5B1, above.	
2.2.5 B6	OPRD and CP&P will review and, as necessary, revise existing CP&P policies to ensure that father engagement is supported	Q1-Q4	Complete, ongoing	Through the present, no policies changes have been identified. Staff from OPRD sit on the FEC. Should the need to revise processes and policies is identified, work can commence effectively.	
2.2.6	Identify and Manage Systems Interventions Needed to Support the Practice				
2.2.6a	QR Administrators will report local progress on father engagement to the statewide workgroup and other key stakeholders as deemed appropriate.	-	Complete, ongoing	QR Administrators provide reports on local progress on father engagement, which can be shared with the statewide CQI workgroup, CP&P leadership and other key stakeholders. The QR Administrators also participate in the quarterly CQI Statewide Collaboration Team meetings to provide updates.	
2.2.6b	Fatherhood workgroup will share information on local progress and challenges to the Statewide CQI committee.	-	Complete, ongoing	Staff from OOQ sit on the FEC. In addition to participating in the workgroup, they provide information on local progress and challenges to the statewide CQI committee.	

Goal 3.0: Improve the timeliness of permanency for children entering foster care in New Jersey

Strategy 3.1: Strengthen concurrent planning and practice accountability

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
3.1.1	Ensure Practice Expectations are Clearly Defined				
3.1.1a	To ensure that any alternate placement or permanency resources, particularly potential kinship resources, are explored expeditiously throughout the life of the case, DCF is amending protocol to require resource workers to be present at identified enhanced reviews (preplacement, day 30, day 90, 5-month, 10 month)	Effective Q1 and ongoing	Complete, ongoing	CP&P and ORPD updated the concurrent planning policy to include a requirement that resource workers be a part of identified enhanced reviews. Given the scope of work needed to promote Strategy 3.2, the capacity of resource staff participation in the enhanced review process will be limited to specific reviews. In August 2020, DCF released the updated policy. On an ongoing basis, concurrent planning will be discussed during quarterly Adoption/Concurrent Planners meetings. There, CP&P Central Office practice and adoption leadership will emphasize the importance of concurrent planning and encourage resource staff to participate in concurrent planning conferences.	
3.1.1b	Quality Hearings Subcommittee of the CICIC will revise the parent calendar and introduce same to CIC stakeholders	Q7	Complete	In August 2020, the CICIC completed and released the revised parent calendar. The parent handbook and calendar can be found at: https://www.njcourts.gov/forms/12545_cic_parent_handbkplanner.pdf .	
3.1.2	Train and Coach Staff to Practice Expectations				
3.1.2a	Develop DCF staff skills in holding straightforward conversations for concurrent planning (“Talking with families about concurrent planning”):	-	Partially complete, in progress	DCF continues to develop staff skills in conversations related to concurrent planning. See 3.1.2b through e, below.	
3.1.2b	Develop webinar content	Q1-Q2	Complete	In Q2, CP&P and OTPD completed the development of webinar content.	
3.1.2c	Push out webinar content through existing CP&P staff meeting structure	Q5*	Partially complete, in progress	Concurrent planners will support these conversations at the local level with the support of regional reviewers and OTPD. In Q4, OTPD worked with CP&P to update the design of the webinar to allow for virtual deliver. In June 2020, CP&P leadership and OTPD presented on train-the-trainer and facilitation preparation at the quarterly concurrent planner meeting. In Q5-Q6, the concurrent planners participated in a train-the-trainer for the Difficult Conversations webinar, as well as a train-the-trainer for Microsoft Teams, the platform the concurrent planners will use to facilitate the Difficult Conversations webinar. Additionally, concurrent planners participated in a follow-up session to ensure that roll-out had commenced and to collect input for recommendations for updates to the webinar. Based on that session, CP&P and OTPD updated the webinar. Concurrent	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				planners began facilitating the Difficult Conversations webinar during local office staff meetings. DCF expects the webinars to conclude during Q7.	
3.1.2d	Webinars remain available for ongoing worker training	Q5-ongoing*	Complete	Webinar content will remain available for ongoing worker training through avenues, such as existing staff meetings.	
3.1.2e	Update and implement newly enhanced Permanency Workshops for workers statewide to help staff understand the concurrent planning process, the role of staff and ASFA timelines	Complete	Complete	The enhanced permanency workshops were updated and implemented prior to the PIP approval.	
3.1.3	<u>Assess Fidelity to the Practice Model</u>				
3.1.3a	Supervisors will observe workers using Supervisory Observation Tool, to address conversations about concurrent planning	Q3 and ongoing**	-	Supervisory observation tools are in progress. See 1.1.2B2, above. Once these tools are finalized, practice implementation can begin, followed by fidelity of assessment.	
3.1.3b	AQC will track resource worker attendance at identified enhanced reviews	Q6 and ongoing*	-	Supervisory observation tools are in progress. See 1.1.2B2, above. Once these tools are finalized, practice implementation can begin, followed by fidelity of assessment.	
3.1.3c	CICIC will assess impact of amended parent calendar and any additional initiatives recommended by the Quality Hearings Subcommittee in furtherance of concurrent planning	Q6 and ongoing	-	As the amended parent calendar is now complete, the CICIC will assess its impacts. The Judiciary planned to complete the assessment via a survey provided to parents in the courtroom. Due to the COVID-19 pandemic, the AOC is exploring provision of an electronic survey to parents. A new timeframe will be established in 2021 for the assessment via survey.	
3.1.4	<u>Create or Adapt Decision Support Data Systems</u>				
3.1.4	No adaptations to data systems/reports needed.	-	-	N/A	
3.1.5	<u>Make Use of Facilitative Administration</u>				
3.1.5a	Develop internal communication strategies targeting the importance of concurrent planning by the concurrent planners- experts/mentors on the subject matter.	Q2	Complete, ongoing	The discussion with the concurrent planners as subject matter experts was initiated in early 2019 and is continuous.	
3.1.5b	Use concurrent planning quarterly meetings to ensure practice consistent across the state and that the role of the concurrent planner is functioning appropriately Q1 and ongoing	Q1 and ongoing	Complete, ongoing	Concurrent planning quarterly meetings continue to be used to ensure consistent practice statewide and appropriate functioning of the role of the concurrent planner. Quarterly meetings continue to be used to troubleshoot barriers and offer support to concurrent planners and regional reviewers.	
3.1.6	<u>Identify and Manage Systems Interventions Needed to Support the Practice</u>				

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
3.1.6a	Update DCF policy on concurrent planning practice to include roles, responsibilities and the standardized review template.	Q1	Complete	During Q3-Q4, DCF drafted a revised concurrent planning policy, which includes components of enhanced reviews and the Case Practice Guide, as well as information on the goal of Kinship Legal Guardianship (KLG). In August 2020, DCF released the updated policy.	
3.1.6b	DCF will partner with the Judiciary, Office of Parental Representation (OPR) and other critical stakeholders to recommend to the CICIC approaches for how all stakeholders can ensure that families are apprised of (1) Adoption and Safe Families Act (ASFA) timeframes and all possible permanency outcomes; (2) the role of concurrent planning.	Q1 and ongoing	Complete, ongoing	DCF continues to partner with the Judiciary, OPR and other stakeholders to make recommendations related to apprising families of ASFA, possible permanency outcomes and the role of concurrent planning. Some examples of this work include DCF's continued participation in CICIC meetings and collaboration on bench cards about concurrent planning, reasonable efforts and permanency. See 3.1.6c, below.	
3.1.6c	The Judiciary is developing a bench card that provides information on ASFA and concurrent planning and will distribute to family court judges.	Q3	Complete	In April 2019, the Judiciary distributed a bench card with information on concurrent planning, ASFA and the rights of resource parents. (See DCF's first biannual report for details of April 2029 bench card.) As requested by the Children in Court (CIC) judges, CICIC developed a second bench card dedicated solely to concurrent planning, which provides more detail about concurrent planning and includes suggested questions to ask each stakeholder to ensure that effective concurrent planning is taking place. In August 2020, AOC distributed this bench card, as well as a bench card on reasonable efforts, to all CIC judges.	
3.1.6d	The Judiciary will modify the resource family information form and revise the resource family hearing notice	Q3	Complete	The Judiciary updated the resource family information form and revised the resource family hearing notice. Updated documents can be found at: https://www.njcourts.gov/forms/10159_fn09_resrc_fam_info.pdf?c=bEY , https://www.njcourts.gov/forms/12389_notice_caregivers.pdf?c=KPY .	

Goal 3.0: Improve the timeliness of permanency for children entering foster care in New Jersey

Strategy 3.2: Increase use of kinship care

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
3.2.1	<u>Ensure Practice Expectations are Clearly Defined</u>				
3.2.1a	CP&P will review the case practice around the utilization of PROMIS/ Gavel background checks for prospective kin caregivers, and establish specific, standard guidance for same.	Q1	Complete	CP&P reviewed case practice related to background checks and identified the need for clarification of practice standards. In November 2019, CP&P and OLLA conducted a webinar for DCF staff to review policy on background check. The purpose of the webinar was to provide guidance to staff around completing and reviewing Child Abuse and Criminal History Record Information check results to prevent invalid rule-outs. The webinar was recorded and remains available for all staff. (See DCF’s first biannual report for details on webinar content.)	
3.2.1b	DCF Commissioner’s Office will launch Department-wide, participatory Objectives and Key Results (OKRs) work to support formal kinship placements and informal kinship connections across all DCF divisions and offices, including in DCF’s management of New Jersey’s public children’s behavioral health care system, its portfolio of community programming, domestic violence services, and within the child protection and permanency system.	Q8*	Complete, ongoing	<p>DCF’s work regarding kinship OKRs was launched prior to the PIP approval. In October 2019, CP&P leadership met with the DCF executive management to discuss CP&P’s needs and priorities related to kinship placements and some limitations staff may have on achieving optimal performance with frequent visitation of families with a child in placement. In November 2019, all DCF divisions and offices submitted proposed OKRs for review and revision in the Commissioner’s Office. In Q3-Q4, the OKRs were reviewed by executive management and finalized.</p> <p>Related kinship work in Q5-Q6 included: Innovations: In February 2020, DCF began its resource unit pilot program in Ocean and Monmouth counties. The goal of this pilot is to increase the kin and fictive kin placement rate and enhance support to resource and kinship parents. Strategies include specializing roles and responsibilities for resource staff to allow for manageable caseloads that support increased contact with resource families. In addition, the process of presumptive eligibility for relative care was redesigned from a consecutive to concurrent licensing process in an effort to reduce timeframes to licensing by identifying barriers early in the process. (See DCF’s first biannual report for details of the resource unit pilot program.) The pilot was impacted by the COVID-19 pandemic as all in-person resource and licensing work was temporarily suspended between March 18-July 6, 2020. This pilot resumed and continues through the present.</p>	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				<p>Training: In Q2, CP&P developed a presentation regarding the value of kinship and the support that statewide operations can provide. CP&P leadership coordinated with all local offices to identify staff meeting dates for delivery of this presentation. In February 2020, presentations began. Due to the COVID-19 pandemic, all in-person presentations were temporarily suspended. Between October-December 2020, the presentation was delivered virtually to all 46 local offices.</p> <p>In Q2, CP&P began working to develop a kinship training for staff incorporating a 5-part video series developed by Dr. Joseph Crumbley (<i>Engaging Kinship Caregivers: Managing Risk Factors in Kinship Care</i>, Annie E. Casey Foundation). ChildFocus, a national child welfare consultant, will build upon Dr. Crumbley’s video series to create a one-day staff training and a virtual compliment. The training will cover the value and importance of kinship care, as well as practical tools and strategies for family engagement. The training will be facilitated by Case Practice Specialists (CPS) and Area Resource Family Specialist (ARFS) staff in the local areas. CPS and ARFS staff were scheduled to be trained on the video series and corresponding facilitator guide in April 2020, however training was rescheduled due to the COVID-19 pandemic. ChildFocus began developing the training and plans to deliver a 25-person train-the-trainer session in April 2021.</p> <p>In Q1-Q2, CP&P identified the need to enhance resource staff skills to support resource parents and elected to train staff in the Nurtured Heart Approach®. (See DCF’s first biannual progress report for details of the Nurtured Heart training.) Between December 2019 and February 2020, all staff from CP&P’s resource units were trained. Select DCF staff will be afforded an opportunity to become certified Nurtured Heart trainers through participation in a 5-day training. This training, which was originally scheduled to take place April 26-May 1, 2020, was rescheduled due to the COVID-19 pandemic. In October 2020, the training took place virtually with 60 CP&P staff receiving a certification to train Nurtured Heart. Beginning in</p>	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				<p>February 2021, CP&P will provide training to resource staff. Beginning in April 2021, CP&P will provide training to resource parents.</p> <p>In Q1-Q2, CP&P began searching for a new preservice training, investigating the extent to which various models may be appropriate for DCF. DCF continues to explore which current preservice and foundational new worker courses can be changed to asynchronous, synchronous or blended web-delivery. In Q4, CP&P worked to convert the current preservice training to a virtual format. Online training became available in April 2020.</p> <p>Technology Support: In Q2, CP&P identified that use of fingerprint stations would assist in more expedient licensing of kinship caregivers. DCF is moving forward with plans to purchase ten fingerprint machines, which will be placed in each area office and in Central Office.</p> <p>CP&P and OIT continue to work on updates to NJS windows related to relatives and rule outs. See 3.2.5b, below.</p> <p>The plan for the development of a kinship newsletter to highlight exceptional practice from the field has changed. A collaboration occurred with Communications recommending using other digital platforms as a means to relay information and messages to staff. Podcasts and video segments continue to be explored.</p> <p>Administrative Practice: In Q2, CP&P identified that staff attitudes and perspectives regarding kinship vary from office to office and across units. CP&P and DCF's Office of Research, Evaluation and Reporting (RER) created a staff survey, completed a literature review and constructed themes. In January 2020, focus groups were held. Throughout Q3, the survey was completed. The survey explored staff beliefs about the benefits of kinship versus non-kinship care, perceptions of policies and processes related to kinship placement and the extent to which staff perceive supervisors and</p>	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				<p>agency leadership to support and facilitate kinship placements. The survey was sent to over 5000 staff with a 77% completion rate overall. CP&P, with the support of RER, planned to formally disseminate the survey results to Area Directors and Local Office Managers in April 2020, however this was postponed due to the COVID-19 pandemic. Between September-October 2020, CP&P and RER formally disseminated the survey results.</p> <p>In January 2019, DCF's ChildStat sessions were amended to include robust discussion of Local Office practice and performance data regarding kinship placements. In March 2020, ChildStat sessions were temporarily suspended due to the COVID-19 pandemic. Upon resumption of ChildStat, these conversations will continue. See 1.1.5(e), above.</p> <p>DCF is updating the Department's policies on ruling out potential relative placements. DCF expects changes to be finalized during Q7. See 3.2.5b, below.</p>	
3.2.1c	CP&P will review national practice with respect to kinship guardianship	Launched	Complete, ongoing	DCF continues to review national practice as to kinship guardianship on an ongoing basis.	
3.2.1d	CP&P will establish written practice expectations for use of KLG	Q4 [^]	Complete	<p>In Q1-Q2, a CP&P kinship workgroup met to review policy barriers to use of kinship placements and KLG. The group outlined a number of proposed changes to kinship placement policy and KLG policy. These proposed changes were synthesized and aligned to specific policies and shared with executive management. In June 2020, DCF published the updated kinship waiver policy. In August 2020, DCF released a series of updated KLG policies.</p> <p>DCF is currently drafting a document to support KLG versus adoption decision making for staff. This document is pending additional review. DCF expects to finalize this document during Q7.</p>	
3.2.2	<u>Train and Coach Staff to Practice Expectations</u>				
3.2.2a	OTPD to review and update the training on PROMIS/Gavel background checks	Q3-Q4	Complete	In November 2019, DCF held a background check webinar was held in. See 3.2.1a, above.	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
3.2.2b	Training and communication needs related to KLG will be developed and implemented, making use of existing staff meeting structures within CP&P, and relying on communication via the CICIC with respect to judicial stakeholders.	Q2-Q4	Complete	See 3.2.1b and 3.2.1d, above, regarding the work of the kinship workgroup, updates to the kinship waiver and KLG policies and trainings related to kin. In addition, in December 2020, CP&P and OLLA jointly presented to the CICIC and New Jersey's Race Equity Leadership Team regarding regulatory and policy changes that support the agency's goal of increasing kin placements.	
3.2.3	Assess Fidelity to the Practice Model				
3.2.3	Commissioner's Office will manage Department-wide OKRs	Q2-Q8	Complete, ongoing	In the Q3-Q4 reporting period, executive management reviewed and finalized DCF's OKRs. In May 2020, DCF created a mechanism to track progress and updates on the OKRs. The Commissioner's Office will be responsible for ongoing tracking and management of the OKRs. Updates on the OKRs will be presented to executive management at least quarterly. DCF Commissioner will be responsible for addressing any challenges with senior leaders directly.	
3.2.4	Create or Adapt Decision Support Data Systems				
3.2.4	No adaptations to data systems/reports needed.	-	-	The kinship workgroup, discussed in 3.2.1d, above, proposed amendments to NJS form 26-82. CP&P discussed the feasibility of these changes with the OIT and the decision was made to eliminate the form and create a new window that tracks relatives and rule outs. See 3.2.5b, below.	
3.2.5	Make Use of Facilitative Administration				
3.2.5a	72 hours, 30-day, 90 day and future enhanced review meeting to review all relatives and if relatives are ruled out, describe why the relatives were ruled out (Rule Out Letter)	Q1^	Complete	In August 2020, DCF released a new concurrent planning policy. CP&P and ORPD are developing a separate policy pertaining to rule outs. DCF expects this policy to be released during Q7. See 3.2.6, below.	
3.2.5b	OPRD, CP&P, OLLA, will develop a form that will be used to identify relatives and will document any reason the relative was not used	Q1*,**	Complete, ongoing	CP&P reviewed the existing NJS form 26-82- Relative Identification and Evaluation Chart and, initially, determined that it needed redesign to capture relative rule out reasons. CP&P reviewed forms from other jurisdictions and discussed the feasibility of creating a similar capacity within NJS. CP&P and OIT determined that, rather than revise the form, they would eliminate the form and create a new NJS window that tracks potential resources for a child, including relative resources. Additionally, the window will track resources that were ruled out and reasons for the rule out and allow for the upload of rule out letters. During Q5-Q6, window	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				design, development and analysis continued, and mock-ups were completed. The Race Equity Steering Committee is reviewing the proposed rule-out reasons.	
3.2.5c	CP&P will manage data review process to monitor the volume of KLG finalizations and track/monitor rate and type of KLG disruptions	Q1	Complete, ongoing	Office of Adoption Operations has existing systems to monitor and track KLG finalizations through the KLG subsidy unit. CP&P, OIT and RER reviewed NJS capacity to capture the frequency with which KLG is vacated. In November 2019, it was determined that “KLG Vacated” is already in NJS as a placement discharge reason and can be added to other screens in order to request monitoring reports. Upon further review, it was determined that “KLG Vacated” only needed to be added to the Support Service Ending Reason window. Initial development phase is underway.	
3.2.6 Identify and Manage Systems Interventions Needed to Support the Practice					
3.2.6a	OPRD, CP&P, OLLA will review rule out and waiver policy, and modify if needed.	Q1	Complete	<p>OPRD, CP&P, and OLA reviewed the rule out and waiver policy. In June 2020, a revised kinship waiver policy was released. The rule out policy was drafted and is pending review. DCF expects to release the rule out policy during Q7.</p> <p>Waiver/rule out presentations have been completed at the following practice forums prior to and during PIP implementation period:</p> <ul style="list-style-type: none"> • CWS Summit- April 5, 2019 • Webinars- May 22 and November 20, 2019 • SPRU Convening- June 3, 2019 • Resource family supervisors’ quarterly meetings • Ocean/Monmouth Area Leadership meetings • Statewide Managers Meeting- June 2020 	
3.2.6b	DCF will discuss need for information dissemination, training, etc. of judicial stakeholders at CICIC.	-	Complete, ongoing	DCF shared information regarding New Jersey’s vision for child welfare services, including the importance of family connections, during the statewide CIC Conference in March 2019 and May 2020. This conference engages hundreds of judiciary stakeholders, including judges, court staff, attorneys, advocates and others. The May 2020 CICIC conference was held virtually. See 3.3.5c, below. In addition, DCF and judicial stakeholders continued to discuss the importance of kin and further trainings at CICIC	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				<p>meetings. (See DCF's first biannual report for details of earlier presentations to judicial stakeholders.)</p> <p>DCF presented the Department's strategic plan, including the kinship goal, to CIC judges via a statewide Skype in-service meeting in May 2019. In addition, DCF, in partnership with Advocates for Children of New Jersey presented the Department's strategic plan, including the kinship goal, to judicial and other community stakeholders during two sets of Regional Forums held in Spring and Fall 2019. During Q3 and Q4, DCF continued these conversations through a series of webinars and smaller conversations with particular stakeholder groups. DCF plans to use these smaller forums for dialogue on a continuous basis.</p> <p>In December 2020, CP&P and OLLA jointly presented to the CICIC and New Jersey's Race Equity Leadership Team regarding regulatory and policy changes that support the agency's goal of increasing kin placements.</p>	

Goal 3.0: Improve the timeliness of permanency for children entering foster care in New Jersey

Strategy 3.3: Strengthen DCF's management of timely permanency with the AOC

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
3.3.1	<u>Ensure Practice Expectations are Clearly Defined</u>				
3.3.1a	The Judiciary will direct local Children in Court Advisory Committees (CICAC) to develop and submit action plans to improve permanency	Directive to be issued Q2 (completed); plans due to the AOC Q3	Complete, ongoing	In May 2019, the Judiciary issued a memorandum directing Assignment Judges and Family Court Judges to ensure that local CICACs complete and submit a review of all children in foster care for 36+ months by August 31, 2019. Based on those reviews, each CICAC makes recommendations for case practice and policy changes. These reviews continue on an ongoing basis, it is a standing item of the CICIC agenda and there is a subcommittee dedicated to the topic. The CICAC expanded review to cases where children	

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				have been in placement for 30-36 months to determine what steps can be taken to achieve permanency. In January 2021, the CICACs are submitting their year-end reports to the subcommittee for review and feedback.	
3.3.1b	DCF and OAG will issue joint protocols for timely filing of guardianship complaints	Q3 [^]	Complete	In February 2020, DCF and OAG issued a joint protocol for timely filing of guardianship complaints. At that time, it was shared with all CP&P staff and all DAGs in the DCF practice group.	
3.3.2	<u>Train and Coach Staff to Practice Expectations</u>				
3.3.2	CP&P staff meeting structure will be used to update staff as to the modification of orders and strategies for timely filing of guardianship petitions.	-	Complete	In February 2020, DCF and OAG's joint protocol for timely filing of guardianship complaints was shared with CP&P staff. In the same month, CP&P leadership and all Area Directors discussed the protocol.	
3.3.3	<u>Assess Fidelity to the Practice Model</u>				
3.3.3	DCF and the Judiciary will make use of joint reporting (based on available data) as alluded to in step 3.3.4, below, to monitor timeliness of FG proceedings overall, and the impact of adjournments on timely completion of FG proceedings specifically – at the statewide and county specific level.	Q8 ^{*,**}	In progress	In May and June 2020, DCF and the AOC had multiple meetings about joint reporting and the enhanced interface. DCF and the AOC arrived at a proposed scope of work and created two workgroups. The data reports workgroup is working to (1) create a new permanency data report and (2) modify the existing appellate data report. The workgroup finalized variables to be included in these reports and continues to discuss formatting and timing considerations. The data reports workgroup will continue to meet every 2-3 weeks to continue to move the work forward.	
3.3.4	<u>Create or Adapt Decision Support Data Systems</u>				
3.3.4a	DCF IT and the Judiciary to enhance the interface between NJS and the court's case management system so that data is consistent in both systems (DCF IT, AOC, CP&P and RER)	Q5-Q8 ^{*,**}	In progress	In May and June 2020, DCF and the AOC had multiple meetings about joint reporting and the enhanced interface. DCF and the AOC arrived at a proposed scope of work and created two workgroups. While the AOC does not have the resource capacity at present, they have committed to undertake this work beginning in January 2021, beginning with interface enhancements and data quality improvements related to the notice of placement and notice of change of placement. Eventually, the interface workgroup would like to work toward developing an outbound DCF court report interface and an inbound AOC court order and FN docket number interface.	
3.3.4b	The Judiciary to provide data indicating the amount of guardianship appeals compared to	Q5 proposed	In progress	DCF and the Judiciary are partnering to develop data reports to inform and track progress in strategies to improve permanency. See 3.3.3, above.	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
	amount of guardianship orders entered in Superior Court	at this time			
3.3.4c	DCF to partner with the Judiciary to design and disseminate a data report that will help to align/ understand data elements and timeframes (e.g., guardianship backlog by county) to inform and track progress in county CICAC strategies to improve permanency	Q8*,**	In progress	DCF and the Judiciary are partnering to develop data reports to inform and track progress in strategies to improve permanency. See 3.3.3, above.	
3.3.5	Make Use of Facilitative Administration				
3.3.5a	CICIC to add CP&P Assistant Commissioner and DCF Deputy Commissioner	-	Complete	In August 2018, prior to the PIP approval, the CICIC invited the CP&P Assistant Commissioner and the DCF Deputy Commissioner as participants to the monthly CICIC meetings. Through this forum, DCF provides updates on DCF's strategic plan, the CFSR and this PIP.	
3.3.5b	The Judiciary will make timely permanency a standing agenda item at monthly CICIC meetings. These will include monitoring of data, implementation of local CICAC plans; discussion and management of training and communication needs for judicial stakeholders	-	Complete	The Judiciary has included timely permanency as an agenda item at all CICIC meetings. This standing agenda item has afforded the opportunity for the AOC and DCF to share data on timely permanency and to discuss the advancement of the AOC's directive to local CICACs to review cases of children in care 36+ months. See 3.3.1a, above.	
3.3.5c	The Judiciary will work with DCF to include workshops reinforcing practice related to timely permanency in the annual CICIC conference.	-	Complete, ongoing	<p>The 2019 CIC Conference, held in March 2019, included workshops on, among other topics, concurrent planning, father engagement, reasonable efforts, and housing. (See DCF's first biannual report for details of March 2019 CIC Conference.)</p> <p>The 2020 CIC Conference was scheduled for March 2020, but due to the COVID-19 pandemic, this conference was rescheduled. In May 2020, the conference took place virtually over multiple days. Some of the permanency topic areas included: responses to COVID-19, creative resolutions to CIC cases, the Family First Act and its impact on the courts, and strengthening families through a race equity lens. See 3.2.6b, above.</p> <p>DCF is working with the AOC to ensure workshops related to permanency are included in the 2021 virtual CIC Conference, which is tentatively scheduled for March 2021. It is being requested that timely permanency be</p>	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				woven into as many workshops as possible. Potential topic areas include race equity, lived experiences of parents and children, prevention work and pre-petition representation, COVID-19 impact and best practices, Solution-Based Casework and mental and behavioral health.	
3.3.6	<u>Identify and Manage Systems Interventions Needed to Support the Practice</u>				
3.3.6a	The Judiciary will revise the templates for guardianship orders to ensure template requires outlining of specific actions needed to achieve timely hearings.	Q2	Complete	The Judiciary revised the guardianship order template to support the documentation outline of specific actions needed to achieve timely hearings.	
3.3.6b	The Judiciary will amend adjournment orders to require rationale for adjournment.	Q4	Complete	The Judiciary amended adjournment orders to require rationale for adjournment. That form order can be found at: https://www.njcourts.gov/forms/12592_universal_fam_adjourn.pdf?c=bV5_&!!J30X0ZrnC1oQtba!YZkov2iqiWicFzbDAnzVFcvPwyLGLZU54jl7VrL74r_jXwOnYED77rMX5tdu4tzXTKV85A\$	
3.3.6c	In collaboration with the Judiciary and attorney groups, DCF will pursue technical assistance/ learning opportunities to gain insight into other states' practice regarding TPR appeals and permanency outcomes.	Ongoing	Complete, ongoing	DCF, the AOC and judicial partners held a discussion with the ABA Center on Children and the Law regarding New Jersey's performance on timely permanency in a national context. DCF and the AOC remain committed to pursuing additional opportunities as they arise. DCF expects that the data reports, see 3.3.3, above, will show any potential timeliness issues related to brief extensions and appeals decisions.	

Attachment B - NJ DCF 2022 APSR PSSF Table

Department of Children and Families									
Promoting Safe and Stable Families (Title 4b)									
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	FFY20 (October 1, 2019-September 30, 2020) Actual Clients Served		FFY21 (October 1, 2020-September 30, 2021) Anticipated Clients Served	
						Individuals	Families	Individuals	Families
APSS	Acenda	Pre/Post Adopt/KLG Counseling (PACS)	Pre & Post adoption and kinship counseling programs (PACS) to stabilize adoptive and relative placements. Therapy parent education, respite services, life book work, educational support and advocacy	Pre and post adoptive families	Burlington, Camden, Gloucester, Cumberland, Salem, Cape May & Atlantic Counties	119		66	40
APSS	Care Plus NJ	Adoption House	Service Components of Adoption House include: birth family/child visitation, sibling visitation, and preparatory groups. All children attending Adoption House services also receive round-trip transportation.	Children ages newborn to 17 years of age and families, who are affiliated with the Division of Child Protection and Permanency.	Hudson County	115	37	392	392
APSS	Catholic Charities of the Archdiocese of Newark	Pre/Post Adopt/KLG Counseling (PACS)	Offers services to special needs children and their families in their homes for periods of up to one year or longer (in select cases). Through supportive counseling and education, parents learn to understand and cope with the host of emotional and behavioral issues the child often brings into their adoptive family. Individual, family, and therapeutic group counseling assist the children in dealing with issues of separation, loss, and abandonment; histories of abuse and neglect; and resulting maladaptive behaviors. Parents gain support, information, skills and insights in ways to best meet the needs of their adopted child and to manage the various related issues that the whole family may be experiencing as an adoptive family. Post KLG services provide counseling and support to families where kinship legal guardianship has occurred and there is a need to services and supports to stabilize and/or strengthen the family to insure that wellbeing for the children and family, and permanency, are maintained	Adoptive parents, grandparents, siblings, foster siblings, or other family members living in the household and kinship legal guardians	Hudson County	8		70	37
APSS	Catholic Charities, Diocese of Metuchen	Behavioral Supports for Adoptive Families	Catholic Charities, Diocese of Metuchen provides in-home behavioral supports for adoptive and pre-adoptive families via the Adoption Support and Advocacy Program (ASAP). ASAP serves children in out-of-home placements and the majority of these children cannot or have not benefited from traditional psychotherapy. The children's behavioral and emotional difficulties are causing significant stress on the adoptive or pre-adoptive family functioning to the point where placement disruption is possible	The Adoption Support and Advocacy Program is available to children of any age who are in need of in-home behavioral support services to strengthen family functioning in order to prevent placement disruption, facilitate adoption finalization plans, and assist DCP&P with permanency achievement.	Essex, Middlesex, and Union Counties	4	4	114	4
APSS	Center for Family Services	Pre/Post Adopt/KLG Counseling (PACS)	The Pre- and Post-Adoption/Kinship Counseling program (PACS) provides services to stabilize adoptive and relative placements and enable caregivers to meet the unique needs of children who have been exposed to abuse/neglect and removed from their birth families. Services are provided pre- and/or post finalized adoption and Kinship Legal Guardianship (KLG). These services include individual, group and/or family therapy, psychoeducation, life story/life book work, parent support and education, respite services, advocacy, and follow-up.	The target population is children up to the age of 21 who are preparing for or have achieved permanency in an adoptive or relative placement. Pre- and post-finalization services are provided to children and families in DCF placements. The target population is fully blended (pre and post adopt/KLG) for all geographic locations covered in the contract. Post adoption services are offered to families who were not involved with DCF	Morris and Sussex Counties	36		38	
APSS	Children's Aid & Family Services	Pre/Post Adopt/KLG Counseling (PACS)	Provides family and individual therapy for children up to age 21. Therapy is strengths-based, family focused and largely cognitive in approach, to address core adoption and kinship issues. The focus is on helping children overcome the effects of abuse and separation, and provide the support, encouragement and life skills necessary for the family's longevity and well-being. Therapy is intended to facilitate healing processes; promote family bonding and integration, and foster the development of support systems. Issues related to separation and loss, identity, shame, trust, abandonment, and developmental hurdles are addressed with an adoption/kinship and trauma informed approach. Families in PACS therapy can also receive respite funding to offset costs for children's out of home activities that support stabilization and treatment goal progress. In addition to therapy, adoption support groups are offered to provide teens, pre-teens and parents an opportunity to meet other adopted children, adoptive parents and engage in group discussion	Children up to age 21 and their families, where there is a finalized adoption or Kinship Legal Guardianship agreement	Bergen, Passaic and Essex Counties	61		30	29
APSS	Children's Aid & Family Services	NJ ARCH	The New Jersey Adoption Resource Clearing House (NJ ARCH) provides adoption advocacy, support, education, information and resources through a web site, phone and e-mail warm line, support group support as well as buddy mentoring/ training workshop offerings for adoption support groups, conferences, etc. throughout the state. The program also includes an extensive free lending library. We currently carry 1301 books and videos titles, some books having multiple copies. Topics focus on adoption, foster care, kinship care, parenting and the like. In addition, the library has over 2800 articles on various topics to copy or borrow	All members of the adoption constellation: birth parents, adoptive parents, adopted persons, and the professionals who work with them	All New Jersey Counties	882		500	
APSS	Family & Children's Services	Pre/Post Adopt/KLG Counseling (PACS)	Pre- and Post-Adoption/Kinship Counseling programs (PACS) provide services to stabilize adoptive and relative placements and enable caregivers to meet the unique needs of children who have been exposed to abuse/neglect and removed from their birth families. Services are provided pre- and/or post finalized adoption and Kinship Legal Guardianship (KLG) including: Individual, Group and/or Family Therapy; Parent Education	The target population is children up to the age of 21 who are preparing for or have achieved permanency in an adoptive or relative placement. Pre- and post-finalization services are provided to children and families in DCF placements. Post-finalization services may also be offered to families who were not involved with DCF.	Union, Essex, and Middlesex Counties	41		180	60
APSS	Family Guidance Center of Warren	Pre/Post Adopt/KLG Counseling (PACS)	The Pre- and Post-Adoption/Kinship Counseling program (PACS) provides services to stabilize adoptive and relative placements and enable caregivers to meet the unique needs of children who have been exposed to abuse/neglect and removed from their birth families. Services are provided pre- and/or post finalized adoption and Kinship Legal Guardianship (KLG). These services include individual, group and/or family therapy, psychoeducation, life story/life book work, parent support and education, respite services, advocacy, and follow-up.	The target population is children up to the age of 21 who are preparing for or have achieved permanency in an adoptive or relative placement. Pre- and post-finalization services are provided to children and families in DCF placements. The target population is fully blended (pre and post adopt/KLG) for all geographic locations covered in the contract. Post adoption services are offered to families who were not involved with DCF	Warren County	-		15	

APSS	Oaks Integrated Care	Pre/Post Adopt/KLG Counseling (PACS)	PACS (Pre-Post Adopt/KLG Counseling) is a home-based program which includes pre-adoption, pre-KLG, post-adoption and post KLG services. The goals are to stabilize the family; to finalize adoption and KLG; to prevent the dissolution of an adoption; to maintain stability post-discharge; and for consumers to be deemed "goals achieved" at discharge. Adoption specific services focus on grief and loss, and the significant trauma many foster and adoptive children experience. The duration of services varies by case, but are generally open for approximately 6 months with some exceptions made	Children under 21 years of age whose permanency plan is adoption or KLG and are either placed in a home with the goal of adoption/KLG or for whom DCP&P is seeking a permanent adoptive placement. Also served are children and families who had previously adopted and are in need of therapeutic services	Atlantic, Burlington, Camden, Cumberland, Gloucester, and Salem Counties	46			155	
APSS	The Children's Home Society of NJ	Pre/Post Adopt/KLG Counseling (PACS)	The Pre- and Post-Adoption/Kinship Counseling program (PACS) provides services to stabilize adoptive and relative placements and enable caregivers to meet the unique needs of children who have been exposed to abuse/neglect and removed from their birth families. Services are provided pre- and/or post finalized adoption and Kinship Legal Guardianship (KLG). These services include individual, group and/or family therapy, psychoeducation, life story/life book work, parent support and education, respite services, advocacy, and follow-up.	The target population is children up to the age of 21 who are preparing for or have achieved permanency in an adoptive or relative placement. Pre- and post- finalization services are provided to children and families in DCF placements. The target population is fully blended (pre and post adopt/KLG) for all geographic locations covered in the contract. Post adoption services are offered to families who were not involved with DCF	Mercer, Monmouth, Middlesex, Ocean, Somerset, and Hunterdon Counties	41			90	74
APSS	The Children's Home Society of NJ	Child Summary Writers	The Child Summary Writers work in the various DCP&P local offices. They are assigned children for whom to write summaries by the Concurrent Planning Specialists and are given access to the necessary case files. From the information in the case files, the Child Summary Writers create the child summary, which is used as a part of the adoption process.	This service ultimately serves children in the care of the Division of Child Protection and Permanency who are free for adoption and who require a Child Summary to be completed. However, the work done in the program is with the Division of Child Protection and permanency staff and not directly with the children themselves	All New Jersey Counties	-			-	
APSS	Urban League of Hudson County	Aftercare	In the Aftercare program, case managers provide youth with intensive case management and support services. Ideally, the Aftercare program begins working with the young adult prior to DCP&P closing the youth's case and can continue to work with him or her after the case is closed. Aftercare provides the youth with assistance in obtaining meaningful employment, housing and post secondary education. It is recommended that adolescents complete Life Skills training with the ULCHC if they have not previously been involved with a formal Life Skills program. The Aftercare program can also access flexible funds (wraparound funds) to enable the young adult to obtain supports, which will assist them as they transition from the child welfare system.	Ages 18-21	Hudson County	139			144	
APSS	Volunteers Of America, Greater New York	Parent Skills Partnership Program	In-home comprehensive parenting education and support is provided to the adoptive parents. The overall objective of the Parenting Skills Partnership Program is to stabilize and preserve the family unit. This is accomplished while using a strength based approach. The program provides tools for caring parents of adoptive children to effectively work with children to stabilize the family, increase adaptive behaviors, and decrease inappropriate behaviors in order to achieve a successful adoption. In order to diversify and expand our services in Latino communities we have a Spanish speaking Parent Educator.	Pre and post adoptive families	Bergen, Hudson, Morris, Passaic, Sussex, and Warren Counties	24				24
FPS	Burlington County Community Action Program	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	New and Expecting Mothers	Burlington County	236	118		160	80
FPS	Center For Family Services	SERV Child Advocacy Program	SERV Child Advocacy program provides advocacy and support services for child victims of domestic violence. Advocacy includes basic needs assessments, education advocacy, and special needs advocacy. Support services include individual and group counseling, age-appropriate safety planning, and recreational activities. The children's group meets weekly during the same time as the adult support group and their individual counseling sessions are scheduled at a convenient time for both the parent and the child.	Child victims of domestic violence	Cumberland County	244			244	
FPS	Center For Family Services	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	First time mothers and mothers who are receiving TANF benefits and have a child under 12 months	Camden County	386	193		258	129

FPS	Central NJ Maternal Child & Health Consortium	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	The target population for the Middlesex/Somerset County Healthy Families-TIP program is any parent residing in these counties, that is pregnant or has a child under the age of three months old. Also TIP component connects with prenatal and newly parenting TANF families receiving assistance from the Board of Social Services in both counties	Middlesex and Somerset Counties	352	176		208	104
FPS	Family & Children's Services	Family Stabilization Services	The program provides comprehensive assessments, short-term therapy, and case management services to families and/or individuals to address current levels of functioning, child abuse and neglect issues, reduce potential risk factors and minimize conflict. Case management services address concrete needs, in the family environment that can be best managed with referrals to ancillary service providers or the provision of basic education and support. The primary goal of the program is to achieve stability and ultimately to improve child safety, permanency and well-being	Children who are at risk of out of home placement or who have been placed out of the home short term due to a family crisis. Families in which there is a risk of child abuse or neglect	Union County	156	55	n/a		62
FPS	Holy Redeemer Health System	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	Parents who are currently pregnant or have a baby younger than 3 months of age. Other parents may participate if they are DFD families and have a child less than 12months of age. Alumni and referrals from DCP&P are considered on a case by case basis. Our program does not have a limited target population.	Cape May County	326	163		224	112
FPS	Mercer Street Friends	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	The Program serves pregnant/parenting women residing in the East and West Wards of the City of Trenton, identified either prenatally or within 14 days of giving birth;and any pregnant/parenting woman residing in Mercer County receiving TANF, GA or EA with a child under 12 months of age	Mercer County	176	88		206	103
FPS	Mercy Center	Family Resource Center	The FRC serves as a community based social service agency, where service delivery methods are designed to address the family needs and strengthen the family system. Families have the ability to access and obtain information regarding community resources. Presentations, educational workshops, community resource guides are provided to social service providers, individuals, organizations, churches and schools. Crisis intervention services are available to walk-ins in crisis. Families have the option of receiving direct support services on-site, or referred to the appropriate agency to address their needs/situations.	The vulnerable/fragile families in Asbury Park, Neptune and the immediate surrounding areas, who are experiencing some level of crisis that has put their children at risk for out of home placement. FRC also serves individuals and families whose behaviors/issues created a level of instability and dysfunction that affects their ability to maintain a healthy family unit.	Monmouth County (Asbury Park and Neptune)	4,632			4,800	
FPS	Oaks Integrated Care	Focus	Intensive In-Home Therapeutic Services	Ages 5-21	Burlington, Camden, Gloucester, Atlantic, Cape May, and Salem Counties	7	2		2	2
FPS	Partnership For Maternal And Child Health Of Northern NJ	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	The MCHF-TIP Program serves any first time pregnant mother, new mothers with a baby younger than 3 months of age, or new /pregnant mothers with multiple children, with TANF, GA and/or EA families with children under 12 months residing in Morris County	Morris County	192	96		122	61
FPS	Partnership For Maternal And Child Health Of Northern NJ	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	New and expectant parents in Essex County. The program also provides home visitation services to expectant women in their third trimester and/ or with children under the age of 12 months who are TANF (Temporary Assistance to Needy Families) eligible	Essex County	432	216		222	111

FPS	Partnership For Maternal And Child Health Of Northern NJ	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	Passaic County Healthy Families-TIP (TANF Initiative for Parents) program serves any first time pregnant mother or any first time mother with a baby younger than 3 months of age or mothers under the age of 25 with multiple children, that residing in the cities of Paterson, Passaic and Clifton; all TANF, GA and/or EA families with children under 12 months residing in Passaic County	Passaic County	532	266		364	182
FPS	Preferred Behavioral Health of New Jersey	Visitation Program	Family Visitation provides an array of services; supervised visitation, therapeutic visitation, in-home therapy, parent mentoring, and crisis response	Families with an open DCP&P case in which children are in placement, at risk of placement, or transitioning to reunification	Ocean County	989			2,016	
FPS	Preferred Children's Services	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	The service population consists of 2 tiers. The first tier serves all pregnant mothers, including those who may have experienced one or more births. The second tier of the Healthy Families/TIP Ocean County Program. The Target Population served includes all pregnant women and post-natal mothers, whose child is three months old or younger. The additional population served consists of parents who are receiving Temporary Assistance for Needy Families (TANF). The TIP component may enroll families up until the baby is twelve months old.	Ocean County (Northern and Central)	216	108		120	60
FPS	Prevent Child Abuse New Jersey	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	The program serves new and expectant parents who meet at risk screening and assessment criteria for the Healthy Families Program.	All New Jersey Counties	-	-		-	-
FPS	Rutgers, The State University	Child and Family Nurse Program	CFNP nursing team supports CP&P for nursing consultation and teaming on high risk in-home cases in five identified counties to address safety issues and to support case planning for children and families in-home.	High risk in-home cases	Camden, Monmouth, Ocean, Mercer and Passaic Counties	3,436	1,628		3,436	1,628
FPS	Safe In Hunterdon	Counseling Services	Counselors provided counseling services to adults and teens who experienced domestic and/or sexual violence. Most of the clients served were mothers whose children were at risk of abuse or neglect. Counseling services are individualized and support the survivor in processing their trauma experiences, empowers the development of emotional safety and supports them in beginning the process of healing and self-efficacy as well as connects them to resources in the community. These services directly relate to supporting the parent in pursuing their own treatment to be better equipped to assist their children in the long-term and preventing abuse and neglect of the children.	Adult and teens who experienced domestic or sexual violence.	Hunterdon County	70			150	
FPS	Southern New Jersey Perinatal Cooperative	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	Women who are either pregnant or with a newborn younger than 3 months, regardless of number of previous live births. We continue to offer home visitation services to families until the child's 3rd birthday or until the child becomes enrolled in Preschool	Atlantic County (Atlantic City, Ventnor, Brigantine, Pleasantville, Egg Harbor Township, Absecon, Galloway Township, Egg Harbor City, Mays Landing, and Somers Point)	250	125		190	95
FRS	Acenda	Family Ties	This program assists with permanency planning in a manner consistent with the Adoption and Safe Families Act (ASFA). The program provides services that address the goals of: maintaining family bonds; supporting parent/child relationships; providing parents with opportunities to learn and practice new skills; decreasing the length of time children remain in out of home placement; successfully reunifying children with parents or relatives; and providing documentation to support permanency planning. Services provided include: transporting children to and from visits; supervising visits; coaching parents on their parenting skills; debriefing after each visit to reinforce what went well and to plan ways to meet their child's needs during future visits, and providing comprehensive relevant documentation regarding our observations and interactions	DCP&P involved parent whose children (birth to 18) are in an out of home placement in our service area and in the legal custody of DCP&P	Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic and Cape May Counties	198	74		120	50

FRS	Acenda	Creative Visitation	The program provides services that address the goals of: improving parental capacity and parent-child interactions, supporting and maintaining family bonds; providing parents with opportunities to identify and practice skills that meet their child's needs; decreasing the length of time children remain in out of home placement. Staff also provide documentation of visits strengths and needs to support permanency planning. Services provided include: transporting children to and from visits; supervising visits; coaching parents on their parenting skills, debriefing after each visit to reinforce what went well and to plan ways to meet their child's needs during future visits, and providing comprehensive relevant documentation regarding our observations and interactions.	DCP&P involved parent whose children (birth to 18) are in an out of home placement in our service area and in the legal custody of DCP&P. Children can have a primary case goal of reunification or adoption.	Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic, and Cape May Counties	146	56		53	36
FRS	Care Plus NJ	Supervised Visitation	Supervised and Therapeutic Visitation	DCP&P-involved children and families	Middlesex County	18	9		18	9
FRS	Care Plus NJ	Supervised Visitation	Supervised and Therapeutic Visitation	DCP&P-involved children and families	Bergen County (Fairlawn)	26	15		26	15
FRS	Catholic Charities Diocese of Metuchen	Therapeutic Visitation	Therapeutic Visits Children in Placement	Children/ Youth in Foster Care	Middlesex County	78	78		78	78
FRS	Center for Family Services	Revitalizing Environments Through Nurturing Unity (RENU)	The Revitalizing Environments Through Nurturing Unity (RENU) provides services to families whose children have been removed from the home. The focus of the RENU program is to work towards reunification. The program is designed to provide supervised visits with parents and their children. Interventions used by qualified staff (parenting coach) assess the interactions between the parent and their child/children during visits. A parenting coach works with the parent(s), offering structured interventions based on the skills needed by the parent. Interventions could include, but are not limited to (1) Parenting-child bonding exercises (2) Child play exercises (3)proper discipline (redirecting child) (4)communication (5)family interaction (6) Parent stress management. These interventions are tailored for the parent and the parent's learning needs. The RENU program provides transportation in Gloucester County for in home supervised or unsupervised visits. Weekly progress notes are provided, and family team meetings are scheduled to provide update on client's progress. Transportation for children are provided.	Families involved with DCP&P, where DCP&P has care and custody of the children.	Gloucester County		33			60
FRS	The Children's Home Society of NJ	Ocean Reunification Services	The Ocean Reunification Program is a DCCP contracted services with the purpose of helping families achieve reunification through an array of inclusive clinical services (individual and/or couples counseling, parenting group, therapeutic visitation, and after-care). The goal of the program is to help the family achieve reunification in a safe and timely manner (target being 3-6 months from the time of intake). ORP provides intensive reunification services to 16 families located throughout Ocean County.	Birth parents and their children who are in out of home placement due to abuse and/or neglect.	Ocean County		208			208
FRS	North Ward Center	LIFE LINK	The goal of the program is to identify connections that will lead to permanency pacts and/or permanent connections that support the adolescent. The process includes the identification of caring adults who will provide a safe and supportive relationship for the youth as he/she transitions from out of home placement. Potential supportive adults will be identified through discussion and activities with youth, the DCP&P caseworker and a review of the case file by North Ward Center staff	Out of home placement youth 14 to 21 years old under the supervision of Essex County, that require permanency services and who are aging out of placement. They may be legally free for adoption and/or lack a permanent plan. Their case goal must be Individual Stabilization, Independent Living or Other Long Term Specialized Care.	Essex County	13			20	
FRS	The Children's Home Society of NJ	Intensive Services Program	The ISP program provides a number of services to help parents increase their capacity to parent and to help them prepare for possible family reunification. These services include individual and family parent education, individual and family counseling, parent support and education groups, and therapeutic visitation.	Families who had child removed due to abuse or neglect w/DCP&P	Mercer County		199			240
FSS	Acenda	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	Any parent who is pregnant or has an infant 3 months or younger, residing in Cumberland, Salem, or Gloucester County, is eligible for Healthy Families-TIP Cumberland, Salem or Gloucester. Additionally, the program is available to parents with an infant up to twelve months old if they are currently receiving or eligible to receive Temporary Assistance to Needy Families (TANF), Emergency Assistance (EA) or General Assistance (GA). Potential clients are screened for a variety of risk factors, including but not limited to teen pregnancy, first-time or subsequent pregnancy, low income, inadequate or no prenatal care, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place a child at risk of abuse and neglect.	Cumberland County	318	159		200	100
FSS	Acenda	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	Any parent who is pregnant or has an infant 3 months or younger, residing in Cumberland, Salem, or Gloucester County, is eligible for Healthy Families-TIP Cumberland, Salem or Gloucester. Additionally, the program is available to parents with an infant up to twelve months old if they are currently receiving or eligible to receive Temporary Assistance to Needy Families (TANF), Emergency Assistance (EA) or General Assistance (GA). Potential clients are screened for a variety of risk factors, including but not limited to teen pregnancy, first-time or subsequent pregnancy, low income, inadequate or no prenatal care, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place a child at risk of abuse and neglect.	Gloucester County	108	54		160	80

FSS	Acenda	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	Any parent who is pregnant or has an infant 3 months or younger, residing in Cumberland, Salem, or Gloucester County, is eligible for Healthy Families-TIP Cumberland, Salem or Gloucester. Additionally, the program is available to parents with an infant up to twelve months old if they are currently receiving or eligible to receive Temporary Assistance to Needy Families (TANF), Emergency Assistance (EA) or General Assistance (GA). Potential clients are screened for a variety of risk factors, including but not limited to teen pregnancy, first-time or subsequent pregnancy, low income, inadequate or no prenatal care, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place a child at risk of abuse and neglect.	Salem County	152	76		160	80
FSS	Care Plus NJ	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	All TANF families with children under the age of 12 months old, and new parents living in Hudson County	Hudson County	222	111		190	95
FSS	Care Plus NJ	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	The Healthy Families-TIP target population is first time families who are screened through Central Intake who reside in Bergen County and TANF recipients with a child 12 months and under.	Bergen County	248	124		156	78
FSS	Catholic Charities of the Archdiocese of Newark	Therapeutic Supervised Visitation	Therapeutic Visitation Services provides supervised therapeutic visitations between parents and their child/children who are placed in a DCP&P resource home. The program provides strong assessment and collaborative planning using a Family Team model and a strengths based perspective. This includes coaching; collaborating with parents and families to build/rebuild parents - child attachments; enhancing parenting knowledge and skills; child development; age appropriate, non-corporal discipline and connection to larger systems of both formal and informal support.	DCP&P involved families	Hudson County		84			84
FSS	Catholic Family and Community	Mentoring	This program offers life skills, tutoring and mentoring services.	Students aged 12-21	Passaic County (City of Passaic)	10	10		10	10
FSS	Family Connections	Keeping Families Together (KFT)	Provide supporting housing services to children & families. Services include: clinical case management, house case management, group support	Child welfare involved families w/children out of home or at risk of placement. Homelessness must be experienced and parent has co-occurring	Essex County		10			10
FSS	Urban League of Hudson County	UL Mentoring Program	Educating youth on self-empowerment in low-income communities. We are providing the tools to help youth make positive choices that will achieve academic success, break the cycles of teen pregnancy, poverty, and overcome the barriers of bigotry. Urban League envisions a community in which every youth experiences a nurturing one-to-one relationship and community support. This will allow each youth to develop into their full potential, capable of making informed, responsible decisions as involved members of our community. Mentoring is a powerful and personal way to enhance the lives of all types of youth	The Urban League's Mentoring Program accepts ages 13 - 18 referred from the Division of Child Protection & Permanency this includes youth involved with the juvenile justice system, walk-ins or other youth	Hudson County	103			108	
FSS	Visiting Nurse And Health Services	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	The target population for the Union County Healthy Families-TIP program is any parent residing in these counties, that is pregnant or has a child under the age of three months old.	Union County	294	147		278	139
FSS	Visiting Nurse Association of Central Jersey	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	Essex VNA Healthy Families/TIP Program will serve all eligible pregnant and parenting women with a child less than 3 months who live in Essex county, the site will focus concentration on families living in the high risk towns of Newark, Irvington and the Oranges. In addition, the site will serve pregnant and parenting women who are eligible to receive TANF benefits, live in Essex County and are parenting a child less than 12 months	Essex County (focused on Newark, Irvington, the Oranges)	312	156		226	113

FSS	Visiting Nurse Association of Central Jersey	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process, which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	Available to serve all eligible pregnant and parenting women, who live in Monmouth County, with a child less than three months of age. The program also serves prenatal clients or parents who reside in Monmouth County, are receiving TANF/GA benefits, and have a child younger than 12 months in age.	Monmouth County (Asbury Park, Long Branch, Neptune, Red Bank, Keansburg, and Freehold)	472	236		290	145	
FSS	Volunteer Center of Bergen County	Mentoring Youth	Enlists, trains, and supports mentors to provide individual guidance for abused or neglected children.	Youth	Bergen County	38			20		
FSS	Volunteer Center of Bergen County	Mentoring Moms	Pairs trained mentors with women whose children are at risk of abuse or neglect.	Moms and Dads	Bergen County	20			45		
						Actual FFY19 Totals	16,900	5,138	Est. FFY21 Totals	16,674	5,019
						APSS	1,492	65	APSS	1,794	660
						FPS	12,632	3,234	FPS	12,722	2,729
						FRS	479	672	FRS	315	696
						FSS	2,297	1,167	FSS	1,843	934
						Actual FFY19 Totals	16,900	5,138	Est. FFY21 Totals	16,674	5,019

Department of Children and Families Child Protection Substance Abuse Initiative							FFY20 (October 1, 2019-September 30, 2020) Actual Clients Served		FFY21 (October 1, 2020-September 30, 2021) Anticipated Clients Served	
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	Individuals	Families	Individuals	Families	
CPSAI	Catholic Charities Diocese of Metuchen	Child Protection Substance Abuse Initiative	The Catholic Charities Diocese of Metuchen CPSAI Program outposts Substance Abuse Counselors and counselor aides in the local DCP&P offices in the counties of Middlesex, Union, and Essex. This program provides consultation services with DCP&P workers as needed, to identify appropriate cases to be assessed for substance use disorder, to assess DCP&P parents/caregivers for a substance use disorder, and to case manage those individuals referred to treatment. CPSAI provides early identification and assessment of the severity of the addictive disorder. PRSS is offered in the three Newark local offices (only) to provide recovery support to the parent/caregiver, who meet the criteria. The referral is made via CPSAI to target primarily permanency cases with a history of intervention due to substance use disorder. This is not a clinical process. PRSS provide support through shared life experiences to assist in navigating the recovery community and process.	Parents/Caregivers of children that are involved with DCP&P; adults that live in the household with the child(ren) who are involved with DCP&P and individuals who are being considered as Adoptive or Resource Families but have a history of substance use or abuse.	CPSAI: Middlesex, Union and Essex Counties PRSS: Essex County (Newark)	2,020	1,338	2,800	2,300	
CPSAI	Center for Family Services	Child Protection Substance Abuse Initiative	Consultation with DCP&P workers as needed to identify appropriate cases to be assessed. Standardized substance use disorder assessments, including urine drug screens, referral and case management to, and advocacy for, appropriate levels of treatment. Substance use disorder trainings for DCP&P staff to facilitate the early identification of a potential substance use disorder. Identification of cases appropriate for Work First New Jersey Substance Abuse Initiative (SAI) and coordination of treatment placement. Collaboration with provider agencies for treatment coordination, follow up, and monitoring of treatment compliance in keeping with current case closing protocols. Transportation and support services. Ongoing written and verbal case conferencing with DCP&P Staff. Referral to Peer Recovery Support Specialist (PRSS) Services by CPSAI staff and assisting DCP&P staff with referrals. Systems coordination facilitating communication between DCP&P (Camden Co) and local county welfare agency.	Caregivers who are under investigation by or supervision of DCP&P, to rule out substance use disorder as a precipitating or coexisting factor to child abuse/neglect. Adult parents/caregivers who received a DSM V diagnosis are referred to the appropriate level of treatment.	CPSAI: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem Counties PRSS: Camden, Gloucester Atlantic and Cape May Counties	1,788	1,788	5,100	5,100	
CPSAI	Preferred Behavioral Health Group	Child Protection Substance Abuse Initiative	Preferred Behavioral Health (PBH), Child Protection Substance Abuse Initiative (CPSAI) provides substance use assessments, extended assessments, referral, case management, motivational interviewing, Peer Recovery Support Specialist (PRSS) services, transportation and chain of custody drug screenings for families associated with the Department of Children and Families (DCF), Division of Child Protection and Permanency (DCP&P). CPSAI offers expertise in Substance Use Disorders by offering training, consultation, participation in the local office staff meetings, Child welfare Consortiums, participation in Family Team Meetings, focus on Supervision and Child Stat, when requested, Plans of Safe Care multi-disciplinary team meetings and Early Childhood Conference. The goal of CPSAI is to ensure child safety by assisting DCP&P with the identification of a parent/caregiver involvement with substance use by providing a comprehensive substance use assessment to ascertain the appropriate level of care for the parent/caregiver involved with the DCF-DP&P	Individuals/caregivers involved with the DCF - DCP&P due to allegations of substance use.	CPSAI: Bergen, Hudson, Hunterdon, Mercer, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex and Warren Counties. PRSS: Hudson, Monmouth, Ocean, and Passaic.	4,019	4,019	7,800	7,800	
Actual FFY20 Totals						7,827	7,145	Est. FFY21 Totals	15,700	15,200



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES
50 EAST STATE STREET
P.O. BOX 729
TRENTON, NEW JERSEY 08625-0717

PHILIP MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

February 28, 2019

Kathryn McCans, M.D., Chair
Child Fatality and Near Fatality Review Board
P.O. Box 717
Trenton, New Jersey 08625-0717

Dear Dr. McCans,

I am in receipt of your letter regarding recommendations offered by the Child Fatality and Near Fatality Review Board in its 2017 annual report. I have had an opportunity to review both and to discuss these initiatives with staff.

The DCF has a broad inventory of promotional materials that the Communications unit is cataloguing and assessing. The water safety public education information is being updated to include specific reference to bathtub precautions, as well as for pools and open water. This is an excellent opportunity to refresh the awareness campaign in a way that ensures families understand the gravity and the risks involved with children around all water activities.

When the updated materials are ready, we will share them with the Board and the DCF's internal and external stakeholders.

The department's Division of Child Protection and Permanency staff read with interest the Board's ideas related to data collection and electronic information sharing. As noted in your letter, these materials and case-facts are deemed by law to be confidential, with very strict rules and regulations that govern their accessibility. CPP Staff will further review this recommendation with a legal and Information Technology (IT) capability lens.

To advance replication of the Child Fatality Multi-Disciplinary Investigation Protocol as modeled by Gloucester County, I encourage you to outreach the New Jersey Association of Counties, the New Jersey State Board of Medical Examiners and the State Attorney General's Office. Consistency in response to child fatalities among these professionals is critical to creating and sustaining a fair and efficient system.

On behalf of the DCF, I appreciate the Board's work towards our mutual mission to keep New Jersey residents safe, healthy and connected.

Sincerely,

A handwritten signature in cursive script that reads "Christine Beyer".

Christine Norbut Beyer, MSW
Commissioner

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State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES

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CHRISTINE NORBUT BEYER, MSW
Commissioner

June 10, 2021

Martin A. Finkel, DO, FACOP, FAAP
Co-Chair, New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)
Professor of Pediatrics
Medical Director
Child Abuse Research Education Services (CARES) Institute, Rowan University

Dear Dr. Finkel,

I am in receipt of the 10th Annual NJTFCAN report for the period between July, 2019 and June 2020. On behalf of the New Jersey Department of Children and Families (NJ DCF), I would like to extend our thanks for the Task Force's ongoing partnership and assistance in our collective efforts to keep the children and families of New Jersey safe, healthy and connected.

During the reporting period covered by the NJTFCAN report, New Jersey families were impacted by the early effects of the COVID-19 public health emergency. Families faced new and profound stressors, as they were affected by lost wages, increased feelings of isolation and fear, and fewer options to connect to family members, friends and the natural supports that stabilize and strengthen families. As such, many New Jersey families faced a co-occurring pandemic of loss, grief, and uncertainty as they navigated the public health emergency.

During the pandemic, New Jersey's child welfare system – of which DCF is only a part – stepped up in ways both large and small to support families through unprecedented times. Our DCF staff transitioned to remote work in the early days of the pandemic, and the highest priority cases continued to have in-person support through staff volunteers working in regional impact teams and equipped with personal protective equipment that was initially in short supply. Our system partners stepped up to meet families' material needs, distributing food and supplies. Teachers continued to support children in virtual classrooms, and helped us stay connected as eyes-on in the midst of social distancing. All told, the system-wide response was as inspiring as it was completely necessary.

While we worked together to respond to families' immediate needs, we never lost sight of our system-wide strategic goals. We continued the work to advance racial equity in the child welfare system, incorporated ACEs and healing centered practice into our policies and procedures, and strengthened and modernized the Children's System of Care safety net for children facing emotional and behavioral health challenges, as well as their families.

I want to offer thanks to the members of the Task Force, both in their roles with the NJTFCAN, as well as in their other responsibilities intersecting and supporting New Jersey's child welfare system. Through partnership, empathy and kindness, we have weathered the storm, and are

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beginning to come out the other side, a stronger, more focused child welfare and well-being system.

And on a personal note, I would like to thank you, Dr. Finkel, for your many years serving as co-chair of the NJTFCAN. Your personal contributions to New Jersey's child welfare system are numerous. It will be an adjustment, continuing the work of the NJTFCAN without you serving as my co-chair, but I am confident that you will continue to find a way to bring your expertise and passion to bear in support of New Jersey's families.

Thank you for all that you do on behalf of New Jersey's children, youth, and families. Stay safe, and be well.

Sincerely,

A handwritten signature in black ink that reads "Christine Beyer". The signature is written in a cursive, flowing style.

Christine Norbut Beyer, MSW
Commissioner, NJ Department of Children and Families



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES

PHIL MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

June 9, 2021

Marygrace Billek, M.S.S.W.
Chair, Staffing Oversight and Review Subcommittee
New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)
Human Services Director
Mercer County Department of Human Services

Dear Ms. Billek,

I am in receipt of the 14th Annual NJTFCAN Staffing Oversight and Review Subcommittee (SORS) report for the period between July, 2019 and June 2020. Thank you and the members of your committee for your continued diligence and hard work in supporting the approximately 6,600 staff members of the New Jersey Department of Children and Families who strive every day to help New Jersey residents become and remain safe, healthy, and connected.

The SORS report for 2020-2021 encompasses a critical time period in the history of our Department, as staff members from DCF stepped up, both in ways large and small, to assist families during the COVID-19 public health crisis.

As you appropriately reference through the SORS report, the COVID-19 public health emergency created several new challenges for staff to engage with the families we serve, but it also created new opportunities for creativity and innovation in the practice of child welfare. Department staff found ways to support families that were struggling with material needs during the Governor's stay-at-home orders. We engaged families in new ways through the use of social media. And as we remained committed to our vision and mission for New Jersey's families, we never lost sight of the challenges that staff were experiencing in their own personal lives and families, as we all navigated the uncharted waters of life during a pandemic, together in real time.

As we look to the future, I hope that our Department can continue to employ the same sense of compassion and creativity which allowed NJ DCF to successfully support families' needs during the pandemic. To that end, I look forward to the continued role of the SORS panel – particularly with an eye towards the roll-out of Solutions-Based Casework and our ongoing work to support Staff Health and Wellness. I believe both of these areas were raised in this year's SORS report, but are vitally important, not just to DCF's strategic vision for the future, but also to the statutory mandate empowering the SORS review process.

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Additionally, as we engage new leadership in the Office of Training and Professional Development – Jessica Trombetta was appointed to lead this office following the retirement of Suzanne Alvino – I hope that SORS will continue to be a valued partner in enhancing and validating our training curriculum to advance best practices in the field of child welfare in New Jersey.

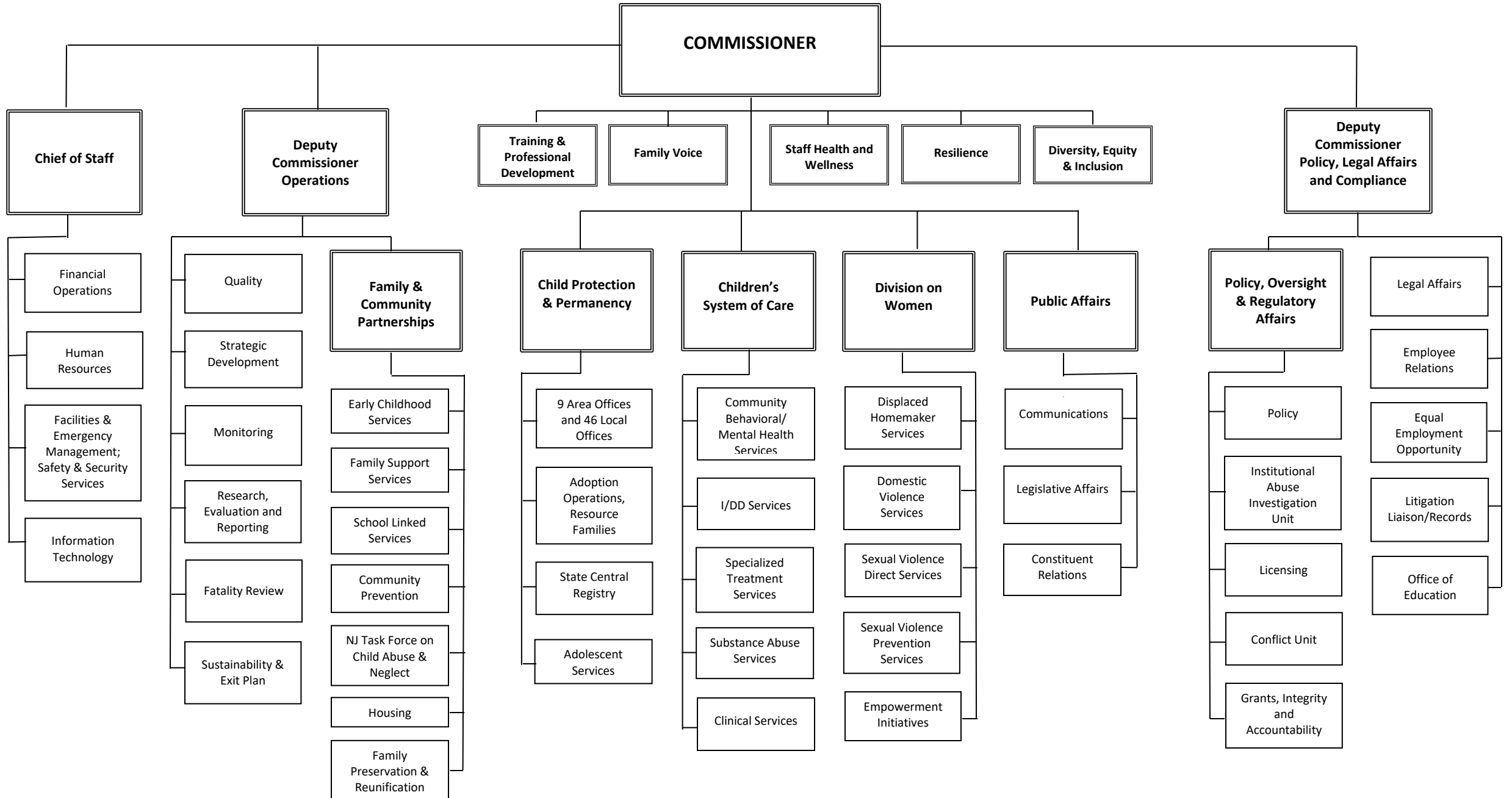
Again, thank you for your thoughtful review and continued partnership to continue our progress in New Jersey towards a 21st Century model child welfare system. Please share my thanks with the members of your committee. Stay safe, and be well.

Sincerely,

A handwritten signature in cursive script that reads "Christine Beyer".

Christine Norbut Beyer, MSW
Commissioner, NJ Department of Children and Families

New Jersey Department of Children and Families



Attachment H - NJ DCF Acronym List

AAAQ	Availability, Accessibility, Acceptability and Quality
AAICPC	American Association of Administrators of the Interstate Compact for the Placement of Children
ACES	Adverse Childhood Experiences
ACF	Administration for Children and Families
ACNJ	Advocates for Children of New Jersey
ADAD	Post-BA Certificate in Adolescent Advocacy
AFCARS	Adoption and Foster Care Analysis and Reporting System
AOC	Administrative Office of the Courts
APHA	American Public Human Services Association
APRI	American Prosecutors' Research Institute
APSR	Annual Progress and Service Report
ARC	Attachment, Regulation, and Competency Framework
ASFA	Adoption and Safe Families Act
ASQ	Ages and Stages Questionnaire
AVP	Anti-Violence Project
BBB	Books, Balls and Blocks
BIA	Bureau of Indian Affairs
BMC	Boston Medical Center
BPI	Business Process Integration
CAC	Child Advocacy Centers
CADC	Certified Alcohol and Drug Counselors
CAG	Chafee Advisory Group
CAPTA	Child Abuse Prevention and Treatment Act
CARA	Comprehensive Addiction and Recovery Act of 2016
CARI	Child Abuse Record Information
CASA	Court Appointed Special Advocates
CB	Children's Bureau
CBCAP	Community Based Child Abuse Prevention
CCDF	Child Care and Development Funds
CCWIS	Comprehensive Child Welfare Information System
CCYC	County Councils for Young Children
CEU	Continuing Education
CEU	Continuing Education Units
CFLA	Combined Family Leave Act
CFNFRB	Child Fatality and Near Fatality Review Board
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
Chafee	John H. Chafee Foster Care Program for Successful Transition to Adulthood
CHRI	Criminal History Record Information
CHU	Child Health Unit
CI	Central Intake
CIC	Children in Court
CICIC	Children in Court Improvement Committee
CJA	Children's Justice Act
CJFHC	Central Jersey Family Health Consortia
CLASP	Center for Law and Social Policy
CLE	Continuing Legal Education
CLSA	Casey Life Skills Assessment
CMO	Case Management Organization
COA	Cost of Attendance

CoC	Continuums of Care
CoIIN	Collaborative Improvement Innovation Network
COOP	Continuity of Operations Plan
COVID-19	Coronavirus Disease 2019
CP&P	Division of Child Protection and Permanency
CPM	Case Practice Model
CPS	Child Protective Services
CPSAI	Child Protection Substance Abuse Initiative
CQI	Continuous Quality Improvement
CRC	Children's Research Center
CSH	Corporation for Supportive Housing
CSOC	Children's System of Care
CSSP	Center for the Study of Social Policy
CWS	Child Welfare Services
DAG	Deputy Attorneys General
DCA	Department of Community Affairs
DCF	New Jersey Department of Children and Families
DHS	Department of Human Services
DMHAS	Division of Mental Health and Addiction Services
DOE	Department of Education
DOH	Department of Health
DOL	Department of Labor and Workforce Development
DOW	Division on Women
DR	Disaster Recovery
DVL	Domestic Violence Liaisons
EBP	Evidence-Based Programs
EBHV	Evidence-Based Home Visiting
eCATS	Electronic Cost Accounting and Timesheet System
ECCS	Early Childhood Comprehensive Systems Initiative
ECIDS	Early Childhood Integrated Data System
ECS	Early Childhood Specialists
ELC	Early Learning Collaborative
EOF	Educational Opportunity Fund
EPY	Expectant and Parenting Strategy
ETV	Education and Training Vouchers
FAFSA	Free Application for Federal Student Aid
FASD	Fetal Alcohol Spectrum Disorder
FBR	Family-Based Recovery
FCI	Family Connects International
FCP	Division of Family and Community Partnerships
FEA	Fatherhood Engagement Advisor
FEC	Fatherhood Engagement Committee
FCIRU	Fatality and Critical Incident Review Unit
FFPSA	Family First Prevention Services Act
FFT	Functional Family Therapy
FHS	Division of Family Health Services
FMLA	Family and Medical Leave Act
FPS	Family Preservation Services
FSC	Family Success Centers
FSS1	Family Service Specialist 1

FSS2	Family Service Specialist 2
FSST	Family Service Specialist Trainee
FTM	Family Team Meeting
FYA	Foster Youth in Action
GEAR UP	Gaining Early Awareness and Readiness for Undergraduate Programs
GENLV	General Leave
GPA	Grade Point Average
GPS	Goal Plan Strategy
HESAA	Higher Education Student Assistance Authority
HF-TIP	Healthy Families- TANF Initiative for Parents
HMFA	Housing and Mortgage Finance Agency
HMG NJ	Help Me Grow New Jersey
HRSA	Health Resources and Services Administration
HSAC	Human Service Advisory Councils
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IEP	Individualized Education Plan
IH	In-home
IHRP	In-Home Recovery Program
IPG	Interdepartmental Planning Group
ISS	International Social Services
JAD	Joint Application Design
JDAI	Juvenile Detention Alternatives Initiative
JJC	Juvenile Justice Commission
KFT	Keeping Families Together
KLG	Kinship Legal Guardianship
KNP	Kinship Navigator Program
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex
LIS	Licensing Information System
LLC	Limited Liability Company
LWOP	Leave Without Pay
MASC	Measurement and Sampling Committee
MAT	Medication Assisted Treatment
MCMS	Modular Case Management System
MDT	Multidisciplinary Team
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
MOA	Memorandum of Agreement
MRSS	Mobile Response and Stabilization Services
MST	Multi-Systemic Therapy
MVR	Minimum Visitation Requirement
M-WRAP	Maternal Wraparound Program
NCANDS	National Child Abuse and Neglect Data System
NCFAS	North Carolina Family Assessment Scale
NCPTC	National Child Protection Training Center
NEICE	National Electronic Interstate Compact
NGA	National Governors Association
NGO	Non-governmental Organization
NIRN	National Implementation Research Network
NYJCYC	New Jersey Council for Young Children
NJ-EASEL	NJ Enterprise Analysis System for Early Learning

NJFC	New Jersey Foster Care
NJ-GIVS	Governor's Industry Vocations Scholarship
NJOEM	Office of Emergency Management
NJS	NJ SPIRIT
N.J.S.A.	NJ Statutes Annotated
NJ SPIRIT	New Jersey Statewide Protective Investigation, Reporting and Information Tool
NJTFCAN	New Jersey Task Force on Child Abuse and Neglect
NJYRS	New Jersey Youth Resource Spot
NPCS	National Partnership for Child Safety
NPRM	Notice of Proposed Rulemaking
NWS	National Weather Service
NYTD	National Youth in Transition Database
OAS	Office of Adolescent Services
OCS	Office of Clinical Services
OECS	Office of Early Childhood Services
OEM	Office of Emergency Management
OESP	Office of Educational Support and Programs
OFSS	Office of Family Support Services
OFV	Office of Family Voice
OIHW	Office of Integrated Health and Wellness
OIT	Office of Information Technology
OOE	Office of Education
OOH	Out of Home
OOL	Office of Licensing
ORF	Office of Resource Families
OSD	Office of Strategic Development
OSRI	Onsite Review Instrument
OSW	One Simple Wish
OTARY	Outreach to At-Risk Youth Programming
OTPD	Office of Training and Professional Development
PAC	Post Adoption Counseling
PACES	Pathways to Academic and Career Success
PAP	Predict-Align-Prevent
PBC	Place-Based Communities
PDG	Preschool Development Grant
PDGB-5	Preschool Development Grant Birth-5
PDSA	Plan-Do-Study-Act
PEP	Parents Empowering Parents
PIP	Program Improvement Plan
PLP	Parent Linking Program
PPE	Personal Protective Equipment
Project HO	Harnessing Opportunity for Positive, Equitable Early Childhood Development
PRIDE	Parent Resources for Information, Development and Education
PRSS	Peer Recovery Support Specialists
PSI	Post-Secondary Institution
PSSF	Promoting Safe and Stable Families
QA	Quality Assurance
QPI	Quality Parenting Initiative
QR	Qualitative Review
RATAC	Rapport, Anatomy Identification, Touch Inquiry, Abuse Scenario, and Closure Protocol

RFP	Request for Proposals
RCT	Randomized Controlled Trials
RER	Office of Research, Evaluating and Reporting
SACWIS	Statewide Automated Child Welfare Information System
SAP	Satisfactory Academic Progress
SBC	Solution Based Casework
SBYSP	School-Based Youth Services Program
SCR	State Central Registry
SDM	Structured Decision Making
SEOG	Federal Supplemental Educational Opportunity Grant
SEP	Sustainability and Exit Plan
SFI	Strengthening Families Initiative
SFLA	New Jersey Family Leave Act
SF-PFF	Strengthening Families Protective Factors Framework
SFSS1	Supervising Family Service Specialist 1
SFSS2	Supervising Family Service Specialist 2
SICK	Sick Leave
SORS	Staffing and Oversight Review Subcommittee
SPRU	Special Response Unit
STEM	Science, Technology, Engineering and Mathematics
SVS	Supportive Visitation Services
TA	Technical Assistance
TACC	Texas Advanced Computing Center
TANF	Temporary Assistance for Needy Families
THT	Trenton Health Team
TOT	Training of Trainers
TPR	Termination of parental rights
TPYS	Transitional Plan for Youth Success
TTT	Train-the-trainer
TW	Tuition Waiver Program
UAT	User Acceptance Testing
VSA	Voluntary Services Agreement
YAN	Youth Advisory Network
YPP	YAN Program Plans