State of New Jersey

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DEPARTMENT OF CHILDREN AND FAMILIES
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CHRISTINE NORBUT BEYER, MSW
Commissioner

June 30, 2022

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

Dear Ms. Brown,

On behalf of New Jersey's Department of Children and Families (DCF), I am pleased to submit the following:

1. the third Annual Progress and Services Report (APSR) to the 2020-2024 Child and Family Services Plan (CFSP) for the Stephanie Tubbs Jones Child Welfare Services (CWS), the MaryLee Allen Promoting Safe and Stable Families (PSSF) and Monthly Caseworker Visit Grant programs; the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) and the Education and Training Vouchers (ETV) Program;
2. the Child Abuse Prevention and Treatment Act (CAPTA) State Plan update;
3. the CFS-101, Part I, Annual Budget Request, Part II, Annual Summary of Child and Family Services, and Part III, Annual Expenditure Report- Title IV-B, subparts 1 and 2, Chafee, and ETV; and
4. updates to the Targeted Plans within the 2020-2024 CFSP.

We trust that these documents satisfactorily address all federal requirements, and we look forward to your response and feedback. As always, we thank you for your continuing support of our Department's vision that all New Jersey residents are safe, healthy and connected.

Sincerely,

Christine Beyer

Christine Norbut Beyer, MSW
Commissioner

2023 Annual Progress and Services Report (APSR)

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

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Attachments

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 physical or psychological harm or maltreatment
> *Healthy* –mentally, developmentally, physically, emotionally and financially well
> *Connected* – bonded, or tied together through biology, familiarity, or community

Advances in psychology, health and related fields have demonstrated that these conditions are interdependent – 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 three of our 2020-2024 Child and Family Services Plan (CFSP), 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

As part of New Jersey's 21st Century Child Welfare System, the DCF Office of Family Voice (OFV) ensures the voices of individuals with lived experience in the child welfare system are heard. To achieve authentic engagement and shared leadership across individual, peer and systems levels, OFV has developed a statewide Youth Council. The Youth Council began in January 2020 and consists of 20 young people with lived experience with Child Protection and Permanency (CP&P), the Children's System of Care (CSOC), and/or the Office of Education (OOE) and three coaches, elevated former council members.

During year three, the Youth Council continued its work to amplify the voices of youth directly impacted by DCF, making several contributions to DCF's work. During year three, Youth Council members:

- Participated in the Children in Court Improvement Committee (CICIC) focus group conducted by the Administrative Office of the Courts (AOC)
- Reviewed and made recommendations on draft tools for use during the Human Services Advisory Council (HSAC) needs assessment
- Conducted the Youth Council Briefing titled Power of the Youth: The Impact of Our Voices. This can be viewed on YouTube *here*.

- Helped design the application and participated in the interview process for the 2022 cohort of Youth Council members
- Graduated the first cohort of members in December of 2021
- Kicked off the new 2022 class
- Met with Assistant Commissioner Mollie Green and representatives from CSOC and discussed their experiences with CSOC

With the full support of DCF's executive management team, the three Youth Council subcommittees continued to meet, moving forward with implementation of their earlier recommendations, as follows:

The Aging Out and Communications Subcommittee continued to work with the Offices of Information Technology (OIT), Communications and Adolescent Services, as well as the New Jersey Office of Information Technology (NJOIT), to update the design and content of the *New Jersey Resource Spot website* to make the site more youth friendly. The subcommittee meets weekly and has written content for the website in language aimed at connecting other youth to resources for education, life skills, housing and much more. The subcommittee also received a grant from the AOC to develop an app that will help youth find resources. This subcommittee continued its work with the new youth council cohort.

The Resource and Kin Parent Training Subcommittee provided recommendations on the current training curriculums for resource parent and kinship providers. The subcommittee finished reviewing the Parent Resources for Information, Development and Education (PRIDE) training curriculum. The subcommittee presented their feedback to the Office of Resource Families (ORF) and the Assistant Commissioner of CP&P, which highlights their recommendations related to the PRIDE curriculum.

The Sibling and Advocacy Subcommittee continued to work on the Peer-to-Peer (P2P) mentoring program. Three regional P2P programs will operate in selected counties in the southern, central, and northern regions of the state. The program will 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. This will be supported by a practice model that aligns with the subcommittee's vision. The subcommittee provided their lived experience expertise in areas such as hiring protocol, referral process, model design, and training and coaching to name just a few.

The Subcommittee has also continued to work with the Office of Communications and the Office of Policy and Regulatory Affairs and has finalized the bill for the proposed Sibling Bill of Rights, which was introduced in the New Jersey Legislature in December 2021. Members have met with NJ Senate and Assembly members to advocate for their bill. In May 2022, the bill passed in the NJ Senate.

Additional information on the DCF Youth Council can be found in *The Chafee Program* section of this report.

Parent Council

In year three, DCF's OFV continued steps toward establishing a Parent Council aimed at transforming our system through sustained, meaningful engagement and leadership. The Fathers with Lived Experience subcommittee, as well as the DCF Youth Council, serve as models for future parent councils. The voices of birth parents, relative caregivers and foster parents with lived experience will provide input that informs system priorities and context reflecting community needs. OFV is planning a two-phase approach beginning with a Wisdom Council that will lead to the formation of a formal Statewide Parent Council. OFV is also planning to create a Kinship Parent Council. Additional information can be found in *Goal 2, Objective 7* of this report.

Fatherhood Engagement Committee

In August 2021, the FEC and subcommittee met with Commissioner Beyer to present initial recommendations. The Commissioner provided feedback and a formal plan was devised. Throughout Fall 2021, OFV led a series of committee meetings, forming five collaborative FEC workgroups which included fathers. Additionally, fathers provided insight to Administrative Office of the Courts' (AOC) personnel about the challenges men face in litigation with the Division of Child Protection and Permanency (CP&P).

In FY22, the FEC engaged with Cumberland County, Middlesex, Union, and Passaic CP&P Local Offices, as well as providers such as the Children's Home Society of NJ and Acenda Integrated Health. Union County Fatherhood Initiative, presented to the FEC about initiatives to engage fathers and specific system challenges.

In February 2022, OFV provided recommendation updates to Commissioner Beyer and executive leadership. Executive leaders provided preliminary feedback for OFV to explore FEC recommendation action steps. OFV followed with a presentation to stakeholders about constituent committees at a New Jersey Task Force for Child Abuse and Neglect (NJTFCAN) Prevention Committee meeting. DCF is following up on recommendations from the fathers. For example, DCF is working on a recommendation to eliminate child support payments for parents when their children enter out-of-home care to reduce financial burdens.

In the spring of 2022, DCF's Office of Policy and Regulatory Development (OPRD), Office of Training and Professional Development (OTPD), and CP&P continued work on an Administrative Order to affirm DCF's commitment to engage fathers throughout any involvement with the Department. DCF is committed to supporting children and families in times of need and will utilize this Administrative Order to continue providing appropriate supports and services, including the engagement of fathers.

Staff Engagement

In an effort to obtain a status update from DCF staff to understand if and how things have shifted for them since the start of the COVID-19 pandemic, DCF worked in collaboration

with University of Kentucky to issue the NJ Safety Culture Survey to all Department staff. In July 2021, a total of 4,369 (65%) staff from DCF completed the survey, which was an organizational assessment that examined aspects of the agency's culture and operations. The results of the survey are being used to benchmark staff wellness, safety and overall workplace connectedness and is connected to *Goal 2* in this report.

The Commissioner continued live, weekly video messages with staff through early 2022. These video messages have since moved to biweekly. These forums allow the Commissioner to communicate directly with staff and allow staff to submit questions and comments through the chat feature.

Community Engagement

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 continued building 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, opioid safety, and youth mental health services, with a focus on suicide prevention.

DCF continues to engage with its stakeholder community through regularly held forums. In the Summer and Fall of 2021, DCF, in partnership with Advocates for Children of New Jersey (ACNJ), facilitated a virtual forum, to update stakeholders on the Department's progress toward its strategic plan, and to provide information on DCF's continued commitment to keep families safe, healthy, and connected. There were approximately 350 participants comprised of advocates, service providers, attorneys, DCF staff, and local stakeholders.

Judicial Engagement

Throughout year three, executive leaders from the Department continued to participate in the New Jersey Children in Court Improvement Committee (CICIC), and several subcommittees, including Youth, Family, and Community Voice; Race Equity; and Quality Hearings and Legal Representation. Through these forums, DCF continued to provide updates on the Department's strategic plan, the CFSP and the Child and Family Services Review (CFSR) Program Improvement Plan (PIP).

Throughout the COVID-19 pandemic, DCF, the NJ Attorney General's Office, the Office of Parental Representation, the Office of the Law Guardian, and the Administrative Office of the Courts met regularly to discuss the status of ongoing court operations and now, how child welfare proceedings will move forward as restrictions are lifted. Further, DCF and legal stakeholders planned the Children in Court Conference, which occurs yearly in March and has workshops to keep attendees updated on legal, regulatory, policy, and practice changes.

COVID-19 Engagement

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

- Commissioner's participation in virtual and in-person events with relevant groups to share information about DCF's work to assist New Jersey's children and families. Use of DCF website and social media accounts to provide accurate and timely information related to COVID-19, to raise awareness of DCF's programs and services, 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 stakeholders through Executive Leaderships' participation in video conferences, webinars, and articles with groups including law enforcement, county and municipal governments, and healthcare workers.
- Direct outreach to legislators to share information related to DCF's programs and services for distribution to constituents.
- Participation in virtual and in-person conference/exhibits to highlight DCF's programs and services with relevant groups and their members.

State and Local Partnerships

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

Children's System of Care Planning

The Children's System of Care (CSOC) has previously reported on the collaboration with the Center for Health Care Strategies (CHCS) and Casey Family Programs through which a task force of sixteen stakeholders was convened to participate in building a behavioral and physical health integration model. 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. Release of the report and recommendation from this task force was delayed due to the onset of the COVID-19 pandemic. In August 2021, a final stakeholder advisory group was held. During this session, CSOC presented on the progress made toward the previously identified priorities, as well as provided an outline for initiatives in fiscal year 2022. Shortly

thereafter, CHCS convened an internal meeting with CSOC leadership to focus on reviewing and committing to identified program initiatives organized under the three main priorities:

1. Building capacity for integrated health;
2. Increasing the availability of evidence-based and best practice interventions and services; and
3. Improving access to CSOC services and supports, as well as including the priority of Service Excellence.

Some highlights of these initiatives include, the Infant and Early Childhood Mental Health Initiative, the Garrett Lee Smith Suicide Prevention Grant, and the Developing Resiliency with Engaging Approaches to Maximize Success (DREAMS) Initiative, to implement the Nurtured Heart Approach in 50 school districts. Next steps include developing workplans under each priority toward implementation of specific initiatives.

NJ Task Force on Child Abuse and Neglect

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 refer to the *CAPTA State Plan Requirements and Updates, Section D, Children's Justice Act* of this report.

County Councils for Young Children

DCF continued working with 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 FY2022, the County Councils, with the support of the Office of Early Childhood Services, continued to build on the skills and tools gained from the support of Boston

Medical Center's (BMC) Vital Village Network[1], by engaging the New Jersey Child Assault Prevention Program (NJCAP) for additional training in the CCYC network. NJCAP is a statewide community-based prevention program that seeks to reduce children's vulnerability to abuse, neglect and bullying by providing trainings and workshops for children, parents, and staff. The CCYC's in collaboration with the county NJCAP representative tailored trainings for families within their county to enhance their advocacy skills.

In July 2021, NJ Governor Phil Murphy signed landmark legislation to improve New Jersey's maternal and infant health outcomes for all New Jersey families. The new law (S690) establishes a statewide universal newborn home visitation program in the New Jersey Department of Children and Families, advancing New Jersey as a national model for maternal and infant care.[2] In addition to various stakeholders, four Parent Leaders from the CCYC's are participating on the advisory board created to implement the statewide universal home visiting program.

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[3]. 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 to promote child well-being. DCF and the NJ Department of Health (DOH) were co-leads on this initiative.

One of the goals of this pilot was to facilitate stronger links between the workforce agencies and New Jersey's childcare systems, including Head Start and Child Care Resource and Referral Agencies.
In the first phase of this pilot, Project HOPE facilitated meetings between the workforce development and childcare agencies, and assisted the group to identify opportunities, challenges, and next steps. A summary of findings from these initial provider meetings is as follows:

- **Initial findings:** County partners need stronger mechanisms for communicating workforce resources, early care and education resources, and job opportunities. As a result, a Google Group was created for county partners to easily share resources with each other.

- **Lessons learned:** Deepen and share an understanding of the opportunities and challenges for families in Atlantic City and Bridgeton. Support one another's actions to increase access to available state funded or administered programs,

[1] Additional information on Boston Medical Center's Vital Village Network can be found online at VitalVillage.org.
[2] https://www.nj.gov/governor/news/news/562021/20210729a.shtml
[3] Additional information on Project HOPE can be found online at https://www.movinghealthcareupstream.org/nemours-project-hope/.

services and initiatives tailored to children and their families in Atlantic City or Bridgeton, which will support the well-being, growth, and development of children birth to 5, and their families.

- **Resource sharing/coordination of services:** One-Stop Career Centers are challenged in supporting parents when they omit pertinent information during their intake process, such as child support obligations or child protective services involvement. A shadowing session of a father as he proceeded through the One-Stop Career Center intake process helped to inform the importance of a trusted individual being a part of the process. This father had a trusted Head Start staff person serve as a navigator through the intake process. Both the parent and intake staff felt the navigator role was helpful. This navigator model could be a tool that could support the labor/workforce and early care/education agencies better serve parents.

Trauma-informed approaches, motivational interviewing, child support and child protective services have also been added to the pilot's list of potential trainings for One-Stop Career Center and workforce development staff. In December 2021, DCF and DOL met with the stakeholders of the labor and early care partnership to discuss the official ending of the Project HOPE Initiative, and the continuation of the partnership as part of the IPG collaboration.

Connecting NJ

Connecting NJ[4], formerly known as 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. Connecting NJ 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. Connecting NJ strives to increase family supports that improve prenatal and preventative care and improve birth outcomes. For additional information on Connecting NJ, 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. HMG NJ 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

[4] Additional information available online at http://www.nj.gov/connectingnj.

core departments: DOH, DHS, DOE, and DCF, with the aim of supporting pregnant women and parents of infants and young children to have access to earlier prevention, detection, intervention, and treatment services.

In August 2013, DCF received funding through the Health Resources and Services Administration (HRSA) to implement the Early Childhood Comprehensive Systems Initiative (ECCS) – with priorities parallel to those of Help Me Grow, and August 2016, DCF was awarded the competitive continuation contract, now titled ECCS Impact. In September 2019, the ECCS work expanded to the entire statewide New Jersey Connecting NJ (formerly Central Intake system) in all 21 counties with support and implementation by the Early Childhood Specialist. In CY21, the statewide Connecting NJ system remained steady with developmental health promotion and screening, adding 1,232 completed ASQ developmental screenings, a 35% increase from 2020. For additional information on the ECCS/HMG NJ initiative, please refer to the *Service Coordination for Families in the Community* section of this report.

DCF strives to continuously enhance collaborative efforts statewide by engaging 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, 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 continuous quality improvement and 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, DOH 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 specific CQI processes. Quarterly supervisor meetings are used to discuss themes, identify challenges and improvement strategies, 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 the:

Commissioner's Monthly Report[5]

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 Report[6]

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 Report[7]

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 Hub[8]

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 transparency and accountability, the Data Hub makes 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

[5] http://www.nj.gov/dcf/childdata/continuous/
[6] http://www.nj.gov/dcf/childdata/protection/screening/
[7] http://www.nj.gov/dcf/childdata/interagency/
[8] https://njchilddata.rutgers.edu/

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 caseworkers. In 2021-22, DCF undertook a redesign of its child protection Continuous Quality Improvement (CQI) processes and tools, creating a local office rapid cycle CQI protocol, as well as an annual review process that incorporates findings from record reviews, family interviews, ad hoc reviews, and other inputs. These processes augment management practices that track key indicators throughout the state. In combination, DCF's management and CQI practices have resulted in a safe and dramatic reduction in rates of out of home placement – from 2.5/1,000 in 2004 to 0.8/1,000 in 2021 – and increases in the use of kinship foster homes.

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 performance improvement. In July 2017, DCF participated in Round 3 of the Child and Family Services Review (CFSR 3), 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 pandemic on its PIP strategies, activities, and targeted timeframes for conclusion. In December 2020, ACF accepted DCF's proposals for modification and DCF's formal request for an extension of its CFSR PIP Implementation Period. In December 2021, DCF submitted its final progress report to ACF. See Attachment A, NJ DCF's CFSR PIP Progress Report. In March 2022, DCF successfully completed its PIP. With the agreement of ACF, DCF will continue to provide updates on specified PIP activities in this report. See Attachment B, Supplemental Information Related to DCF's CFSR PIP.

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 2022 New Jersey CFSR 3 data profile in figure 1 shows that NJ consistently exceeds the national average performance in the following areas:

- Permanency within 12 months (24+ months) · Placement stability
- Maltreatment in care
- Reoccurrence of maltreatment

New Jersey consistently performs at or below the national performance in the areas of:

- Permanency in 12 months (entries)
- Permanency in 12 months (12-23 months)
- Re-entry to foster care

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

New Jersey — **February 2022**

Child and Family Services Review (CFSR 3) Data Profile

Children's Bureau

Submissions as of 01-12-2022 (AFCARS) and 01-12-2022 (NCANDS)

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.

[1] State's performance (using RSP interval) is statistically better than national performance
[2] State's performance (using RSP interval) is statistically no different than national performance
[3] 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		16B17A	17A17B	17B18A	18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B
Permanency in 12 months (entries)	42.7%▲	RSP	41.9%	42.4%	42.4%	42.7%	42.4%	40.5%				
		RSP interval	40.3%-43.6%[2]	40.7%-44.2%[2]	40.7%-44.1%[2]	41.0%-44.5%[2]	40.5%-44.4%[2]	38.5%-42.5%[3]				
		Data used	16B-19A	17A-19B	17B-20A	18A-20B	18B-21A	19A-21B				
Permanency in 12 months (12 - 23 mos)	45.9%▲	RSP					44.2%	49.6%	51.1%	42.1%	39.4%	40.9%
		RSP interval					41.9%-46.5%[2]	47.2%-51.9%[1]	48.7%-53.4%[1]	39.7%-44.6%[3]	36.9%-42.0%[3]	38.2%-43.5%[3]
		Data used					18B-19A	19A-19B	19B-20A	20A-20B	20B-21A	21A-21B
Permanency in 12 months (24+ mos)	31.8%▲	RSP					34.9%	37.6%	37.3%	33.5%	34.7%	35.6%
		RSP interval					33.2%-36.6%[1]	35.9%-39.2%[1]	35.6%-39.1%[1]	31.6%-35.3%[2]	32.8%-36.7%[1]	33.7%-37.5%[1]
		Data used					18B-19A	19A-19B	19B-20A	20A-20B	20B-21A	21A-21B
Reentry to foster care	8.1%▼	RSP	11.9%	12.3%	10.1%	8.5%	9.8%	10.8%				
		RSP interval	10.0%-14.1%[3]	10.3%-14.6%[3]	8.3%-12.2%[3]	6.9%-10.6%[2]	7.8%-12.2%[2]	8.5%-13.5%[3]				
		Data used	16B-19A	17A-19B	17B-20A	18A-20B	18B-21A	19A-21B				
Placement stability (moves/1,000 days in care)	4.44▼	RSP					4.29	4.29	3.54	2.93	2.92	3.21
		RSP interval					4.1-4.5[2]	4.08-4.52[2]	3.34-3.75[1]	2.73-3.14[1]	2.7-3.16[1]	2.98-3.47[1]
		Data used					18B-19A	19A-19B	19B-20A	20A-20B	20B-21A	21A-21B

			17AB,FY17	18AB,FY18	19AB,FY19	FY17-18	FY18-19	FY19-20
Maltreatment in care (victimizations / 100,000 days in care)	9.67▼	RSP	4.24	6.37	5.79			
		RSP interval	3.38-5.32[1]	5.24-7.73[1]	4.66-7.21[1]			
		Data used	17A-17B, FY17-18	18A-18B, FY18-19	19A-19B, FY19-20			
Recurrence of maltreatment	9.5%▼	RSP				7.6%	6.5%	6.7%
		RSP interval				6.9%-8.4%[1]	5.8%-7.2%[1]	6.0%-7.6%[1]
		Data used				FY17-18	FY18-19	FY19-20

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

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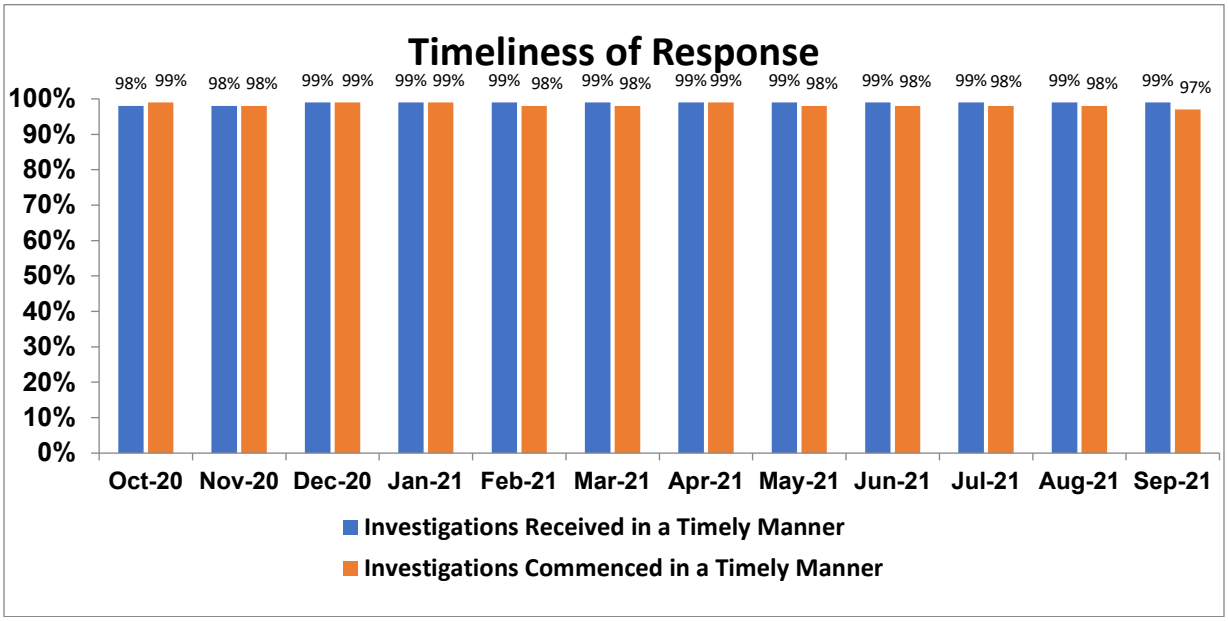
CFSR Outcome #1: Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect

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 CFSR, 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 2020 report recently published by the Administration for Children and Families (ACF)[9], and highlighted in figure 3, NJ's response time to reports of child maltreatment is among the fastest across the nation.

Figure 3

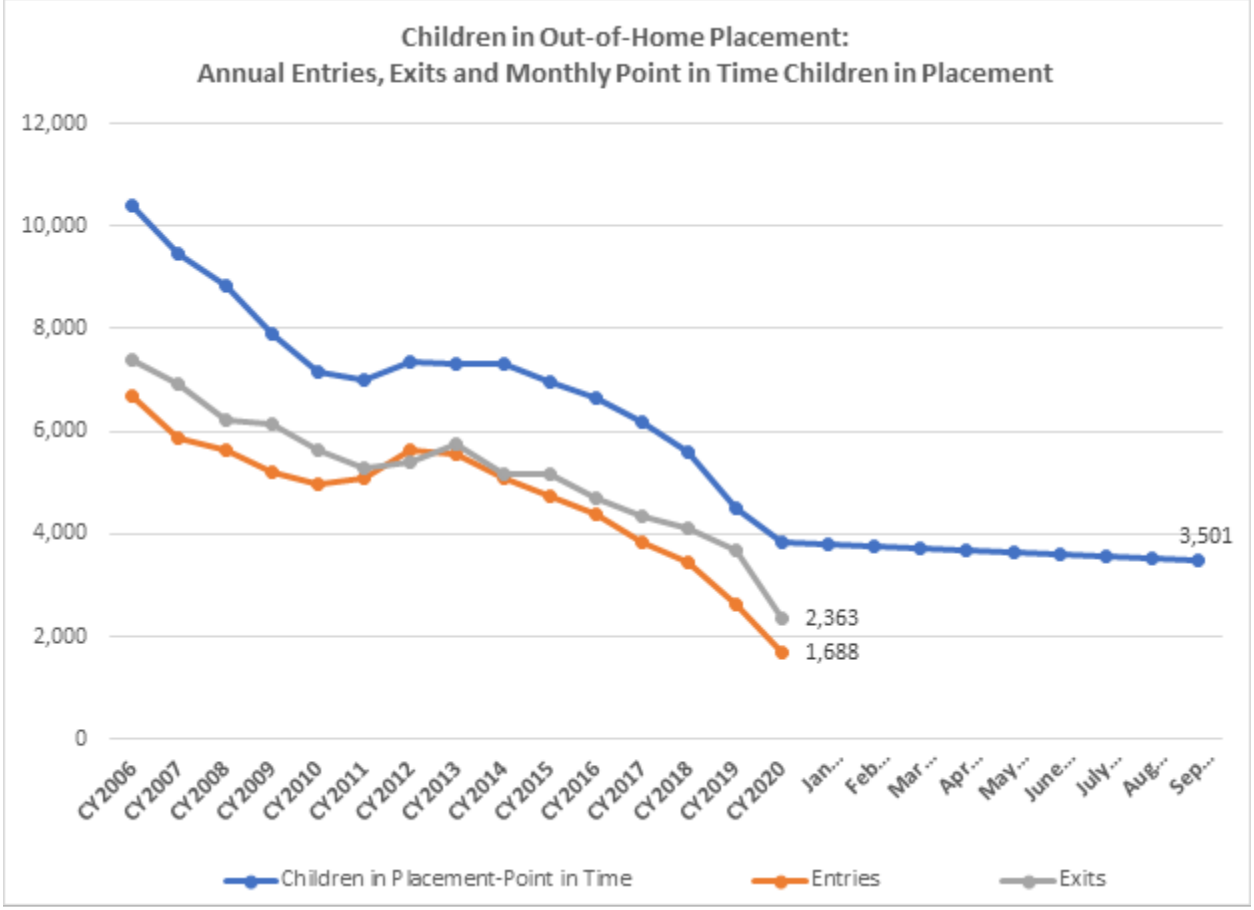
National Average Response time in Hours	NJ Average Response time in Hours
99	18

[9] U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). Child Maltreatment 2020. Available from https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2020.pdf.

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

In December 2021, CP&P provided services to 32,944 children[10] 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 73% 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 3,501 as of September 2021.

Figure 4



The 2017 CFSR 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 CFSR found that removal was necessary to ensure their immediate safety.

The New Jersey Quality Review (QR) process, which was used prior to the COVID-19 pandemic, also looked at two safety indicators when reviewing cases:

[10] Commissioner's Monthly Report February 2022
https://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report_2.22.pdf.

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.
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 QR, the 2019 CFSR PIP Baseline Review support that DCF continues to have strong practice concerning safety. In the 2020 and 2021 CFSR measurement review, safety remained a strength in New Jersey.

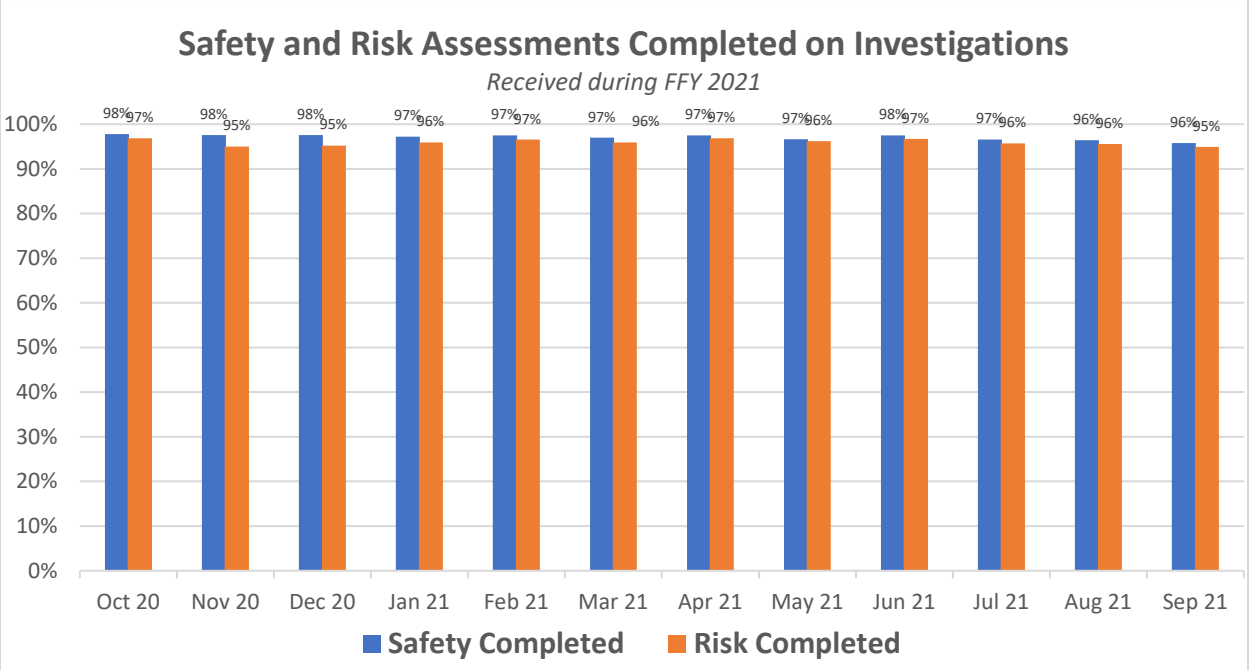
Figure 5

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	2019 CFSR PIP Baseline			2020 CFSR Strength Rating			2021 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%	97%	100%	89%	84%	100%	91%	96%	100%	97%
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 New Jersey has strengths in ensuring safety, and children at risk remains low, the 2017 CFSR 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

CY2021 Ongoing Assessment Utilization	In-Home Risk Reassessments Completed every 90 days that a case is open[4] n= 5,756 cases	Reunification Assessments completed every 90 days a child is in placement[5] n=1,712 children	Reunification Assessments completed prior to placement discharge n= 793 children
	52%	**48%**	**91%**

It should be noted that there was a significant improvement in this area during the CFSR baseline in 2019 and the CFSR 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 CFSR 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. Refer to Goal 2 for updates.

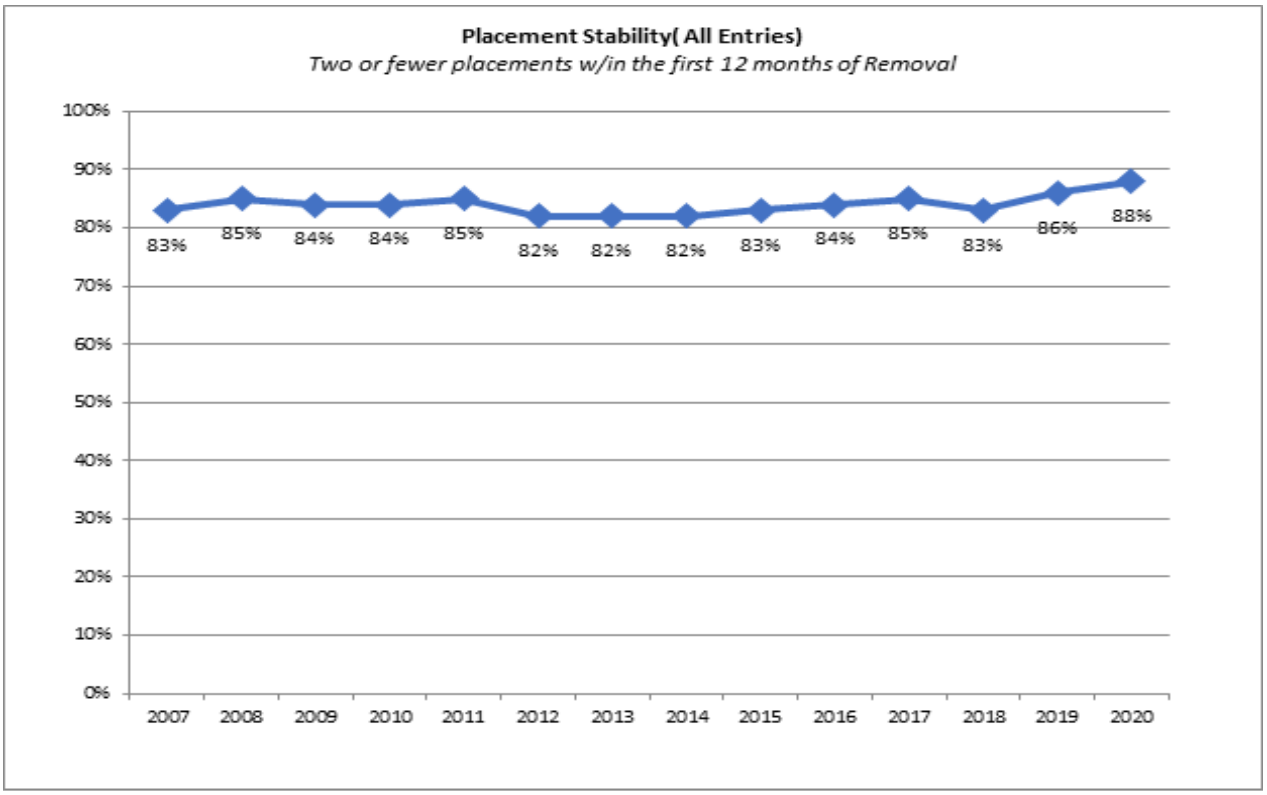
CFSR Outcome #3: Permanency Outcome 1: Children have permanency and stability in their living situations

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 CFSR 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 assessed 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.

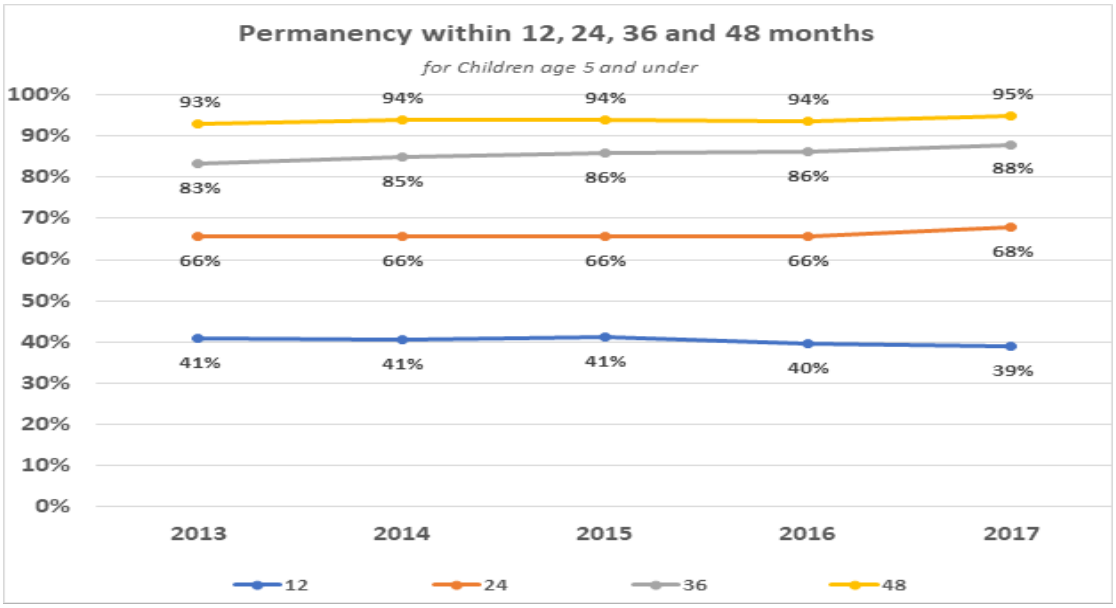
Figure 9 displays data comparing the QR and CFSR findings related to stability for children. DCF continues to have strong practice in this area. While there was a decrease between the 2017 CFSR and the 2019 CFSR PIP Baseline Review for stability, NJ is confident that stability remains a strength, which is reflected in the 2020 and 2021 CFSR measurement round.

Figure 9

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	2017 CF SR Strength Rating Item 4	2019 CF SR PIP Baseline Item 4	2020 CF SR Strength Rating Item 4	2021 CF SR Strength Rating Item 4
Stability: Home	83%	86%	85%	80%	68%	85%	83%
Stability: Education	93%	92%	94%				

NJ is struggling, as highlighted in the CFSR as well as in figure 1, to consistently achieve identified permanency 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 less than 24 months. Figure 10 represents the most up-to-date and complete entry cohort of permanency outcomes[11].

Figure 10



[11] 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 examined 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 and 2021 CFSR Measurement round. These data highlight that permanency outcomes have improved 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		2021 CFSR Strength Rating	
				Item 5	Item 6	Item 5	Item 6	Item 5	Item 6	Item 5	Item 6
Prospects for Permanence	70%	68%	76%	67%	30%	73%	58%	77%	65%	90%	78%
Long Term View	53%	49%	54%								

Through review and analysis, DCF utilized strategies to address identified practice issues related to concurrent planning and kinship placements that are negatively influencing permanency outcomes for children.

These improvement strategies were the focus 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 were identified and utilized to monitor and assist DCF to improve 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

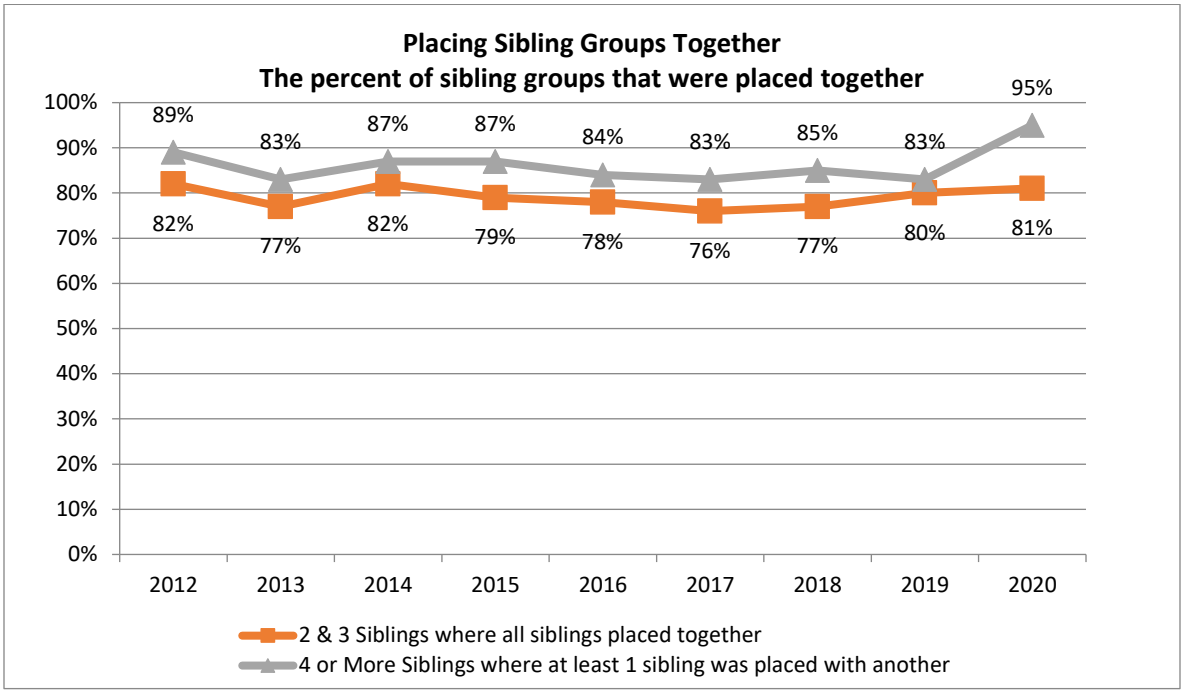
Updates to these strategies can be viewed in *Goal 2* of this report.

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. 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.

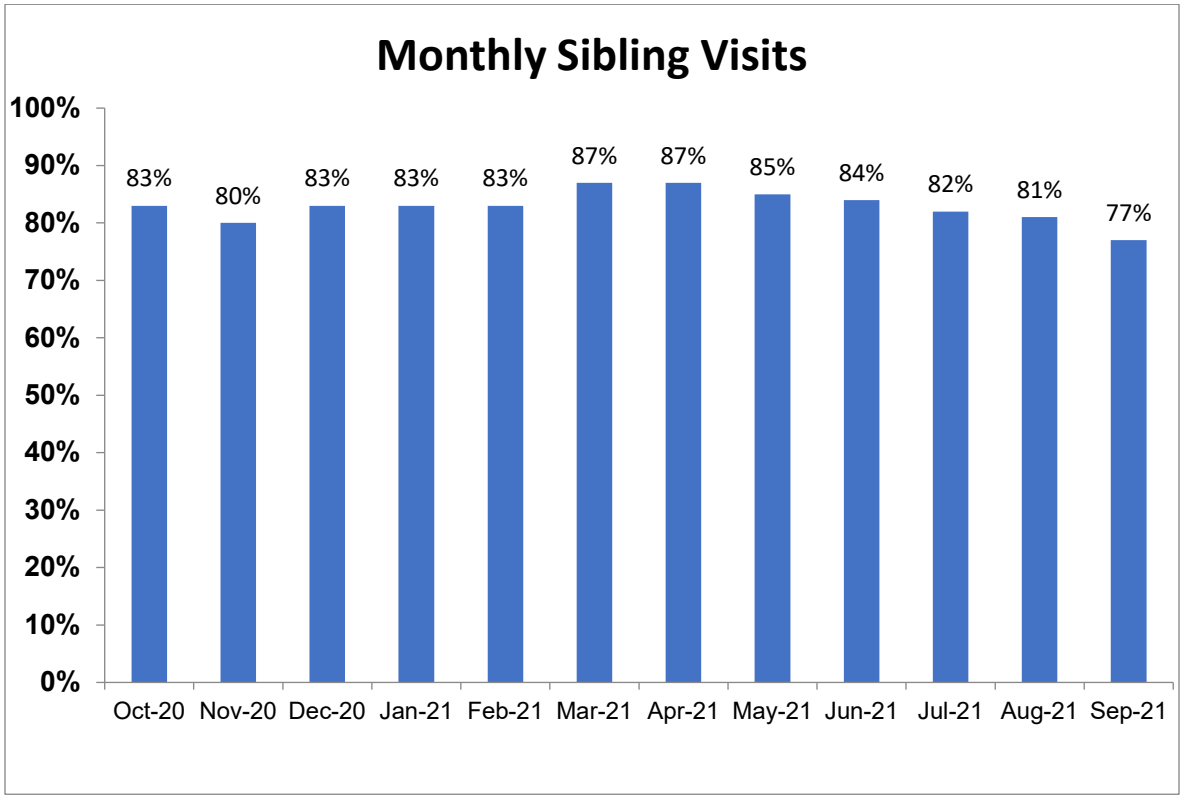
Several strengths were highlighted during the 2017 CFSR for NJ to include the preservation of connections for children in care with their families. This includes strong efforts to place siblings together which was a strength in almost 87% of cases reviewed. The 2019 CFSR Baseline found that efforts to place siblings together was a strength in 82% of cases reviewed and the 2020 CFSR 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. In CY2020, 95% of children in sibling groups of four or more (n=131) were placed with at least one other sibling; 47% of children were placed with all of their siblings.

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 CFSR. In the 2019 CFSR baseline this was a strength in 69% of cases reviewed and in the 2020 CFSR 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. A decline in performance was noted for September 2021 which is likely associated with waves of the COVID-19 pandemic (i.e., Omicron variant).

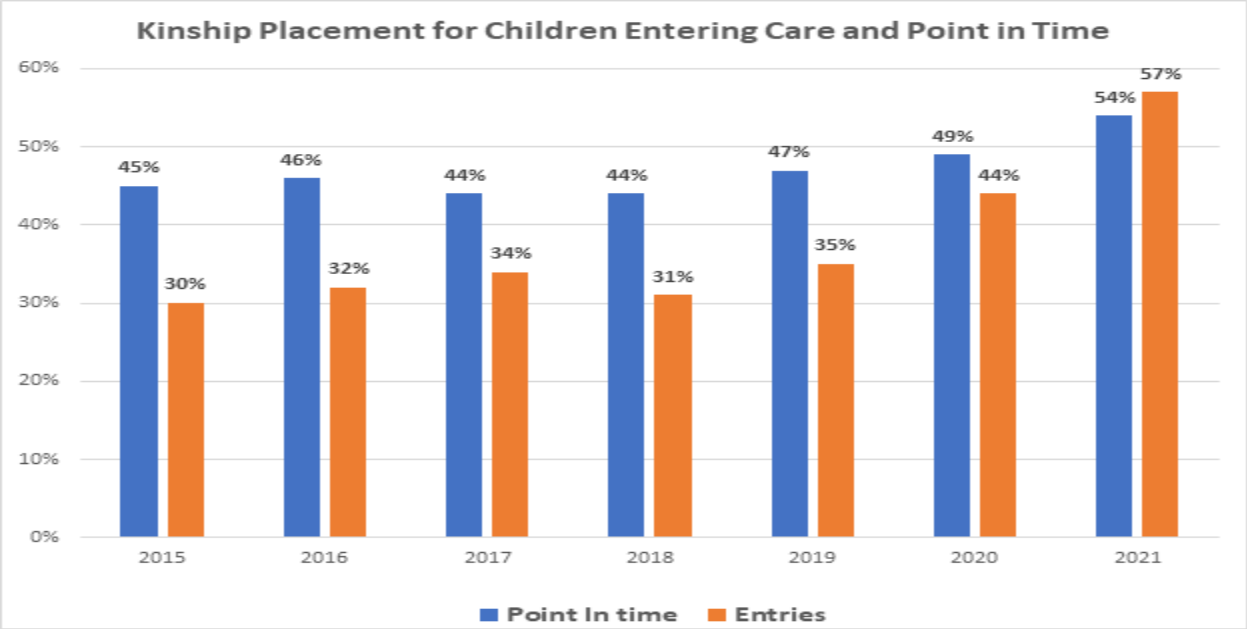
Figure 13



When children require separation from their birth families, placement with kinship caregivers can reduce the trauma of that separation and assist to maintain 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 April 2022[12], 46.7% of children requiring out-of-home placement were placed with kinship caregivers. Since 2018, NJ has seen positive trends in placing children with relatives, as noted in figure 14.

[12] Commissioner's Monthly Report February 2022. Available online at https://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report.

Figure 14



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.

The Office of Quality is redesigning its Continuous Quality Improvement processes, including the design of a new record review tool. That record review tool assesses ongoing assessment, engagement and inclusion of fathers during the entire period under review. If the review findings reveal a deficit for the Local Office in engaging fathers, improvement planning will be aimed at developing tasks to enhance the work within this area. Please refer to the Quality Assurance System section for more information.

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 CFSR Strength Rating	2019 CFSR PIP Baseline	2020 CFSR Strength Rating	2021 CFSR Strength Rating
Family and Community Connections Mother	74%	78%	81%	Item 7	87%	82%	80%	94%
				Item 8	78%	69%	85%	83%
Family and Community Connections Father	55%	61%	60%	Item 9	87%	78%	95%	90%
				Item 10	82%	74%	91%	90%
Family and Community Connections Siblings	79%	93%	83%	Item 11	64%	52%	76%	75%

CFSR 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, DCF 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, DCF learned that most families did have contact (virtual and/or in person) with a caseworker. The majority of remote contacts were held weekly, either by phone or video conference. The majority of face-to-face contacts were conducted monthly. 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

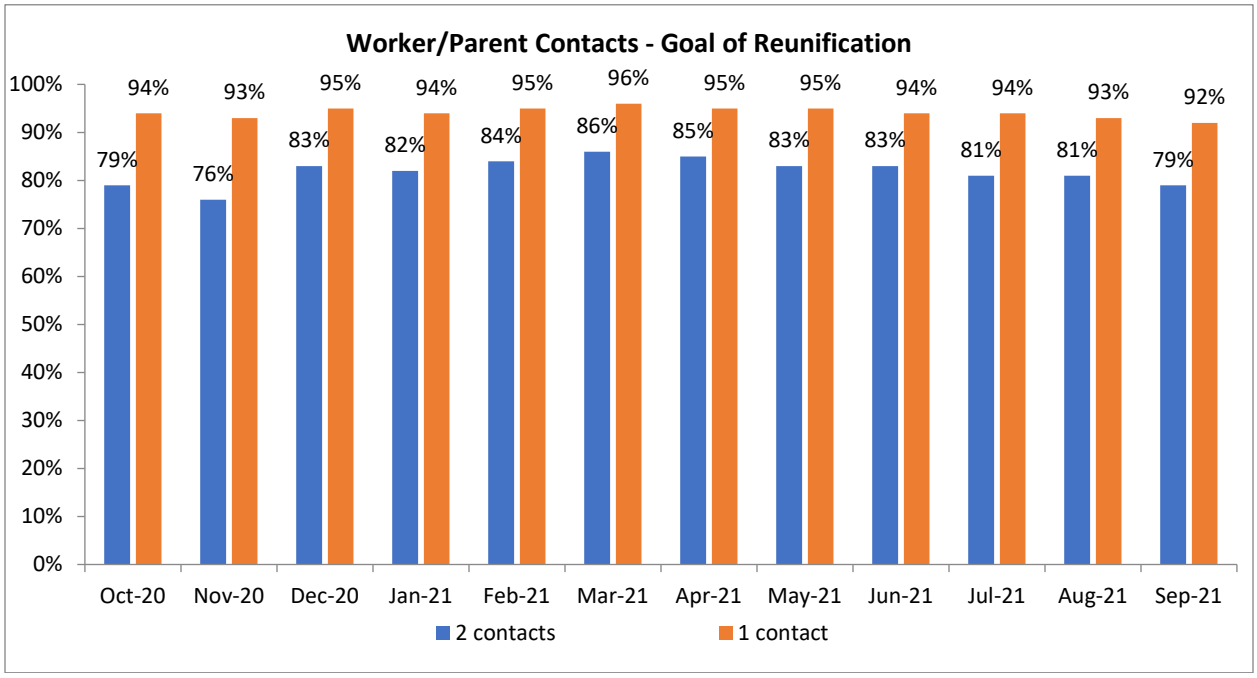
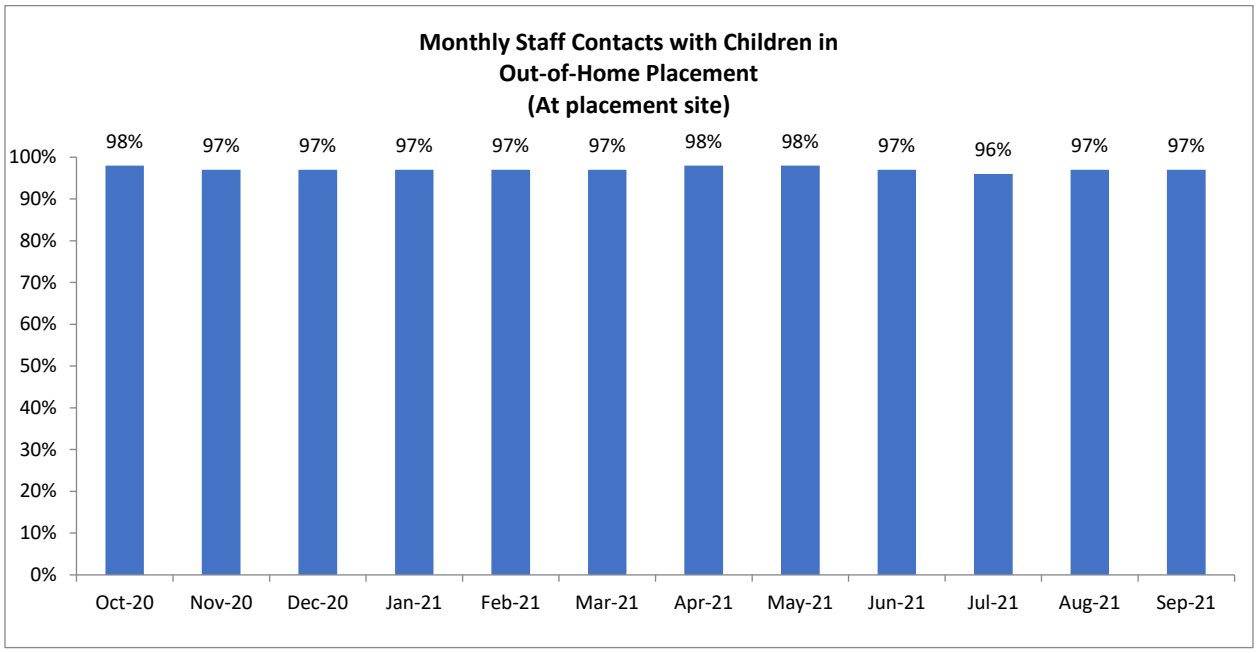


Figure 17



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.
- The 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.
- The 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 and 2021 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	2021 CFSR Strength Rating
Assessment of child	80%	77%	84%	**Item 12A**	83%	77%	94%	97%
Assessment of mother	35%	40%	46%	**Item 12B**	44%	40%	55%	72%
Assessment of father	25%	22%	33%					
Assessment of Foster parents	89%	90%	91%	**Item 12C**	76%	81%	97%	98%
Child and Family Planning Process	57%	55%	62%	**Item 13**	53%	47%	60%	76%
Plan implementation	64%	64%	68%					
Teamwork and coordination	54%	53%	53%					
Engagement of child	89%	89%	93%	**Item 14**	82%	77%	89%	95%
Engagement of mother	58%	62%	60%	**Item 15**	45%	29%	45%	60%
Engagement of father	40%	34%	49%					
Engagement of Resource Parent	89%	90%	95%	**N/A**	N/A	N/A	N/A	NA

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. However, the 2021 CFSR result shows that efforts to improve in this area are beginning to yield positive result as evidenced in figure 18.

In an analysis of engagement 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 CFSR 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 *Goal 2* of this report.

CFSR 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 CFSR, 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 CFSR baseline review and 2020 and 2021 CFSR measurement review.

The Learning and Development indicators through the Qualitative Review (QR) focused 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 considered 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/or 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, despite a slight drop in 2021, results of the QR and the CFSR show that the educational needs of children remain a strength for DCF. In the 2021 CFSR, the majority of cases revealed strong communication between the agency and schools, which allowed for the agency to assess the educational needs of the children formally and informally. In some cases, the agency did not make concerted efforts to

address academic status and/or the accommodations, evaluations, and services needed to assist in meeting the educational needs of the children.

Figure 19

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	2017 CFSR Strength Rating Item 16	2019 CFSR PIP Baseline Item 16	2020 CFSR Strength Rating Item 16	2021 CFSR Strength Rating Item 16
Learning and Development under age 5	94%	94%	94%	89%	81%	100%	85%
Learning and Development over age 5	90%	87%	84%				

CFSR 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 CFSR 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 CFSR 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 CFSR 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 CFSR 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 evaluated child wellbeing outcomes:

- Physical Health of the Child indicator examined 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 examined 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 whether 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 determined 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	2021 CFSR Strength Rating
Physical Health	98%	95%	98%	**Item 17**	80%	79%	85%	90%
Provision of Health Care Services	95%	95%	97%					
Emotional Well-Being	93%	92%	94%	**Item 18**	83%	77%	96%	83%

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.

The COVID-19 pandemic: IT response

As a result of the COVID-19 pandemic the following strategies were implemented to allow for DCF to continue to meet the essential needs of the NJ population we serve:

- DCF leveraged an existing PC refresh order of 2,160 HP tablets and 2,950 HP Mini Desktops to allow for remote work across the entire Department. A

subsequent order of 4,000 tablets was made to further mobilize all of DCF. By the end of June 2022, all devices have been deployed to staff.
- Provided DCF employees access to SafeMeasures and NJ SPIRIT remotely.
- Emergency NJ SPIRIT enhancements:
    - Added COVID-19 babysitting services
    - Added specialized placement rate for children diagnosed with COVID-19 in care
    - Made changes to add COVID-19 medical diagnosis
    - Changes to the contact and resource notes to accommodate virtual visits
    - Made changes to allow for Emergency Response Team assignments

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 family's unique needs.

As remote work continued, DCF also incorporated Zscaler to allow staff to securely access the DCF network remotely. As such, existing options of GoToMyPC and the state VPN will begin to be phased out.

DCF staff started to transition back to the office full time in the Fall of 2021. This required an enormous amount of coordination and collaboration between IT and the over 48 office locations throughout New Jersey.

NJ SPIRIT Disaster Recovery Exercise

DCF Office of Information Technology (OIT) completed a modified biannual exercise of the NJ SPIRIT Disaster Recovery Plan in 2021. NJ SPIRIT is the case management system used by the Division of Child Protection and Permanency (CP&P). This is a mission critical application used 24 hours a day, seven days a week.

NJ SPIRIT is physically located at the HUB Data Center (West Trenton, NJ), run by 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.

This year's exercise was impacted by the ongoing COVID-19 pandemic and the NJ SPIRIT server refresh project. Due to the resource constraints caused by the continued

pandemic across all three agencies involved in the maintenance and support of the NJ SPIRIT environment, DCF leveraged the NJ SPIRIT server refresh process to observe the viability of our NJ SPIRIT environment as a whole.

Whereas this process does not constitute a comprehensive disaster recovery test, departments, and units from three state agencies were included in the exercise (DCF, OIT and DHS). Participants included technical and managerial staff from the IT department of DCF, staff members from their Storage, Security and Networking teams from OIT, and staff members from the Enterprise Business Systems Unit, Networking, Firewall and Application Development Support Unit from DHS.

Necessary team members were identified from all agencies and communication consisting of email, conference calls and virtual meetings were conducted to advise all participants of their tasks and monitor to ensure that responsibilities were completed on time. The exercise consisted of the shifting of the entire NJ SPIRIT database from the former P795 servers to the newly expanded P8 series servers. The project was successfully completed over a four-day period (4/14/2021 to 4/18/2021). A more formal and comprehensive disaster recovery test is expected to be completed within calendar year 2022.

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 such as the Special Response 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 4,000 new HP tablets and accessories designated to transition all DCF staff from existing out of warranty desktop workstations. These devices have 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 summer 2022, DCF will have roughly 13,000 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 staff will now be outfitted with a mobile computing solution that allows workers the flexibility to work remotely and in the office with the same device. 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.

NJ SPIRIT server refresh

The former P975 servers supporting NJ SPIRIT had been 'end of service' since the end December 2020. DCF successfully transitioned to already existing IBM P8 servers at DHS in the spring of 2021. This allowed DCF to take advantage of an existing solution at a reduced cost and implementation time. This project was collaboration between DCF, DHS, and OIT.

Oracle Database upgrade

As Oracle 11g has reached end of life and support, DCF successfully upgraded to Oracle 19c in the beginning of the summer of 2021. This project was again a collaboration between DCF, DHS, and OIT. Oracle 19c has provided 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
- 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 (hrs. instead of days)

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. As the impacts of the COVID-19 pandemic continued throughout this reporting period DCF focused on multiple minor release. While these three releases were considered minor, they did not lack complexity and were spread over the reporting period. In all, over 100 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:

Child Connections

New Child Connections windows allow staff to comprehensively document a youth's placement connections. Workers can indicate if connections were assessed as a resource, document eligibility, or report they were ruled out. Scanned PDF copies of the Rule Out Letters can then be attached.

Resource Note Window

The Resource Note window was completely redesigned. Comparable to the Contact Activity Note, the Resource Note will accommodate more detailed data entry and has a supervisory approval process. Users can also enter participants on the note, including children placed in the home. The new note format also collects a variety of data points to aid in tracking and reporting:

- Resource Contact Notes can be created in three categories, Adoption Support, Resource Support, and Supervisory. The list of available activity types is dependent on the selected category.
- The resource members window displays all active participants on the Maintain Resource Window, Members tab.
- The "Out of Home Members" box displays all the youth who are actively placed in the home.
- The "Other Participants" box allows users to search and insert anyone with a person record in NJ SPIRIT. The "Insert" button will be enabled after the first successful save of the note.
- Multiple selections can be made in any of the participant boxes by holding down the "Ctrl" button and clicking the desired selections.

Safety Protection Plan review tab

The Safety Protection Plan (SPP) review tab was enhanced to:

- Add a new review status, "SPP Authorized by Court" to keep the SPP open.
- If the review status is "Threats to Safety Resolved," the copy over feature is disabled.
- When copying over, previously created review statuses will be read only/greyed out.
- New review statuses will sort chronologically to the top of the window.

Contact Activity Note

The Contact Activity Note was enhanced to include the following:

- An "Intake" category was added which can be paired with the "worker visit with child" activity.

- New activities, “Kinship Legal Guardian (KLG) Subsidy Work”, “KLG Case Work”, and “KLG Case Consult” were added in the contact note to more comprehensively capture KLG work.

Family First Prevention Services Act (FFPSA)

Enhancements were made to accommodate new claiming requirements set forth by the Family First Prevention Services Act (FFPSA). This included the creation of new services for programs rendering select congregate/residential care placements. The services can be identified in NJ SPIRIT with the prefix “FFA”.

Administrative Office of the Courts (AOC)

The NJ SPIRIT Team in collaboration with the Administrative Office of the Courts (AOC), rolled out the following enhancements to NJ SPIRIT to help ensure we share the most up to date and accurate information with the courts/Child Placement Review Board (CPRB).

- Children who enter placement with a living arrangement of “Private Adoption (no CP&P Involvement)” will no longer require the completion of a Notice of Placement form (5-47) and the placement information will not be sent to the courts/CPRB.
- Primary and mailing addresses are shared with the courts at placement and when there is an address change.
- A Notice of Change is sent to the courts when a pertinent modification occurs on a child’s placement/case. Upon discharging a placement episode, NJ SPIRIT will now check to ensure the child’s primary address has been updated to reflect the child’s new address. If not, NJ SPIRIT will require an update to the child’s address management window before discharging the episode. The only exceptions to this requirement are children with the following discharge reasons:
    - Adoption Finalized
    - Child Died
    - Child in Runaway Status Over 6 Months
- The Courts will now be notified when a placement is ended as “Placement Made in Error” and/or a placement override occurs.

Microsoft Edge

Originally NJ SPIRIT was designed to use Internet Explorer (IE) exclusively for the launching of documents and browser experience. NJ SPIRIT was enhanced to be compatible with Microsoft Edge to prepare for the replacement of IE.

Other Noteworthy Changes

- When creating a Medicaid 620 line, a Chafee service is no longer mandatory.
- The Title IV-E Eligibility windows have been enhanced to remain current with federal Family First Claiming and Eligibility requirements.

- To help easily identify when placements and support services are ended with a reason “Placement Made in Error,” NJSPIRIT will now include a convenient label on the outliner link.
- The 26-53c Individual and Family Assessment has been enhanced to ensure ease of use and editability of fields that were previously read-only.
- New Investigation Letters have been added to the investigation:
    - 9-38a, 9-38a(s)* = Notification to Parent of Caregiver Alleged Perpetrator, if CAN is NOT ESTABLISHED
    - 9-38b, 9-38b(s)* = Non-Offending Parent if CAN is NOT ESTABLISHED
    - 9-38c, 9-38c(s)* = Perpetrator Response Letter – Not Established
    - 9-38d and 9-38d(s)* = Perpetrator Response Letter – Unfounded
    *(s) denotes Spanish version
- New indicator was added to the investigation window to report on peer-to-peer sexual inappropriateness.
- The Non-restrictive window can search solely with a person ID to return all cases associated with that ID.
- Updates to the Individual and Family Agreement to support the Solution Based Casework (SBC) initiative (changes will be reflected on all new and historical versions of the Individual and Family Agreement window):
    - FTM tab is renamed “Case Plan Part 2” and the group box is named “Family and Individual Level Outcomes and Goals”.
    - The facilitator/co-facilitator field is removed from the window and the field labeled “A Family Team Meeting was held with” will now read, “Meeting was held with”.
- On the Scanned Documents tab of the Individual and Family Agreement, the uploaded document labels have been updated to:
    - 26-26A Family Agreement
    - Action Plan Developed with Family only
    - Action Plan Developed with Team
    - Individual Family Agreement Case Plan Part 2

Ongoing Support

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

- Respond to inquiries regarding system functionality, systemic problems, proposed enhancements, and/or other IT reported issues
- Perform 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
- Perform NJ SPIRIT systems needs analysis for NJ SPIRIT enhancements and redesign initiatives

- Develop and maintain functional and technical design specifications for existing and new functionality
- Coordinate and lead Joint Application Design (JAD) meetings as required
- Develop database modification scripts for data analysis, and/or data corrections
- Conduct training in new applications and/or new system releases/modules
- Provide technical assistance to SafeMeasures users

Help Desk Newsletters

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

Structured 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

The structured decision-making tool 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. In addition, this enhancement required additional time dedicated to shifting specifications during this current reporting period.

National Electronic Interstate Compact (NEICE) – Development

DCF reviewed documents/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 has created time and cost savings through more efficient administrative and operational processes. To achieve these efficiencies, DCF used the MCMS (commercial off-the-shelf product for NIECE), which was installed on DCF servers. This project went live in January 2021 but required further development work to account for changes made to the MCMS post go live.

Planned Development, Maintenance, and Operational Activities FY22-23

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. Since the last reporting period, most requirements have been finalized and the corresponding incidents have been moved from the analysis phase into the "ready for development" phase. It should be noted that there are still some outstanding requirements that DCF Operations are working with ACF to finalize.

In October 2021, DCF deployed IV-E changes in NJ SPIRIT that impacted claiming for services appropriately.

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 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. This will also provide insight 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 continued COVID-19 pandemic have delayed this phase of the project. These factors have been multiplied, as this project involves two Departments, each impacted uniquely

by the pandemic. As each Department begins to stabilize its COVID-19 responses, DCF and DOE will continue determining the requirements surrounding this initiative and the extent to which data sharing is possible based on department practices and policies. DCF has begun the process of analyzing the DOE data in the service to our Continuous Quality Improvement work with the Office of Adolescent Services.

Additional development of the Administration of the Courts (AOC) data sharing

During this reporting period, the AOC Data Quality project was deployed. Data Quality enhancements were made to the nightly interface files exchanged with the AOC. These interfaces include the Notice of Placement and Address details covering the initial placement information regarding the child, and the Notice of Change in Placement and Address Changes which provides ongoing updates to the courts while the child is in placement and address change information for the child, and case participants, including parent(s) and the resource provider(s).

DCF continues to work with the AOC about developing of new two-way interface(s). Project planning efforts are ongoing. Previously stated goals remained the same: to assist in expediating electronic filing of court orders and verified complaints into AOC's eCourts system as well as receive updates in NJ SPIRIT from eCourts. This will provide all essential parties assigned to the case jacket with access to view complaints, orders and upload relevant documents.

Due to the complexity of this project and competing priorities combined with the continued complications of the COVID-19 pandemic, this project is not estimated to be complete within calendar year 2022. DCF and AOC remain committed to the ongoing enhancement of the current interface.

The Family First Prevention Services Act (2018)

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

Systematic changes to the NJ SPIRIT application are still being researched and identified to comply with the new federal guidelines set forth in the FFPSA. Once complete, these NJ SPIRIT enhancements will enable DCF to identify, capture and report preventative services provided to eligible children and families. Currently, DCF Operations is still in the stage of developing the requirements for this project. This project has also experienced delays related to the effects of the ongoing COVID-19 pandemic. It is expected that DCF Operations will be able to continue developing requirements for this project during the upcoming year.

Solution Based Casework (SBC) - Behavior-based case planning

DCF is implementing Solution Based Casework (SBC) as phase two of the DCF Case Practice Model. 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. This 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 our Case Plan/Family Agreement, Investigation, CWS Assessment, and case transfer/closure modules. Joint Application Design (JAD) sessions are ongoing, which are necessary to scope out all 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 pandemic.

Phase 1 (Interim) was deployed on July 14, 2021. As described above, enhancements to the Case Plan Assessment module were completed, including Case Plan Assessment window changes, a new Individual and Family Assessment form template, and Individual and Family Agreement window changes.

Phase 2 analysis and design is ongoing and will be scheduled based on department priorities. Enhancements will include Case Plan Assessment, Individual and Family Agreement, Investigation, CWS Assessment, Case Closing and Transfer, and Special Populations including our adolescent/young adult modules.

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, to allow 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 State OIT data center in June 2022.

This project will require cross departmental collaboration between DCF, DHS, and State OIT. It will provide DCF with autonomy, ensure the retention of over two million recorded calls and will result in enhancements to the NJ SPIRIT intake module.

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 figures 21-23 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 are available in Goal 2 of this report.

Per DCF policy (CP&P-III-B-1-100), the case plan is prepared:

- Within sixty (60) calendar days of SCR assigning a CPS report or a
- CWS referral to the field office for investigation or response; or
- Within thirty (30) calendar days of a child entering (or reentering) out-of-home placement; and
- Every six months thereafter.

Figure 21

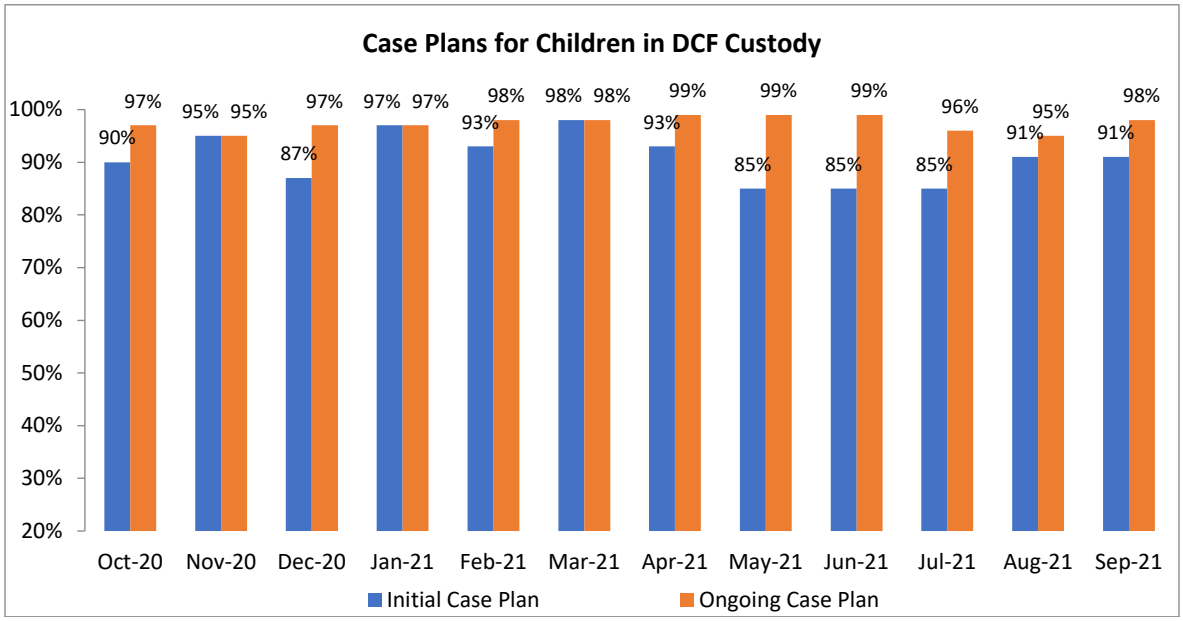


Figure 22

Demographics of Children in Care who were Eligible for Ongoing Case Plan Reviews between October 2020 and September 2021

Race/Ethnicity	Completed	Not Completed	Grand Total
Black/African American	2,328	79	2,407
White	1,568	44	1,612
Hispanic	1,701	53	1,754
Multi-Racial	413	7	420
Another Race/Unable to Determine	47		47
Grand Total	6,057	183	6,240

Count of Full List broken down by Plan Status1 vs. Race/Ethnicity. Color shows count of Full List. The marks are labeled by count of Full List. The data is filtered on Child Race/Ethnicity, which keeps 7 of 7 members. The view is filtered on Plan Status1, which keeps Completed and Not Completed.

Figure 23

Demographics of Children who Entered Care between October 2020 and September 2021 and were Eligible for an Initial Case Plan

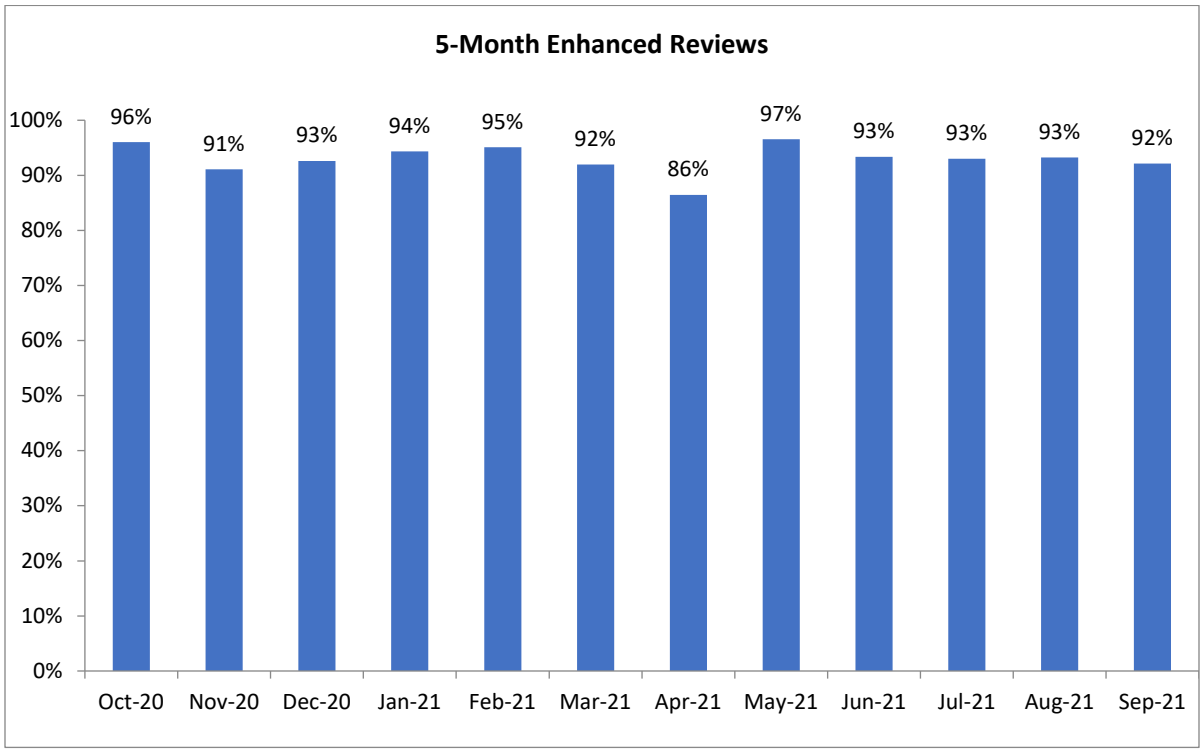
Race/Ethnicity	Completed	Not Completed	Grand Total
Black/African American	461	43	504
White	380	26	406
Hispanic	373	26	399
Multi-Racial	72	6	78
Another Race/Unable to Determine	6	1	7
Grand Total	1,292	102	1,394

Count of Full List broken down by Plan Status vs. Race/Ethnicity. Color shows count of Full List. The marks are labeled by count of Full List. The view is filtered on Plan Status, which keeps Completed and Not Completed.

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 24 shows that these critical reviews continue to occur timely.

Figure 24



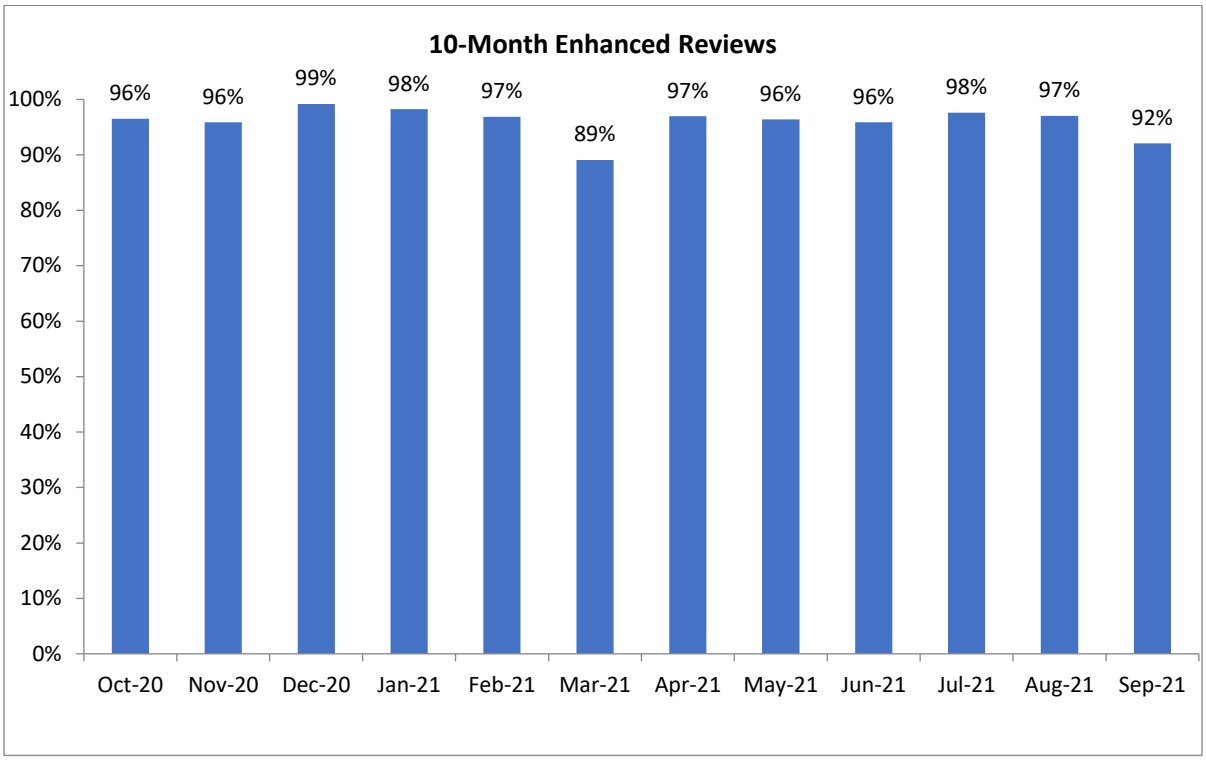
The ten-month enhanced review is a critical decision-making review when Child Protection & Permanency (CP&P) prepares for the permanency hearing. At this time, CP&P either approves an Adoption and Safe Families Act (ASFA) exception based on the improved circumstances of the parents and likelihood of 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. Permanency hearings are occurring on a timely basis.

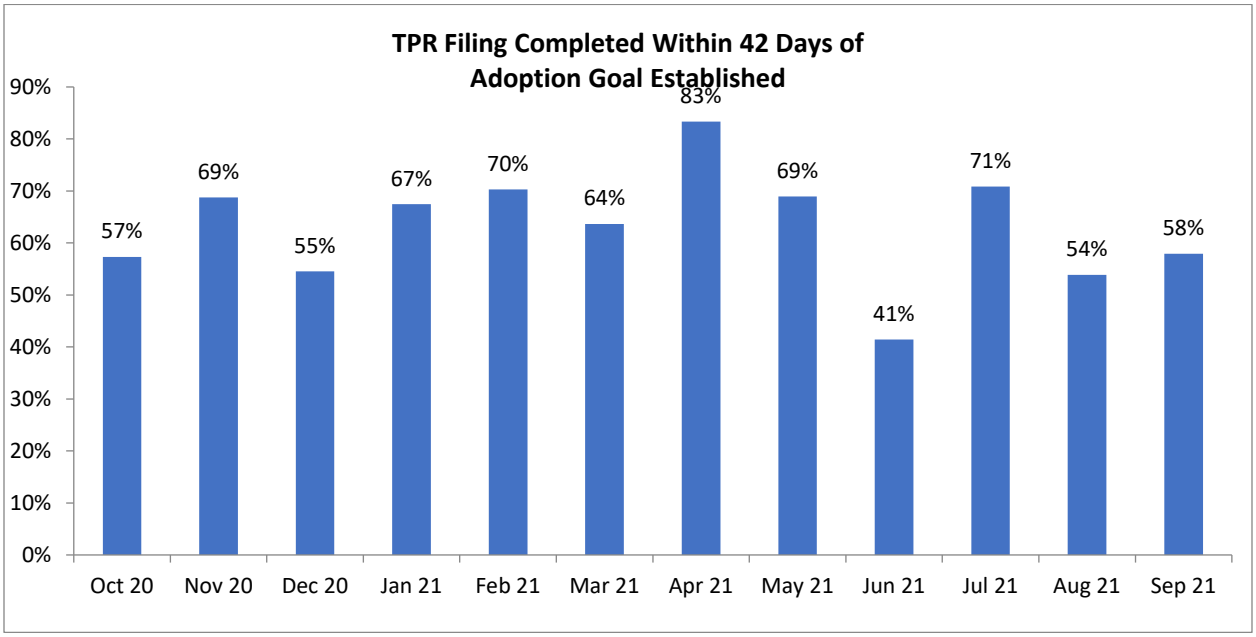
Data in figure 25 below represents that these reviews continue to be a strength for NJ.

Figure 25



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 26 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 26



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. Refer to *Goal 2* for updates on DCF's efforts to strengthen partnerships with child welfare stakeholders and the Judiciary.

Systemic Factor: Service Array and Resource Development

The Qualitative Review (QR) indicator Resource Availability reviewed 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 considered whether the family has a choice in the selection of supports.

While QR results demonstrated 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 27.

Figure 27

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 pandemic.

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: Quality Assurance System

The strengths of the Department of Children and Families (DCF) Quality Assurance System were highlighted during the Round 3 of the CFSR when it was found to be in substantial conformity.

DCF has since enhanced its CQI process and developed a new framework, referred to as Collaborative Quality Improvement (CoQI), that has been implemented as of April 2022 for all 46 CP&P Local Offices. This new framework is aimed to evaluate qualitative and quantitative key performance metrics to identify systemic barriers, strengths, and areas for improvement within CP&P. The key performance metrics will be defined by multiple data sources, such as qualitative case record reviews, SafeMeasures, Outcomes Data Portal, family interviews, Solution Based Casework skill acquisition data, and ad hoc reviews. The overarching focus of all metrics will be aligned with the principles of DCF's vision that all NJ residents are Safe, Healthy, and Connected. The metrics are organized around critical outcome domains, referred to as Safety, Risk, Health and Well-Being, Permanency, and Teaming.

The CoQI framework will serve as a guide to inform CP&P frontline and executive leadership on ways to systematically analyze key performance metrics that will inform improvement. The framework itself will leverage collaborative problem solving between CP&P leadership and frontline staff—with support from the Office of Quality (OOQ) Team Leads and leadership—to develop plans that address the CP&P Local Office-identified improvement priority areas that are derived from outcome domains.

Through this collaborative process, mechanisms for change will be demonstrated by encouraging sustainable improvement over time, expanding, and developing CP&P's frontline staff capacities around analyzing both qualitative and quantitative key performance metrics. This approach will inform improvement planning and efforts with inclusion of diverse staff knowledge and experience to enhance the improvement plans. Additionally, CP&P Local Offices' processes and improved performance will be reflected in key performance metrics and ultimately the outcomes for children served in DCF. Collaboration and shared accountability will shift improvement efforts toward supportive processes that will encourage staff development and proactive problem-solving.

CoQI Cycle: The CoQI cycle will consist of a two-pronged approach of developing and implementing improvement plans over a 12-month cycle for all 46 CP&P Local Offices. These processes will be referred to as Rapid Improvement Plans and Annual Improvement Plans. The goal is to always have all CP&P Local Offices working on an integrated rapid and annual CoQI process.

- *Rapid Improvement Plans:* Each CP&P Local Office will develop monthly Rapid Improvement Plans, which are designed to manage time-limited improvement processes on a monthly basis. The CP&P Local Office Manager (LOM) will work with the OOQ to identify a metric from the Dashboard or SBC skill acquisition data that needs immediate attention for improvement and can be meaningfully improved through action taken at the Local Office level. Examples include improving rates of caseworker/child contacts, parent contacts, improving timely completion of case plans, and improving completion of safety and risk assessments, to name a few. An improvement plan detailing responsible parties and timelines will be developed in the meeting and completion of the plan will be monitored monthly for progress and modifications by the OOQ and CP&P Area and Local Office

leadership. As goals are achieved or new trends requiring attention emerge, the practice area of focus and resulting plan will be changed. In 2022, all CP&P Local Offices will launch rapid planning simultaneously.

- *Annual Improvement Plans:* Annual Improvement Plans will occur on a 12-month cycle. The 12-month cycle will begin for each CP&P Local Office at the start of record review. The office will then have seven months to work on their qualitative improvement planning metrics, which will start at the end of the Improvement Planning Session (IPS), outlined below. Any Rapid Improvement Plans developed prior to the start of an Annual Improvement Planning cycle will then be incorporated into the Annual Improvement Plan. The plans from the rapid improvement meetings will be revisited monthly, as well as during each CP&P Local Office Quality Performance Review CoQI check-in meeting, that will occur every eight weeks after the development of the record review Annual Improvement Plan.

- *Meetings:* Each CP&P Local Office will conduct at least monthly CP&P Local Office CoQI meetings. The agendas will be standardized, and the meetings will be co-facilitated by the CP&P LOM and OOQ staff. These meetings will focus on creation and management of rapid cycle plans, and at key points throughout the year, the agendas will integrate the development and management of tasks associated with the Annual Improvement Plans.

During the development and management of Rapid Improvement Plans, the CP&P LOM and OOQ will present key CP&P Local Office performance metrics (using the dashboard) and facilitate discussions around the metric in focus for improvement that month. The CoQI team will next identify a priority for improvement of the metric in focus and identify no more than two goals with specific action steps that members of the team will take in the next 30 days to advance the office toward that goal. At the following month's CoQI meeting, the CoQI team will review the dashboard and completion of action steps that were committed to in the prior month. If the performance goal has been achieved, the team will celebrate progress and select a new priority goal. If the performance goal has not been achieved, the team will revise existing steps for the next 30-day period.

The development and management of the Annual Improvement Plan will be incorporated into the monthly CoQI meetings at five formalized meetings within a 12-month cycle, which will be launched following completion of the CP&P Local Office's record review. The first step in the process is a strengths and challenges discussion that will support the identification of the CP&P Local Office's improvement plan priority. Two weeks after the priority is identified, an improvement planning meeting will occur with a combination of CP&P leadership and frontline staff, at which time qualitative tasks will be created and implemented. There will be two follow-up check-in meetings that will occur eight weeks after the creation of the tasks, followed by the final meeting that will examine the priority and plan more in depth to determine if the CP&P Local Office demonstrated improvement. The final meeting will be used to determine the success of the CP&P Local Office CoQI priority.

- *Strengths and Challenges and Quality Performance Review (QPR) 1:* CP&P Area and Local Office leadership and the OOQ will meet to collaboratively identify the CP&P Local Office's strengths and challenges and improvement priority, based on consideration of all CoQI inputs (e.g., office Dashboard, record review, SBC certification data, family interviews, critical incident review, etc.) *(occurs 2 weeks after the record review findings are shared)*.

- *Improvement Planning Session (IPS):* CP&P area, local, and frontline staff and the OOQ will meet to collaboratively develop a comprehensive, qualitative improvement plan to implement over the cycle that addresses the CP&P Local Office's improvement priority *(occurs 2 weeks after the QPR 1)*.

- *Quality Performance Review 2:* The CP&P Local Office CQI team and the OOQ will meet to review and evaluate updates on the annual and rapid review improvement plans progress and adjust the plan when needed *(occurs 8 weeks after the IPS)*.

- *Quality Performance Review 3:* The CP&P Local Office CQI team and the OOQ will meet to review and evaluate updates on the annual and rapid review improvement plans progress and identify barriers that may impact the priority's success *(occurs 8 weeks after the QPR 2)*.

- *Quality Performance Review 4:* The CP&P Local Office CQI team and the OOQ will meet to assess the plans implementation, success, and impact *(occurs 8 weeks after the QPR 3)*.

Another component of this new initiative is a CP&P Area Office CoQI process that will consist of monthly CP&P Area Office meetings. These meetings will be led by CP&P Area Directors and OOQ leadership. The purpose for these meetings is to:

- Identify common performance strengths and challenges within the area.
- Facilitate problem-solving dialogue about common performance challenges and identify ways to build on common strengths.
- Identify CoQI outliers – offices that are gaining traction in improving a specific CoQI performance target, and offices that are struggling to improve performance in a specific CoQI performance target.
- Continue to develop CP&P Area Director, Local Office Manager, AQC and ARFS skills in using data to identify strengths and challenges.

DCF continues to assess and re-envision its CQI system and planned activities. Regular planning meetings are held within the Department to coordinate ideas of creating and implementing CQI processes. In an effort to strengthen the CQI systems, DCF Executive Management is actively coordinating with other divisions to grasp an understanding of the current CQI efforts within each division and outlining next steps in strengthening the system by applying a DCF formalized CQI approach.

Systemic Factor: Staff and Provider Training

DCF continues to sustain a quality and high functioning training program through collaborative and strong partnerships with several internal and external stakeholders. In late 2021, the Office of Training and Professional Development (OTPD) developed strategic priorities that will be finalized in the summer of 2022. These priorities seek to further modernize and adapt learning experiences to meet the dynamic landscape of virtual learning, implement training products that are updated and meet the needs of all categories of staff, strengthen continuous quality improvement planning and implementation activities, seek to engage community members and constituents in training facilitation and align training initiatives with DCF's core approaches, values, and transformative goals.

DCF maintains strong university partnerships through the New Jersey Child Welfare Training Partnership (NJCWTP) which includes the Institute for Families at the Rutgers University School of Social Work and the Child Welfare Education Institute at Stockton University. During 2021, the NJCWTP took lead in assisting DCF with redesigning CP&P pre-service/new worker training. These curriculum updates are underway and will be completed in 2022 along with evaluation tools, simulation, and practice application activities, and coaching and reflection resources for new worker (Family Support Service Trainee) supervisors.

Through the support of Casey Family Programs, Tricia Mosher Consulting, LLC worked with DCF through 2021 to develop a leadership training series curriculum for managers and provide DCF with a workforce development report that outlined recommendations for updates and enhancements to DCF's current training program. The leadership training series piloted in early 2022. This series will be refined in mid-2022 and prioritizes three cohorts of CP&P leadership for participation in January 2023. The goal is to integrate the leadership training series into the broader training menu to be available ongoingly for DCF leaders. These two new initiatives seek to best equip and resource the next generation of child welfare staff as well as the supervisors, managers, and leaders that will support them to reflect, grow, learn, and deliver high quality services and supports to families.

DCF's training program continues to include 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. Through established processes and effective partnerships, new staff are tracked, scheduled, and enrolled in trainings, and provided with consistent follow up to ensure that all required trainings are completed.

Pre-service training was not held from March 2020-July 2021 as DCF paused hiring of new child protection staff during that period. It has since resumed virtually for 32 new staff that started in 2021. Some elective courses continued to be temporarily unavailable while they were adapted to virtual delivery or updated. Many courses have resumed virtually while some are still being adapted. In the meantime, DCF initiated Department-

wide training on implicit bias, race equity, the importance of kinship, and Solution Based Casework training for CP&P staff.

Due to the COVID-19 pandemic, throughout 2021, DCF and the NJCWTP continued to update and/or convert trainings into a virtual format. Eight trainings were updated in 2021. Of those trainings: seven were newly designed or rewritten, five were updated from an in-person to online synchronous training, and six were updated from in-person to a hybrid (asynchronous and synchronous) virtual learning. Some examples of these updates include Domestic Violence, What Every Caseworker Needs to Know About Education and Special Education, Secondary Traumatic Stress, Human Trafficking, and Fathers are Important.

Between July 2020 and June 2021, data was collected to monitor the satisfaction of the virtual delivery of training. The experience of delivering training virtually continues to be positive, with high rates of engagement of trainees and positive levels of comfort for participants engaging virtually. DCF continues to examine efficacy, quality of virtual delivery, and explore all options to creatively engage the workforce in virtual trainings. Evaluation data also indicated that learners felt comfortable navigating and using the online classroom (rating an average of 8.73 out of 10), believed that the online teaching method is an effective way to train caseworkers (rating an average of 8.64 out of 10), and would like to see more online methodology to support learning (rating an average of 8.62 out of 10).

DCF's training system continues to work across the Department 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) continued to experience upgrades to data access and reporting, and other system enhancements to improve user access and functionality. OTPD continues to sustain 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.

DCF's training system continues to comprehensively support provider partners to ensure that foster, adoptive and kinship parents in New Jersey have a variety of training offerings to meet their varied needs and experiences to support young people in foster care. These training offerings continue to be updated as needed and were offered virtually during 2021 in response to the COVID-19 pandemic.

In addition, although New Jersey's number of youth in congregate care is low, those providers also continue to access training through DCF's Children's System of Care Training and Technical Assistance Program and the NJCWTP for providers with transitional or supportive housing programs for young adults.

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: 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 childcare centers, youth and residential programs, resource family homes and adoption agencies, using *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 15, 2022.

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 arrests 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 and Retention

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

Foster and Adoptive Parent Cross Jurisdictional Resources

NJ DCF's Office of Interstate Services continues to develop methods of improving the identification and recruitment of interjurisdictional resources. This includes having a data system that can provide the necessary information to identify areas of strength as well as areas of opportunity. Since systematic tracking and data collection continue to be areas in need of strengthening, ongoing collaboration with the Offices of Information Technology (OIT), Research, Evaluation and Reporting (RER), and the American Public Human Services Association (APHSA) continue.

In January 2021, DCF's Office of Interstate Services went live in NEICE (National Electronic Interstate Compact Enterprise). During the same period, DCF's OIT several updates within NJSPIRIT, NJ's Statewide Automated Child Welfare Information System, to expand our ability to identify children within both systems. Additionally, the NEICE system was upgraded in July 2021 which overhauled the system. As a result, staff learned how to navigate the upgraded system. Since the upgrades, OIT and RER have worked to understand the data capabilities of the upgraded NEICE system and how we can blend the data that exists in NJSPIRIT. This is key to building our internal reporting capabilities.

DCF's Office of Interstate Services continues with initiatives to improve the identification and recruitment of interjurisdictional resources. As operations have normalized, key functions were returned to our CP&P Local Offices. The collaboration with the Office of Resource Families to complete the Safe and Timely Assessment and Resource Family Assessment within the 60 and 150-day timeframes continued until February 2021 when incoming Resource Home study assignments were returned to the CP&P Local Offices. Additionally, an initiative by NJ's Office of Resource Family Licensing to preliminarily inspect all kin and non-kin resource applications, including Interstate Compact on the Placement of Children (ICPC) resource home study requests, was extended statewide in February 2021.

Lastly, the **New Jersey-New York Border Agreement for Temporary Emergency Placements** became effective in April 2021. This agreement allows for a Presumptive Eligibility assessment for placement within seven days and allows for children to be placed prior to the submission of the ICPC referral. The agreement has resulted in the placement of 20 children between NJ and NY. DCF continues to learn and collaborate

with NY to ensure that families caring for children in DCF's custody are fully supported. DCF is also working with the counties participating in the agreement to ensure understanding of the terms of the border agreement and the differences between NY's and NJ's systems. Staff have received education regarding what to expect when a child is placed into NY and when a child is placed in NJ from NY.

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 *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 fatalities[13] and has similarly had a relatively low victimization rate[14]. 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.

[13] In 2017, NJ's rate of child maltreatment-related fatalities was .66 per 100,000, less than half the national average of 2.32 per 100,000; and in 2018, NJ's rate of .92 per 100,000 was less than a third of the national average of 2.39 per 100,000 - Source: Child Maltreatment, 2017; Child Maltreatment 2018.

[14] For each of the five years between 2014-18, NJ's children were victims of child abuse/neglect about one-third as often as children in the US on average; for example NJ's victimization rate was 3.1 per 1,000 in 2018, when the national average was 9.2/1,000 - Source: Child Maltreatment, 2018.

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: Goal 1

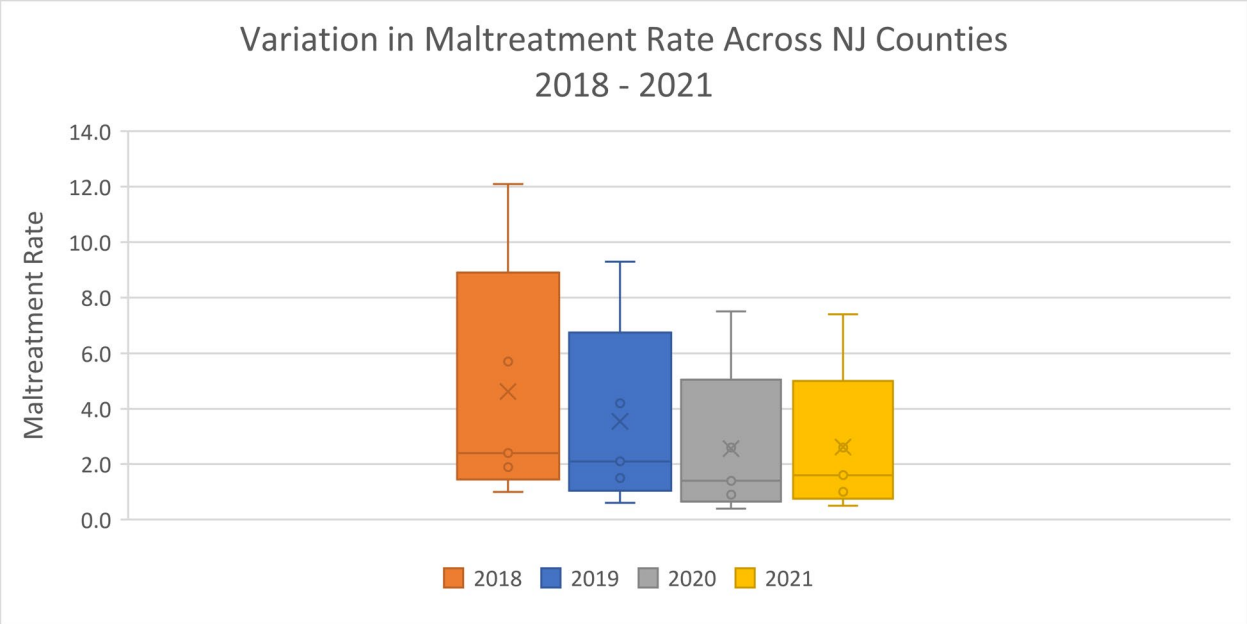
Measure	Baseline	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Target	Data source to Measure Progress
Variability in maltreatment rates among NJ counties	3.7	3.7	3.4	1.6	1.5	1.4	NJ SPIRIT/NJ Child Welfare Data Hub: Interquartile Range of Maltreatment Rates among NJ Counties
Service Excellence Standards	Establish in Year 3	N/A	N/A	N/A	Establish baseline	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	N/A	Establish baseline	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.

Year 3 Update: Measure - Variability in maltreatment rates among NJ counties

While NJ saw a slight increase in the overall maltreatment rate from 1.5 per 1,000 children in 2020 to 1.6 per 1,000 in 2021, NJ continues to make progress in reducing the variability in maltreatment rates across the 21 counties from 3.7 in 2018 to 1.6 in 2021 (See figure 28 below). The target counties in the southern part of NJ continue to reduce maltreatment rates from the 2018 baseline into 2021: Cape May (12.1 to 7.4), Salem (9.9 to 5.8), Cumberland (9.7 to 2.7), Camden (7.8 to 4.1), and Gloucester (5.1 to 1.9).

Figure 28



Year 3 Update: Measure - Service Excellence Standards

In collaboration with providers, constituents, external stakeholders, DCF program offices, and the Office of Research, Evaluation and Reporting (RER), the Office of Monitoring (OOM) will establish a baseline for CY23 by developing monitoring methods and tools, comprehensive performance measurement indicators, domains, and rubrics via working groups and data subcommittees. Monitoring practices will be built over the course of several years, and will ultimately include assessment of quality, constituent and referent experience, adherence to service models, and examination of the outcomes of the service. In alignment with DCF's intention, OOM's working groups will develop and use mixed method approaches including, as applicable to the service, client interviews, referent interviews, staff interviews, site visits, and record reviews. Lastly, service-

specific questions will be created by CY23 to support accurate monitoring and comprehensive data collection using a high-fidelity model.

As described above, DCF is in the process of finalizing service excellence standards for purchased services and expects to publicize those standards in Summer 2022. DCF experienced project delays due to time needed to select, hire, and onboard key staff to manage the project, engage a consult to support inclusion of best practices into the standards, and engage stakeholders in reviewing and providing feedback on the standards. Baseline measures and performance targets will be developed during the initial rollout phase (in year 4). The table above have been updated to reflect the revised timeline. For more specific information on DCF's efforts to develop service excellence standards for purchased services and comprehensive performance measurement indicators, domains, and rubrics to support monitoring practices, please refer to the *Benchmarks for Achieving Improvement in Service Array* section of this report.

Year 3 Update: Measure - Benchmarked Improvements in Specific System Components Impacting Safety

In year three, DCF was unable to generalize system components consistently impacting safety due to the low overall rate of child maltreatment related fatalities. New Jersey joined the National Partnership for Child Safety (NPCS) to share critical incident review findings across multiple jurisdictions within the United States.

DCF updated its Data Use Agreement with Michigan Public Health Institute for participation in the NPCS, the Centers for Disease Control and Prevention (CDC) Sudden Unexpected Infant Death (SUID) Case Registry and the National Fatality Review Case Reporting System (NFR-CRS) to support NJ's fatality review. The Partnership finalized the NPCS data elements of common interest and provided states with a data dictionary. Soon after, DCF began reporting critical incident review data into the NFR-CRS to:

- Share data among partner jurisdictions
- Improve child safety and prevent child maltreatment fatalities by strengthening families and promoting innovations in child protection
- Use data collected to develop strategies to decrease incidents of serious harm and maltreatment fatality
- Use data collected to better identify and address health disparities

Once ample data is collected from partner jurisdictions, NPCS will synthesize, analyze, and use the data to generate quantitative reports. These reports will provide DCF with the necessary critical incident review data to identify system components consistently impacting safety, and develop a targeted, measurable improvement plan for those components.

Objectives/Strategies/Interventions for Goal 1

- Use geospatial risk modeling to identify communities in which children are at risk of harm
- Use human factors analysis to ensure effective and timely system learning and corrections when fatalities and near fatalities occur
- Develop a continuum of evidence-based and evidence-informed Home Visiting programs
- 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 3 Update: Community intervention process will be launched for Year 1 counties. Planning process launched for Year 2 counties; two additional counties will be modeled

DCF continued to work with Predict Align Prevent (PAP)[15] 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 focused on Cumberland and Camden counties. During Year 3, 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 with state partners. DCF's data team gathered data from selected municipalities including child maltreatment, police, code enforcement, zoning, and infrastructure data for Phase 1 of the analysis. During Phases 2 and 3, DCF additionally attained hospital discharge (uniform billing) and vital statistics data from the Department of Health (DOH) along with service use data from DCF's Home Visiting Program, CSOC and CP&P. 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. Due to the length of time it took to achieve data use agreements in years 1 and 2, DCF remains focused on the original two counties in Year 3 and is awaiting receipt of the analysis from PAP.

[15] More information on Predict Align Prevent can be found online at: https://www.predict-align-prevent.org/.

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 (MDT); 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 3 Update: Assess impact of new process

DCF continues to work with Collaborative Safety, LLC[16] to implement the critical incident debriefing process. In year 3, bi-weekly technical assistance meetings as well as ongoing skill building sessions, have supported implementation and fidelity of the process. Assessing the impact of this process toward achieving benchmarks has been difficult due to the low overall rate of child maltreatment related fatalities.

To date, 51 cases have been presented to the MDT. The cases that continued through the process resulted in debriefings with 41 staff, resulting in over a 50% participation rate for this voluntary process. Surveys of staff who have participated in the process revealed

[16] More information about Collaborative Safety, LLC can be found online at: https://www.collaborative-safety.com/.

positive feedback. Staff are comfortable in sharing their experience and believe their participation will shape change in the agency. The three regional mapping teams, which all include frontline staff, continue to meet monthly to further analyze events from a systems perspective.

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 (DOH), manages a statewide network of 65 local implementing agencies, that provide three evidence-based home visiting models in all 21 counties and a fourth evidence-based model in one county. In 2021, approximately 6,000 families received evidence-based home visiting services. This includes services to more than 2,500 pregnant women and 3,500 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 DOH, 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 3 Update: Phase I continues; launch Phase II implementation; design evaluation strategy.

In July 2021, Governor Murphy signed legislation creating a statewide universal home visiting program for newborns in the state. NJ will be the second state in the US with this type of statewide program. In collaboration with various state departments, DCF is leading the implementation of this statewide initiative. A review of national models occurred and Family Connects International (FCI) was identified as the model that aligns with the criteria set forth in the legislation. DCF retained KPMG to advance the management and implementation efforts of this program. Several workgroups were established to consult, collaborate, and coordinate with DCF in the development of the NJ Universal Home Visiting program: Communication; Evaluation; Insurance; Implementation; and an Advisory Board. Four Parent Leaders are active members of the advisory board providing their perspectives on the various phases of implementation of the UHV model.

In parallel, an initial installation of FCI in one county was piloted. In December 2020, an RFP was released to solicit proposals from community-based organizations to implement the clinical components of the Family Connects model[17]. 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). CJFHC is an established provider with the agency and implements several Connecting NJ hubs as well as another Evidence Based Home Visiting (EBHV) program (Healthy Families) in Middlesex County.

CJFHC hired a total of four nurses and is in the process of hiring a nurse manager for the program. The backbone agency of managing staff, including nursing staff in CJFHC, was trained in the Family Connects (FCI) model. The nurses began working with families in December 2021. In December 2021, there were 76 eligible births that occurred in the hospital, of which 25 families were scheduled for a visit, and 11 completed their visits before the end of the quarter. CJFHC is inputting data through the FCI portal with support from FCI Regional Specialist. The pilot in Mercer County is supported by the FCI oversight group consisting of the Burke Foundation, the Trenton Health Team, CJFHC, a FCI

[17] More information from Family Connects International can be found online at: https://familyconnects.org/.

Regional Specialist, and DCF staff. Collaboration with the FCI oversight group occurred from July - December 2021 to ensure successful implementation and to collect lessons learned from the local implementation of the Family Connects model in Mercer County.

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.

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 3.

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. The program coordinator has since transitioned to another position and current functions of that role have been assumed by existing staff. With the implementation of statewide universal home visiting (UHV) program, three additional positions will be provided to support the implementation of the UHV initiative in collaboration with the two PDGB-5 funded positions.

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 the 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 Home Visiting (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. Data will also be collected to provide insight into the FCI pilot program independently.

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. A supervisor and three Safety Analysts in the Fatality and Critical Incident Review Unit, including one additional analyst hired to help support and strengthen process, 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 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, technical assistance, and coaching was ongoing during years 2 and 3 and will extend to year 4 for the pilot project. The statewide rollout of UHV will also follow a phased implementation plan approach that will receive assistance from KPMG, the contracted consulting firm hired by DCF for project management.

Predict Align Prevent

DCF's data team held regular phone conferences with the Predict Align Prevent (PAP), Texas Advanced Computing Center (TACC), and Camden Coalition of Healthcare Providers regarding the progress of the geospatial risk 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 and began implementation of a training plan to build DCF and Camden Coalition 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

In 2021, Collaborative Safety, LLC continued to provide training and coaching supports through bi-weekly technical assistance meetings and skill development trainings. NJ partnered with Collaborative Safety LLC to conduct half day orientation sessions to introduce more Children's System of Care providers to the process. Those orientations are scheduled to continue into 2022.

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

Throughout year 3, 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 is supporting the provider to launch services and providing technical assistance as needed. Additionally, DCF supported HV providers in making adjustments to service delivery during the COVID-19 pandemic.

Technology Implementation Supports

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. 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 aspects of the review process, thereby allowing the Safety Analyst to identify and aggregate systemic influences.

DCF continues to utilize RedCap, developed with the assistance of the National Partnership for Child Safety, to manage and aggregate data collected from collaborative safety reviews. Additional data elements have been added since the inception including those identified by the National Fatality Review Case Reporting System (NFR-CRS) data elements. Additional technology needs may be identified as more reviews are conducted.

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 host bi-monthly stakeholder meetings 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. DCF retained KPMG to advance the management and implementation efforts of the universal home visitation statewide program.

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 to plan and execute 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 3, 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, vital statistics data, hospital discharge data and services data to support the analysis. PAP will provide technical assistance to DCF and its local partner, Camden Coalition, in the subsequent phases of analysis to build DCF's internal capacity to implement 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 predictive analytics project to investigate the geographic relationships of child maltreatment and pathophysiology associated with chronic exposure to adverse events. This project focuses on predicting where child maltreatment is likely to occur in the future. IT strategically aligns services, education, and resources where they are most likely to reach the most vulnerable children and families. Finally, this project will measure 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 3, DCF collected the necessary data for the analysis, including child maltreatment data, infrastructure data, municipal data, police data, services data, vital statistics data, and hospital discharge data. Additionally, PAP conducted Phase 1 modeling focused on predicting where child maltreatment events are likely to occur in the future in four Cumberland County municipalities.

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 to collect 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
- Assess 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)[18], 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 described in the NJ CFSR Program Improvement Plan (PIP) included:

- 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

[18] 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

- Assessment of parents' underlying needs to better align with the identification of the appropriate service to meet the individual needs of families

In March 2022, the Children's Bureau verified New Jersey's successful completion of all required PIP goals including the Measurement goals. However, New Jersey will continue to work on the implementation and monitoring of the following goals and strategies initiated during the PIP monitoring period.

Measurement for Progress for Goal 2

NJ completed the CFSR Baseline Review in August and September of 2019. Figure 29 below highlights 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 that time, DCF underwent its 2021 twelve-month CFSR review, which measured practice from June 2020 to the date of the review. DCF achieved the federal benchmarks in all 10 domains. DCF will continue to monitor those items.

Figure 29

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%**	*PIP measurement requirement met as baseline performance is at or above 95%*		
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%**	*PIP measurement requirement met as baseline performance is at or above 95%*		
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 case[19]

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

[19] See CFSR PIP page 10

with best practice. A 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

Year 3 Update: Continue Q5-Q8 CFSR PIP Key Activities

Throughout Year 3, DCF continued its partnership with Children's Research Center (CRC) and validated the risk assessment tools in the structured decision making (SDM) suite to support the use of SDM to assess safety and risk throughout the life of the case. To support these efforts, DCF continues to design, implement and updated tools, resources and policies related to:

- Structured decision-making
- Supervisory, monitoring and observation
- Fatherhood engagement
- Concurrent planning
- Continuous quality improvement
- Training

During the COVID-19 pandemic, DCF suspended its pre-COVID Continuous Quality Improvement (CQI) processes. Since then, DCF has worked to develop new CQI procedures. DCF incorporated review and planning related to safety and risk throughout the life of the case into the new processes. Beginning in Fall 2020, CP&P undertook a concerted SDM CQI effort to ensure that (1) Safety Protection Plans were established appropriately; (2) revised SDM model was being used to fidelity; and (3) workers had sufficient contact with children who are in families who are rated as high or very high risk. Also in Fall 2020, DCF's Office of Quality (OOQ) undertook reviews of Safety Protection Plans, as well as risk assessments, contacts, and supervision for in-home cases.

Additionally, DCF's OOQ reviewed the methodology for DCF's qualitative review (QR) process to ensure it effectively reviewed safety and risk throughout the life of the case and discussed the review with CP&P leadership. DCF's QR process will be replaced by a qualitative review process that is intended to incorporate those review findings into the department's new Collaborative Quality Improvement (CoQI) process.

For additional updates for Year 3 of this objective, please see Attachment A, NJ DCF's CFSR PIP Progress Report and Attachment B, Supplemental Information Related to DCF's CFSR PIP.

Objective 2: Implement behavior-based case planning practice[20]

Rationale for Objective 2

The CFSR and Qualitative Review 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.

[20] See CFSR PIP page 16

Year 3 Update: Complete training strategy; continue coaching strategy.

The integration of Solution-Based Casework (SBC), an evidence-based, family-centered case practice model, within DCF's case practice model (CPM) is organized within a teaming structure to ensure efficient, high-quality implementation. Implementation teams were strategically organized to attend to the implementation drivers and supports, and purposefully linked to promote bi-directional communication and problem-solving. A training and coaching subcommittee is responsible for developing a comprehensive training and coaching plan to ensure that staff and partners effectively apply SBC values and skills.

Throughout Year 3, DCF continued to integrate required changes in the agency's training curriculums, forms and policies, quality assurance process, performance review process. DCF completed an internal training and consultative core staff that will serve as the CP&P Local Office on-site trainers and coaches to assist with long-term integration and application of the behavioral case planning model. DCF also completed its initial training plan for staff and communication plan with external stakeholders. These efforts will occur on an ongoing basis.

Additional information regarding DCF's implementation of Solution Based Casework, including training and coaching strategies and assessing fidelity to the practice model, can be found in Attachment A, NJ DCF's CFSR PIP Progress Report and Attachment B, Supplemental Information Related to DCF's CFSR PIP.

Objective 3: Promote a culture and practice that prioritize father engagement and assessment [21]

Rationale for Objective 3

Analysis of CFSR and Qualitative Review 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, DCF modified its NJ SPIRIT system and developed 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

[21] See CFSR PIP page 16

- Re-entry rates
- Case Review System- item 20

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

Training

DCF continues to work to support the case practice model with clear expectations regarding level of effort required to proactively engage in fathers. To support these efforts all CP&P field staff are required to take the "Fathers are Important: A caseworker's guide to working with fathers," that includes accountability and support packages to support transfer of learning to practice. 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 now offered as two sessions. The training continues to be delivered on a monthly basis.

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. CP&P and OTPD completed a "road show" and met with leadership in each area to review curriculum, select facilitators and address any concerns. Additionally, CP&P and OTPD met with each area to assess progress on the delivery of the support and accountability package. Early reports indicate that local office leaders successfully integrated the support and accountability package into existing staff meetings. CP&P and OTPD will continue to support area and local office leaders to ensure sustainability of these early efforts.

Statewide Fatherhood Engagement Committee

Please refer to the General Information on NJ DCF's Collaboration Efforts section for information and updates on DCF's *Fatherhood Engagement Committee*.

DCF Parent Council

OFV continues plan for and exploring best practices around creating 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 models for future parent councils. OFV's goal is to work toward hiring additional staff and creating a kinship parent council and a wisdom council, that will lead to the formation of a statewide Parent Council. As part of this work, DCF recognizes the voices of birth parents, relative caregivers and foster parents with lived experience provide ideas that inform system priorities and context reflecting community needs.

For additional updates for year 3 of this objective see Attachment A, NJ DCF's CFSR PIP Progress Report and Attachment B, Supplemental Information Related to DCF's CFSR PIP.

Objective 4: Strengthen concurrent planning practice and accountability[22]

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

[22] CFSR PIP page 21

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

In Fall 2021, DCF's Safety and Performance Management Committee reviewed the CFSR results and findings. DCF determined that continued work to implement Solution-Based Casework and to manage quality through DCF's enhanced Collaborative Quality Improvement process will address the needs identified in the CFSR. Additional updates on Solution-Based Casework can be found above in *Objective 2* and our Collaborative Quality Improvement process can be found in the *Quality Assurance System* section of this report.

For additional updates for Year 3 of this objective, please see Attachment A, NJ DCF's CFSR PIP Progress Report and Attachment B, Supplemental Information Related to DCF's CFSR PIP.

Objective 5: Increase the use of kinship care[23]

Rationale for Objective 5

Analysis of 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

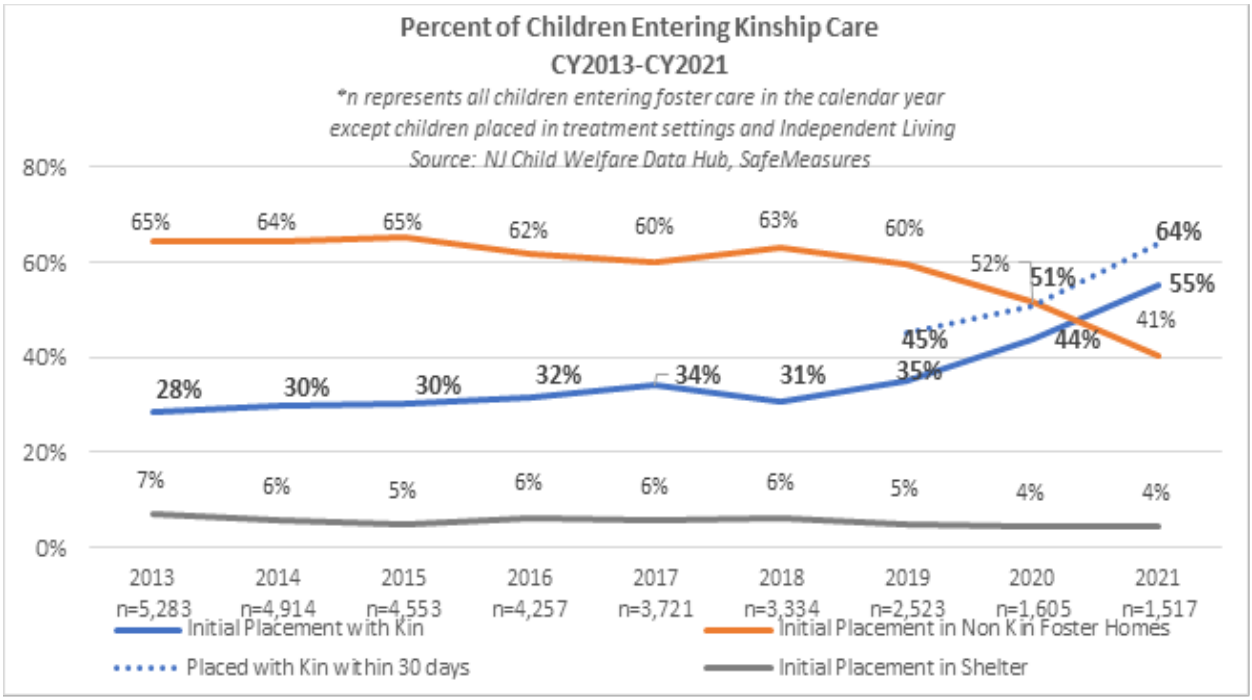
Year 1: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Key Activities
Year 2: Q5-Q8 CFSR PIP Key Activities
Year 3: Conduct assessment of kinship performance and impact on length of stay develop additional strategies depending on findings
Year 4: Carry out additional strategies identified in Year 3
Year 5: Carry out additional strategies identified in Year 3

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

[23] CFSR PIP page 22

DCF continues to make significant progress with placing children in kinship care within thirty days of removal. During the second half of 2021, CP&P showed the greatest annual growth in placements with kin with 55% of children entering care initially being placed with kin and 64% of children entering care being placed with kin within thirty days (see figure 30 below). DCF recognized that, during Year 3, the length of stay for all children, including those placed with both kin and non-kin, increased. DCF will continue to monitor this metric to ascertain contributing factors and to determine the impact of placement with kin.

Figure 30



DCF successfully pursued statutory changes to remove barriers to utilize kin care or Kinship Legal Guardianship (KLG). In July 2021, the following statutory changes became effective:

1. Creates 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 previous legislative framework required the Department to search for relatives within 30 days of removing a child from their home but did not create a preference for the child to be placed with their relatives or kin. The new legislation requires the Judiciary and the Department to consider kinship placement as the first option, allowing the entire child welfare system to now move towards a "kin first" approach. Other placement options may be considered, as necessary, when a best-interest determination is made.

2. Removes burdens and strengthens ability for children to exit foster care to KLG. The new legislation eliminates the previous KLG language requiring the demonstration that "adoption is neither feasible nor likely."; (N.J.S.A. § 3B:12A-1

— 3B:12A-7) Additionally, it reduces the length of time the child needs to have been in the home prior to KLG finalization from 12 months to 6 months.; (N.J.S.A. § 3B:12A-1 — 3B:12A-7).

For additional updates for Year 3 of this objective, please see Attachment A, NJ DCF's CFSR PIP Progress Report and Attachment B, Supplemental Information Related to DCF's CFSR PIP.

Objective 6: Strengthen NJ DCF's partnership with child welfare stakeholders and the Judiciary[24]

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

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 3 Update: 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

During Year 3, DCF continued to partner with the courts to enhance communication and practice, including regular review of data during local and statewide meetings. As part of this work, the Judiciary continued to direct the local Children in Court Advisory

[24] CFSR PIP page 23

Committees (CICAC) to develop and submit action plans to improve permanency outcomes. DCF continued to present at the statewide Children in Court Improvement Committee (CICIC) meetings as part of the standing agenda item "Timeliness to Permanency," as well as to other counties at virtual "Lunch and Learn" sessions for CICACs. During this year, the CICACs tracked their data for decision points by race and ethnicity, includes entries, time in placement, re-entries, permanency outcomes, and placement types. The Judiciary was tasked to provide data indicating the amount of guardianship appeals compared to amount of guardianship orders entered in Superior Court to also improve permanency efforts.

For additional updates for Year 3 of this objective, please see Attachment A, NJ DCF's CFSR PIP Progress Report and Attachment B, Supplemental Information Related to DCF's CFSR PIP.

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

OFV continues to plan for and explore best practices around creating 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. OFV is working to add staff and create a kinship parent council as well as a wisdom council that will lead to the formation of a Statewide Parent Council. As part of this work, DCF recognizes the voices of birth parents, relative caregivers and foster parents with lived experience provide ideas that inform system priorities and context reflecting community needs.

To begin enhancing the resource parent/birth parent collaboration, DCF incorporated components of the Birth and Foster Parent Partnership (BFPP): A Relationship Building Guide, into pre-service training for resource caregivers. DCF conducted an exploration of practice supports, which led to the BFPP. BFPP, in collaboration with the Children's Trust Fund Alliance, created this tool to support how resource and birth parents can partner to build strong relationships and improve better outcomes for families. The tenements of discussion topics from this guide are used during pre-service training with resource families to reinforce how strong partnerships with birth families elevate protective factors, strengthen families, and promote positive outcomes for children.

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, surveys, stakeholder feedback, 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 ongoing plans 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

DCF engaged Social Solutions, LLC, 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. During Year 3, DCF continued to move forward with SBC training and coaching strategies. Additional updates for Year 3 of this work are provided in Attachment A, NJ DCF's CFSR PIP Progress Report and Attachment B, Supplemental Information Related to DCF's CFSR PIP.

Training for the Structured Decision Making (SDM) Tool

DCF is engaged with Evident Change[25] (formerly the National Council on Crime & Delinquency and Children's Research Center) to provide training and technical assistance regarding Structured Decision Making. During Year 3 remaining CP&P staff participated in the virtual training. Additional updates for Year 3 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 3 of this work are provided in Attachment A, NJ DCF's CFSR PIP Progress Report and Attachment B, Supplemental Information Related to DCF's CFSR PIP.

Training on Criminal Background Checks

[25] 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.

DCF continues to deliver training related to criminal background checks, which remains available for staff. Updates for Year 3 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 3 of this work are provided in Attachment A, NJ DCF's CFSR PIP Progress Report and Attachment B, Supplemental Information Related to DCF's CFSR PIP.

Technology Implementation Supports

DCF undertook modification of NJ SPIRIT and SafeMeasures case management systems. DCF and the AOC continue to work on improvements to the interface between DCF and Judiciary data systems. DCF's work with North Highland will support and advance further enhancements to these systems and interfaces.

Updates for Year 3 of this work are provided in Attachment A, NJ DCF's CFSR PIP Progress Report and Attachment B, Supplemental Information Related to DCF's CFSR PIP.

Administrative Practices/Policies/Teaming

During Years 1-3, DCF has updated policies relevant to Goal 2, including policies related to concurrent planning, kinship legal guardianship, solution-based casework and more. See Attachment A, NJ DCF's CFSR PIP Progress Report and Attachment B, Supplemental Information Related to DCF's CFSR PIP.

Partnerships and Collaborations

DCF continues to use 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. The Department continues its 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. Attachment A, NJ DCF's CFSR PIP Progress Report, and Attachment B, Supplemental Information Related to DCF's CFSR PIP, reflect the work accomplished through these partnerships.

As described in Goal 2, Objective 3, OFV, fathers and DCF professionals have worked collaboratively to create workgroups dedicated to advancing the FEC's recommendations and action steps. Each workgroup is comprised of fathers and representatives from DCF's Office of Policy and Regulatory Development (OPRD). The fathers proposed improved policy on searching for and engaging fathers. As a result of these efforts, OPRD began working to revise the policy and propose an Administrative Order dedicated to

engaging fathers. Another workgroup is dedicated to creating centralized services and resources for fathers in marginalized communities. The workgroup collaborates with DCF's Family and Community Partnerships and has met with representatives from Family Success Centers run by Children's Home Society of NJ, and Acenda Integrated Health. Other workgroups include representatives from the CP&P, the Division on Woman and the Office of Resilience, fathers with lived experience are included on all workgroups. In addition, the fathers collaborate with external entities to share their experiences. In August 2021, fathers provided insight to Administrative Office of the Courts about challenge's fathers face during litigation with CP&P. A father participated in a filmed interview hosted by Casey Family Programs.

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

DCF's Office of Family Voice facilitates the DCF Youth Council, as well as the Fathers with Lived Experience Subcommittee. Fathers and young people have provided technical assistance to several state agencies through their lived expertise. For example, during the COVID-19 pandemic, youth met with the Department of Health, Office of Public Health to inform their work with youth. Fathers and youth both met with Administration on Courts to share perspectives and recommendations. As stated above the fathers also met with representatives from Family Success Centers to collaborate on better engagement for fathers.

Goal 2 Technical Assistance Needs

DCF continues to make use of technical assistance from Social Solutions, LLC, and Evident Change to advance Goal 2. DCF has engaged the courts and legal stakeholders with an introduction to Solution Based Casework and its implementation and integration into the case practice model at its annual Children in Court conference. Additionally, at local court meetings, ongoing education has occurred to inform the courts about internal practice and form changes.

DCF trained legal stakeholders and the judiciary after a number of statutory changes occurred to support kinship care. The training included an overview of the revisions to the law and focused on the over 40 internal policies that were modified.

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 the Office of Housing have been collaborating with stakeholders from across the Department and community based KFT providers to finalize the KFT Practice Profile, develop implementation supports (training, coaching and supervision) and finalize the Program Manual. This implementation cycle is intended to solidify the practice and infrastructure needed to ensure the intervention is delivered as intended. The KFT program manual, along with web-based staff training is expected to be complete by June 2022.

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.[26]

High rates of worker turnover are also associated with increased rates of repeat maltreatment.[27] 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.[28]

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.

Measurement of Progress for Goal 3: Plan from 2022 APSR

[26] 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?

[27] 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.

[28] 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.

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 CP&P 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.

Updates for Measurement of Progress for Goal 3: Plan from 2022 APSR

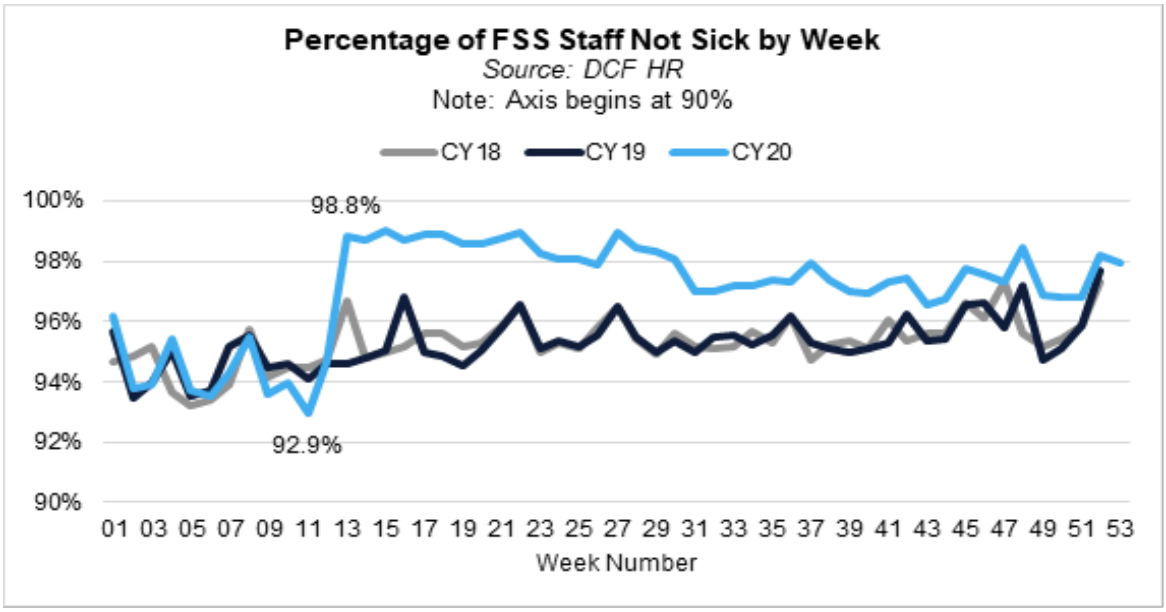
Year 3 Update: Measure: Assess and improve scores for CP&P staff

In an effort to obtain a status update from DCF staff to understand if and how things have shifted since the start of the COVID-19 pandemic, DCF worked in collaboration with University of Kentucky to issue the NJ Safety Culture Survey to all Department staff. In July 2021, a total of 4,369 (65%) staff from DCF completed the survey, which was an organizational assessment that examined aspects of the agency's culture and operations. DCF will use the results of the survey to benchmark staff wellness, safety, and overall workplace connectedness. DCF plans to distribute the survey every other year.

Year 3 Update: Measure: Reduce Sick time/leave utilization for frontline caseworkers and supervisors

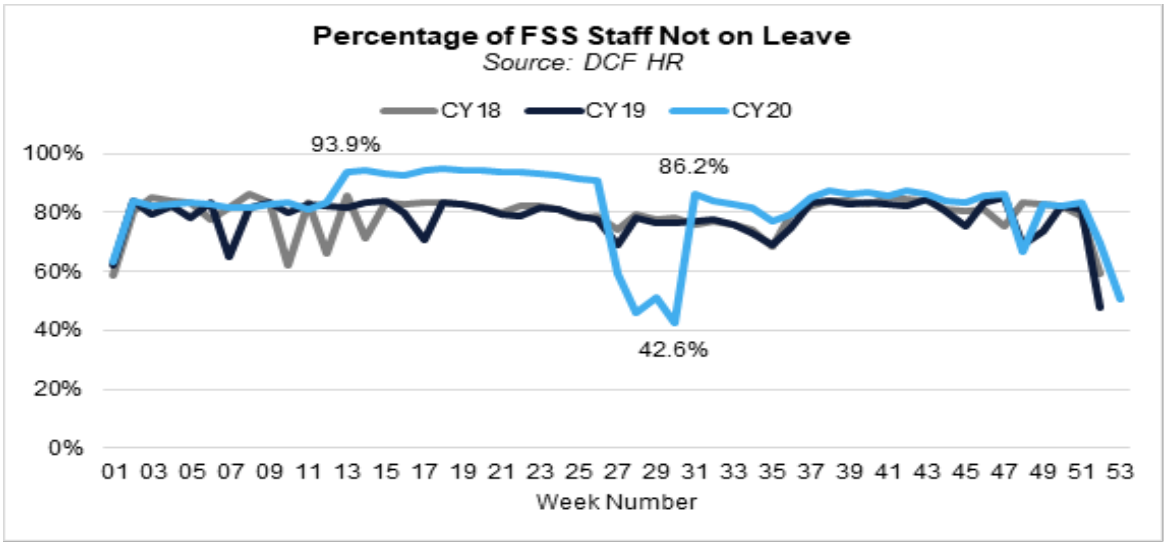
Generally, the trend for staff not on leave (See Figure 31) shows the increase for all 2020 data over 2019, as staff were remote and not in need of as much leave time. 2021 generally similar numbers to 2019. Slightly fewer staff on leave than in 2019, but typically settling back below 2020 levels. This does appear to have returned to a relatively pre-pandemic level of leave time being used.

Figure 31



Regarding sick time (See Figure 32), a very similar trend can be seen. FSS staff sick time usage for 2020 was markedly less for all weeks after remote work began, compared with 2019. 2021 levels had returned much closer to pre-pandemic levels of 2019, which appears to be a fair baseline. This deviated in late 2021 due to Omicron COVID spikes but does appear to be otherwise a reliable baseline.

Figure 32



A general note regarding leave time vs. sick time used: Staff using leave time would count any staff on an approved leave, as well as those using personal benefit time of any sort (VACA, XP, AL, SICK). The use of VACA and AL time should be consistent year to year, as staff are allocated the same amounts and other than a consistent level of carryover, must use the same amount. Similarly, for XP time, staff are generally asked to keep their XP balances no greater than a certain benchmark, so these hours would also be used at a consistent rate, independent of other events. As such, it would be generally the case that SICK time would be the only benefit time that would actually fluctuate depending on circumstances, whereas the others would have to be used no matter what. This is why we see a much clearer difference in SICK time used per year as opposed to Leave time.

Throughout 2020, DCF routinely monitored staff utilization of leave time. Uses of leaves of all types declined noticeably commensurate with the onset of the COVID-19 pandemic, 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 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 pandemic 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 becomes further established, DCF will identify new metrics by which staff health and wellness may be measured.

Year 3 Update: Measure: Reduce Caseworker position level turnover

During the past year, the number of child welfare staff separations at DCF have increased from 151 in 2019-2020 to 204 in 2020-2021 (See figure 33); however, they have not returned to pre-pandemic levels. As such, DCF has decided to reconsider this measure.

Figure 33

All Child Welfare Staff Separations by Job Title from October 1, 2020, through September 30, 2021

	Retirement	Resignation in Good Standing	Resignation Not in Good Standing	Resignation Pending Disciplinary Action	Removal	Appointment Discontinued	Transfer to another Dept	Death	Total
Family Service Specialist Trainee		1				1			**2**
Family Service Specialist 2	15	117	2	1				7	**142**
Family Service Specialist 1	19	10							**29**
Front Line Supervisor (SFSS 2)	16	6		1					**23**
Case Practice Specialist (CSS)	1								**1**
Case Work Supervisor (SFSS 1)	3								**3**
Local Office Manager	2								**2**
Area Office Support Staff									**0**
Area Office Manager	1	1							**2**
Total	**57**	**135**	**2**	**2**	**0**	**1**	**0**	**7**	**204**

Statement of rationale for change in measures from 2022 to 2023

As noted last year, DCF took a step back to reassess the agency. Although DCF originally proposed measures regarding staff leaves and separations in the 2020-2024 CFSP, the COVID-19 pandemic has impacted DCF's ability to tangibly measure these particular measures. In July 2021, a total of 4,369 DCF staff completed the Safety Culture Survey, an organizational assessment that examines aspects of an agency's culture and operations. The survey was administered by University of Kentucky who also assisted other jurisdictions in surveying their staff. After further review, DCF would like to utilize the following scales measured in the Safety Culture Survey as DCFs new measures:

- **Intent to Remain Employed in Child Welfare (IRECW):** measures an individual's intent to remain employed in child welfare
- **Stress Recognition:** measures how well people identify stress and its impact on decision-making
- **Workplace Connectedness:** measures how connected employees feel to coworkers in the agency

Measurement of Progress for Goal 3: Updated for 2023 APSR

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
Intent to Remain Employed in Child Welfare	66%	N/A	N/A	Updated measures and developed baseline	Increase from baseline	Increase from baseline	Biannual Safety Culture Survey
Stress Recognition	51%	N/A	N/A	Updated measures and developed baseline	Increase from baseline	Increase from baseline	Biannual Safety Culture Survey
Workplace Connectedness	74%	N/A	N/A	Updated measures and developed baseline	Increase from baseline	Increase from baseline	Biannual Safety Culture Survey

Updates for Measurement of Progress for Goal 3: Updated for 2023 APSR

The key findings of these three metrics are listed below:

- **IRECW**: 66% of staff intend to remain employed in child welfare
- **Stress Recognition**: 51% of the staff identify stress and its impact on their decision making
- **Workplace connectedness**: 74% of staff feel connected to other employees in the agency

These percentage scores represent the number of employees who positively endorsed each scale. At this time, DCF will compare these findings to other child welfare agencies. This work is emerging, and the goal is to be at or above the current results by facilitating the following:

- **Intent to Remain Employed in Child Welfare**

  Administer a periodic stay/satisfaction survey as an opportunity to communicate to employees about why they choose to remain with DCF. This would assist DCF in uncovering any issues that can be corrected before an employee decides to separate from the agency.

- **Stress Recognition**

    - Support Groups: Weekly drop-in sessions that would address trending issues such as COVID Long Haulers, pandemic fatigue, mindfulness, anxiety, re-entry, and recovery.
    - Health and Wellness Calendar: Develop and distribute monthly wellness calendars where a self-directed wellness activity is suggested for each day. Calendars also include wellness tools and self-care tips specific to each month as well as inspirational quotes.
    - Mindfulness Toolkit: Available to staff and accessible through the DCF portal, and an external web-based Mindfulness page, with a list of resources that can help staff to reduce stress and stay centered.
    - Webinars: Develop and facilitate one-hour, monthly webinars. Topics include eight dimensions of wellness, pandemic fatigue, trauma, stress related to reentry.

- **Workplace Connectedness**

    - Real Talk Conversation: Develop and facilitate half-hour, monthly. Topics have included balancing professional life and single parenting, promotional opportunities, performance reviews , Facilities, Using Laughter in difficult times.
    - Annual Staff Appreciation Event**:** Annual convening of DCF staff to carve out opportunities to celebrate success.

Lastly, DCF intends to disseminate the Safety Culture Survey every other year as a means to continue to assess the culture of the agency. The next survey will be administered in July 2023; and, therefore, reported in Year 5. DCF is hopeful that staff health and wellness efforts will result in an increase in percentage scores for all three measures.

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"[29] 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.

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 set a goal of building on this foundation, creating an agency-wide Office of Staff Health and Wellness, which will report to the Commissioner. and The Office 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, as well as information gathering, assessment and development of 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.

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

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 3 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

DCF continues to make staff health and wellness a priority by offering:

- monthly wellness webinars through the partnership with Worker2Worker and through the Office of Staff Health and Wellness (OSHW).
- a monthly DCF Real Talk series was launched in which staff are interviewed about current and relevant issues impacting their emotional health.
- staff visits with therapy dogs, through a partnership with the Alliance for Therapy Dogs, as a means to address vicarious stress in the workforce and the added stress load created by the COVID-19 pandemic.
- Flextime. Workers who were caring for children or elderly parents were offered flextime, so work could continue within a schedule that allowed them to be present for both personal and professional obligations. Recently, the Civil Service Commission approved flextime permanently. DCF also revised the “Core Hours” outlining hours during which Department staff are permitted, with appropriate approval, to conduct Department business. Work may now be approved between the hours of 7a.m. and 7p.m.

Throughout Year 3, DCF continued to maintain supervisory and caseload ratios. Please refer to the Information on Child Protective Service Workforce section of this report for additional information.

*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 3 Update: Assess impact of new process

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

During Year 3, 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 3, 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 pandemic. 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 updates 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[30]:

Staffing Implementation Supports

Additional Office of Staff Health and Wellness staff have been onboarded to assist with the coordination and organization of Office of Staff Health and Wellness activities. An office clerk, Supervising Program Support Specialist, and three Program Support Specialists have joined the Office of Staff Health and Wellness. The Supervising Program Support Specialist as well as all three Program Support Specialists bring years of experience working within DCF.

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

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*.

Additionally, DCF's Office of Human Resources worked with the NJ Civil Service Commission to avail the CLIP (Center for Learning and Improving Performance) ALL ACCESS PASS, allowing staff to gain round-the-clock access to more than 800 new training tools and courses for professional development.

Technology Implementation Supports

No technology supports have been identified for these objectives.

[30] Specifics for the implementation supports identified for Goal 3, Objective 2 can be reviewed in Goal 1 of this report.

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

During the COVID-19 pandemic, 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 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:

No technical assistance needs have been identified for these objectives.

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 applied 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. 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 (OOQ) is tasked to lead and support Department-wide 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), and the Children's System of Care (CSOC). Currently, the OOQ 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 CQI activities. DCF is committed to strengthening its CQI infrastructure and expanding this framework within other DCF divisions, as well as with community stakeholders.

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 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, 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 various case reviews for the Department that provides 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. A new annual case record review process will be implemented in July 2022 to evaluate the permanency case practice for in-home, out-of-home, and young adults within every local office. This review will evaluate the quality of practice that will be used to identify practice strengths and areas for improvement that will later be incorporated into developing an improvement plan for the selected Collaborative Quality Improvement (CoQI) priority. Once the improvement plan tasks are developed with the local office, there is a continuous follow-up process to measure the implementation, success, and sustainability of those plans.

Analysis and Dissemination of Performance Data

DCF is committed to ensuring that both internal and external stakeholders 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. This feedback will also be incorporated into the CoQI process that will help to assess and improve practice, as well as help support supervisors and field staff understand how those findings 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.

DCF is also actively planning for a community CQI process that will include findings from community data in an effort to identify solutions that could lead to better outcomes for children and families. Through this process, insight into how the community context may be impacting some of the outcomes we see in DCF service outcomes could be revealed. Systemic issues and planning to address the identified challenges can be addressed accordingly.

The new annual case record review process will evaluate the case practice of in-home, out-of-home, and young adults case practice within all 46 statewide Local Offices. The reviews will measure the quality of practice, informed by policy and procedure, to evaluate if staff are conducting the right assessments, identifying the right service and intervention needs for the families, as well as adhering to ensuring permanency for all children CP&P encounters. The review will focus on five outcome domains (Safety, Risk, Health and Well-Being, Permanency, and Teaming) that will be assessed through the lens of practice, which includes engagement, assessment, case planning, and supervision. The findings from the review will inform the CoQI priority for each Local Office. An improvement plan and qualitative tasks will be developed around that priority, followed by three formal check-in meetings to assess for updates, sustainability, and success for each task. This robust case review and CoQI process will occur within a 12-month cycle, with a new cycle starting the preceding month.

A Rapid and Area Office CoQI process will also simultaneously occur for each Local Office during the Annual Review process. While each Local Office will not start the record review at the same time, each Local Office will be intentionally working on identifying areas that require focus and developing improvement plans monthly. These processes are all intended to improve case practice and identify additional supports for frontline staff as they work to help and service New Jersey children and families.

DCF understands the importance of developing staff to support the CQI system. To ensure staff with designated CoQI roles, as well as all DCF staff, are prepared to support this new initiative, training regarding this new process has started and will continue to ensure fidelity to the models. Staff tasked with completing case record reviews will undergo a full training of the tool guidelines and take part in several inter-rater reliability exercises prior to the start of the review process. These exercises will continue quarterly thereafter. OOQ also incorporated policy review days that are intended to ensure all staff are well versed on the practice being evaluated. In addition, ongoing meetings with

executive leadership will continue to evaluate strengths and challenges that may arise from the implementation of this new initiative and plans will be developed to promptly address any challenges.

Lastly, DCF created an Office of Monitoring in July 2021, which is tasked with developing and implementing standard reviews of purchased services. Findings from these reviews will be disseminated within DCF and, in aggregated formats, with providers themselves to inform collective improvement planning.

DCF will continue to utilize 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. During the development of the new case review tool, the OSRI tool was aligned to ensure the measures had similar content. Efforts are being made to align the outcome measures and sampling strategies for the CFSR reviews with the Local Office CoQI process. In 2019, New Jersey completed a baseline review of 65 cases, using the OSRI, between June and August. In 2020 and 2021, DCF completed a virtual measurement round of the CFSR, reviewing 65 cases each year using the OSRI. DCF will continue to utilize the OSRI results by integrating them into the department's overall continuous quality improvement strategy as applicable. 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 plans, implements, and learns.

Please see table below for specific examples of DCF's ability to meet the required components of the Quality Assurance System.

Requirement 1.	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 are provided?	Example CQI activities influencing all NJ jurisdictions include: ● 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 reports, and NJ Child Welfare Data Portal); and CQI staff capacity building and framework integration at the state, area, and local levels.
Requirement 2.	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)?	Examples of DCF's strategies for applying standards to evaluate the quality of services include: ● Tracking, monitoring results in relation to specified targets, dissemination and use of data and outcome measures; ● CoQI 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.
Requirement 3.	Is the State operating an identifiable quality assurance system that (3) identifies the strengths and needs of the service delivery system?	Example strategies for identifying the strengths and needs of the service delivery system include the: • Office of Strategic Development dedicated to matching needs and services; • Office of Quality dedicated to infusion of family voice aligned with case record reviews that will help inform improvement planning; and Office of Monitoring to conduct quality oversight of contracted agencies to ensure they are in compliance with agreed standards.
Requirement 4.	Is the State operating an identifiable quality assurance system that (4) provides relevant reports?	Evidence of primary CQI activities related to providing relevant reports include, but are not limited to: • 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 • Internal reports distributed to Central Office, Area Office, and Local Office leadership as appropriate.
Requirement 5.	Is the State operating an identifiable quality assurance system that (5) evaluates implemented program improvement measures?	Examples of primary CQI activities related to evaluating implemented program improvement measures include, but are not limited to: • Externally Contracted Evaluations; • Internal Evaluations of Statewide CP&P Pilots; and • Process and outcome measurement of Local Office Rapid and Annual Improvement Plans.

Update on Service Descriptions: Child and Family Services Continuum[31]

Strengths and Gaps in Services

DCF's child welfare practice aims to meaningfully engage families in a process that seeks to identify changes that can be made within their family, and required supports necessary to make those changes, 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 the Commissioner's listening tour. These initiatives made clear 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 to ensure quality.

Next, the DCF/HSAC County Needs Assessment, which was designed in collaboration with the County Human Services Directors, allowed HSACs to attain county-specific qualitative information related to county needs and barriers to meeting those needs.

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 pandemic, 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 to review the county report and findings and discuss how to improve the needs

[31] 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.

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 and service providers. All county and statewide findings, as well as additional information about the needs assessment process, are publicly available at: *https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html*. DCF is using the findings from the current cycle to inform planning for the service array, informing RFPs and service design. 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

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, DCF conducted a review and meta-synthesis of DCF-related needs assessments 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 framework[32] 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.

[32] Committee on Economic, Social and Cultural Rights (ESCR Committee), General Comment No. 14: The right to the highest attainable standard of health (Art. 12), (22nd Sess., 2000), in Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at XX, para. XX, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008).

Human Services Advisory Council (HSAC) Needs Assessments

In August 2021, DCF, alongside presenters from the HSACs and Rutgers University-School of Social Work, held a virtual forum to present findings of the 2020 needs assessments, DCF and local plans for use of the findings and plans for future assessment. DCF, through Rutgers, published a comprehensive statewide report, synthesizing the information learned through the 21 county assessments. 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[32], utilizing the rights based AAAQ framework referenced earlier.

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

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

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 produce 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 to manage 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.

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 to achieve the standards, and the standards will then begin to be embedded in provider contracts and monitored regularly.

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 three of achieving improvement in service array:

Launch suite of core services which may include the continuation, expansion, and/or uptake of new programming.

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.

This year 3, DCF continued the Department-wide work effort to operationalize intended changes to the Service Array by creating Programmatic Plans for each Programmatic Division. Programmatic Plans are the roadmap for reforming practices and improving services, they outline targeted program development activities, timeframes, and resources needed to ensure high quality programming using implementation science best practices.

The Department will ensure these plans continue to move forward. We are in the process of developing a centralized tracking system to help support the progression and management of these plans.

Embed Service Excellence Standards in DCF contracts

To ensure children, youth, and families have access to an effective array of quality services, DCF is in the process of vetting and finalizing quality standards that will be embedded within DCF contracts. This will speak to service availability, accessibility, and quality. To support this work, in November 2021, the DCF Office of Monitoring (OOM) collaborated with Chapin Hall to conduct a literature review of standard documents which was then compared to DCF's quality standards to identify areas of alignment and to make recommendations regarding areas of potential development. OOM will begin to utilize the quality standards with the launch of its pilot in Phase I, in calendar year 2023.

Continue development and implementation of monitoring tools and protocols to track fidelity, performance, CQI

In Fall 2021, DCF determined which purchased services would constitute the first wave of programs to convert to the new method of monitoring. In March 2022, the OOM Wave 1 workgroups comprising DCF, and provider staff were created to develop tools and procedures. Throughout Spring 2022, the OOM continued to develop methodologies around tool design, monitoring guidelines, and case review instruments. OOM plans to finalize the record review tools, client interview tools, site visit tools, and user guides for Wave I programs within the Children's System of Care, the Division of Family and Community Partnerships, and the Division on Women in first and second quarters of 2023. OOM will continue to develop a consistent practice for monitoring implementation and identifying program fidelity markers. The infrastructure required to develop and implement a robust monitoring process will continue and monitoring of the Wave I programs is intended to begin in the first half of 2023.

Benchmarks for years four through five are described below.

Year Four:

- Continue to track and execute on Programmatic Plans
- Continue development and implementation of monitoring tools and protocols to track fidelity, performance, and CQI
- Launch Monitoring Pilot of service lines identified in Wave I Launch Wave II for Monitoring

Year Five:

- Continue to track and execute on Programmatic Plans
- Continue development and implementation of monitoring tools and protocols to track fidelity, performance, and CQI
- Continue to monitor service lines identified in Wave I and II Launch Wave III for Monitoring

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.

To ensure continuity of services during the COVID-19 pandemic, CHU nurses provided telephonic communication with families, including face-to-face video chat, developing tools for assessment and anticipatory guidance, following CDC guidelines, for all caregivers including resource parents, birth parents, respite providers, and childcare providers. CHU staff reinforced COVID-19 precautions, encouraged routine childhood vaccinations and well visits, and recommended follow up care for children with chronic illnesses including asthma, cardiac conditions, immune disorders, diabetes, and gastrointestinal disorders. In July 2020, CHU nursing staff returned to field work providing in-home visitations for all children in care and conducting Pre-Placement Assessments as appropriate in each office.

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.

During the COVID-19 pandemic, substance use disorder assessment services were modified to ensure safety for agencies and CP&P referred parents/caregivers. In July 2021, CPSAI providers returned to conducting in-person substance use disorder assessments and drug screens. This was done following safety protocols outlined by the CDC and NJ Department of Health. CPSAI continue to provide virtual assessments through HIPPA complaint audio and visual technology when needed. Drug screens were not collected for those needing a virtual assessment. CPSAI agencies have continued to provide clear diagnostic impressions and recommendations.

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 each CP&P Local Office. Currently, all 46 CP&P Local Offices are supported by PRSS services. Each PRSS is expected to have a caseload of 18-25 parents/caregivers with services spanning a period of nine to 12 months. PRSS connect with parents/caregivers through in-person meetings and telephone calls. 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, facilitating discharge planning, and connecting parents/caregivers to resources in the community including formal treatment services.

During the COVID-19 pandemic, Peer Recovery Support Specialist services continued to receive referrals and expanded services. PRSS services were modified to ensure safety for our agency staff and CP&P referred parents/caregivers. PRSS agencies worked remotely and provided services through HIPPA complaint audio and visual technology as well as via telephone. Staff increased to in-person visits with physical distancing precautions when the parent/caregivers felt comfortable and safe. PRSS agencies have remained connected and continue to provide emotional and concrete supports to CP&P involved parents/caregivers during a very anxious and challenging time.

Clinical Consultants

The Children's System of Care (CSOC) 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. One Clinical Consultant is assigned to provide consultation to CP&P Local Offices located within each of CSOC's 15 service areas.

During the COVID-19 pandemic, the Clinical Consultants shifted to providing consultation remotely. The Clinical consultants were available to CP&P staff via remote technology during regular business hours and established after-hours coverage to provide availability to the COVID-19 Response Team between 5:00 p.m.- 9:00 a.m. while the response team was in operation. Clinical Consultants continue to provide

consultation remotely at this time and have returned to regular office hours. Clinical Consultants have been able to maintain connections with CP&P staff through outreach and response to ensure consultation is provided as the needs of youth and families are identified. Remote consultation has increased flexibility and capacity to deliver consultation as consultants cover multiple CP&P offices within their designated service areas.

Domestic Violence Liaisons (DVLs)

The Domestic Violence Liaison Program is an inter-agency partnership to strengthen coordination and communication between the child protection and domestic violence service systems. The purpose is to increase safety and stability and improve outcomes for children and non-offending parents when child abuse and domestic violence co-occur. The program also strengthens the capacity of CP&P to respond effectively to families in domestic violence situations and promotes best practices and safe interventions.

DVLs are specially trained professionals with extensive knowledge of domestic violence and domestic violence support services. DVLs are co-located at each of the 46 CP&P Local Offices statewide and assist CP&P caseworkers with on-site assessment, safety planning, case planning, support, and advocacy. DVLs also team with and educate CP&P staff on the dynamics of domestic violence and align practices with DCF policy.

The DVL program ensured continuity of services throughout the COVID-19 pandemic by following public health guidelines and adjusting its service provision accordingly. DVLs conducted home visits when necessary and requested by CP&P and continued to make referrals to shelters and supportive services. Domestic violence agencies offer services both virtually and in-person to best meet the specific needs of the clients.

Early Childhood Specialists (ECSs)

Early Childhood Specialists 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. The ECS teams with CP&P staff by providing staff development and consultation, enhanced planning, assessment, service access and systems collaboration. Funding from the Preschool Development Grant (PDG), provided by the Administration for Children and Families (ACF), has been instrumental in expanding this initiative statewide.

Early Childhood Specialists continued to participate in the Plans of Safe Care during the COVID-19 pandemic. Meetings occurred remotely or through telephone conferencing. ECS are also structured within the Connecting NJ system, supporting expectant mothers and families with children birth to age five. This service transitioned outreach and engagement efforts to virtual and social media platforms. Some follow-up and outreach also took place via text messaging. Early Childhood Specialists were able to

maintain and enhance efforts through virtual events via Zoom and Facebook Live, providing examples for promoting developmental screening activities. There was an increase in service referrals to ECSs during CY21, a direct result of the COVID-19 pandemic. ECSs shared that the needs of families increased, which is supported by the increase in the total number of service referrals provided in CY20 from 2840, to a total of 4636 referrals for families in CY21.

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

Mobile Response and Stabilization Services (MRSS) for resource families

MRSS is the Children's System of Care (CSOC) urgent response component. 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 CSOC, all children and youth, ages three through 17, placed by CP&P local offices receive MRSS intervention 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 youth 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 and engages with the youth in the resource home, to support the youth's understanding of their experience and ensure they know how to ask for help when experiencing challenges that frequently accompany trauma and separation from parents/caregivers. MRSS workers assess and attend to youth behavioral health needs, assist resource parents to understand the youth's needs and developing strategies and plans to best support the youth, and encourage positive relationship development and regulation in the home. MRSS facilitates access to continued behavioral health care support and services through the CSOC, if needed.

During the COVID-19 pandemic, DCF temporarily authorized the provision of specific services, including MRSS, via remote technology after legislation approved 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 allows telehealth service delivery when families request, recognizing family's individual needs, circumstances, and perspectives.

Keeping Families Together (KFT)

Keeping Families Together is a supportive housing model designed for child welfare involved families experiencing housing instability who are also at risk of family separation due to high-risk factor including parental substance abuse. The intervention provides families with housing assistance (vouchers or rental subsidies) and comprehensive wraparound services. DCF facilitates KFT in collaboration with several key partners including the NJ Department of Health (DOH), the NJ Department of Community Affairs (DCA), Private Housing Developers and other community partners. KFT's "housing first" approach positions housing 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 pandemic, KFT services were delivered via telehealth and/or other remote technologies. As New Jersey began to lift 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 pandemic also impacted a significant number of housing partners who also needed to transition to remote services during the emergency. The Department of Community Affairs (DCA), the primary housing voucher administrator, is one such example. As most Department's physical state offices were closed, services from these entities were accessed primarily online. DCA offices have reopened and in person meetings with tenants and inspections have resumed.

In FY21, DCF partnered with Rutgers University's Institute for Families to develop the NJ KFT program manual along with a web-based, asynchronous staff and supervisor training and coaching curricula; these staff resources are intended to build and reinforce staff competencies in KFT practice.

DCF continued its longstanding partnership with the Corporation for Supportive Housing (CSH) to facilitate strengthening key stakeholder relationships and provide ongoing technical support to the Provider network.

DCF expanded its partnerships with Rutgers University Behavioral Health Care and CSH to enhance the KFT practice with the integration of *Motivational Interviewing*[33] and *Moving on from Family Supportive Housing*[34].

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 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 Presiding Family Court 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 from the Office of Research, Evaluation and Reporting hosted a webinar for the CICACs demonstrating how the DCF Data Hub could be utilized as an alternate 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

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[33] 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.

[34] 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 pandemic, the 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, a court staff representative and member of the judiciary from one county discuss how the project is going in their vicinage and what they perceive as the barriers to timely permanency.

During 2021, the AOC and judiciary continued to focus on racial equity through a "four-pronged approach." The four prongs are:

1. Leading with the data
2. State and systemwide training
3. Policy review (which includes evaluating all existing and new policies, statutes, programs, and practices through a race equity lens and with consideration of the lived expertise of youth and families)
4. Implementing programs, policies, practices and measuring change(s).

The local CICACs have created long term change goals aimed at reducing or eliminating racial disparities in child welfare cases in their county. Webinars are conducted where individual county committees present their data, explain their findings, and discuss lessons learned.

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 2022-2025 Statewide Prevention Plan of the NJ Task Force on Child Abuse and Neglect Prevention Subcommittee, as well as funding for the Collaborative Safety Initiative.

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.

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 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.

Referrals from juvenile courts and juvenile detention centers to CSOC for assessments and services dropped 46% from 2019 (963) to 2020 (516), attributed mainly to the pandemic. In 2021, the referrals increased by 17% (606). However, despite the significant drop in the total number of youth referred between 2019 and 2021, black youth remained disproportionately overrepresented at 37% when only 12.7% of New Jersey's population identifies as Black or African American. Racial disparities will remain a continued focus of DCF and New Jersey's Council on Juvenile Justice System Improvement (NJ CJJSI).

Juvenile Justice Commission

In December 2021, New Jersey's Juvenile Justice Commission (JJC) through the Office of the Attorney General issued a Restorative and Transformative Justice for Youth and Communities Pilot Program to develop an innovative restorative and transformative continuum of care in four of NJ's largest municipalities - Camden, Newark, Paterson, and Trenton. Pursuant to P.L. 2021, c.196, each of the four identified municipalities shall have a restorative justice hub that will provide community-based enhanced diversion and reentry wraparound services. CSOC is partnering with the JJC and these local communities through data sharing, identification of service gaps, and reciprocal referrals across these systems.

Youth Housing

DCF has continued to facilitate a continuum of youth housing programs and related services intended to empower child welfare–involved youth to maintain safe and stable housing, develop strengths, and realize their potential as they prepare for and transition to adulthood.

The youth housing continuum is managed by the Adolescent Housing Hub (AHH); these services are available to eligible homeless youth, youth at risk for homelessness, and youth aging out of the child welfare system, ages 18 – 21 years. With the capacity to serve over 400 youth, the continuum of youth housing includes transitional and supportive housing opportunities that aims to prevent homelessness and promote housing stability. The youth housing continuum is focused on leveraging housing as a platform to support highly vulnerable youth, by matching housing (vouchers or subsidy) with wraparound services. DCF facilitates this continuum in collaboration with several key stakeholders, including the NJ Department of Community Affairs (DCA), contracted provider partners, Public Housing Authorities (PHAs) and other community partners.

In response to the COVID-19 pandemic, youth housing services were delivered via telehealth and/or other remote technologies. As New Jersey began to ease COVID-19 restrictions, provider partners 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, youth housing providers continued to implement program activities as intended. The COVID-19 emergency also impacted a significant number of housing partners who also needed to transition to remote services during the emergency; DCA is one such example. As most Department's physical state offices remain closed, services from these entities are now accessed primarily online.

In FY22 during the COVID-19 pandemic, DCF partnered with DCA to expand access to housing vouchers by making available Rapid Rehousing Vouchers (short-term rental

assistance) to child-welfare involved youth and families; approximately 150 new short-term vouchers were made available during this time.

In FY22 to better coordinate DCF's response to the housing needs of youth and families served, the portfolio of youth housing programs was consolidated with family housing within the newly created Office of Housing (OOH) within DCF's Division of Family and Community Partnerships.

Maternal Wraparound Program (M-WRAP)

M-WRAP is a collaborative program supported by the NJ Department of Human Services (DHS) 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 pandemic, services continued 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 pandemic, evidence-based Home Visiting (HV) 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 Visitors also conducted drop-off services to deliver essential goods such as personal protective equipment, food, diapers,

and formula. In 2021-22, hybrid plans were also developed to make every effort to maintain in-person service delivery.

To address the developmental needs of all vulnerable children under the age of five over the next five years, DCF will 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.

The 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-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. The implementation of this policy was placed on hold during the pandemic. DCF and DHS will determine in collaboration a timeframe to initiate the policy with the three models referenced, and the local county welfare agencies.

Home Visiting: Enhanced Workforce Development

NJ is participating in the Coordinated State Evaluation (CSE) on workforce development and a Community of Practice (CoP) on staff wellbeing with several other states that include Oregon, Kansas, Iowa, and Montana. The purpose of this evaluation approach is to contribute to advances in knowledge of early childhood home visiting services through coordinated effort among MIECHV recipients. It is required that recipients must conduct an evaluation reflective of their interests within a defined priority topic area in coordination with other recipients and with TA support from a national evaluation coordinating center. A stable and well-trained workforce is essential for successful home visiting implementation. High staff turnover threatens morale of remaining staff, puts relationships with families in jeopardy and is costly as programs must work to find and train new staff. The CSE will build on NJ's previous work on workforce development and retaining staff by applying a health equity lens to exploring staff wellbeing and retention in the workforce.

Single Point of Entry for Early Childhood Services: Connecting NJ

Connecting NJ (formerly known as 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.

In September 2019, New Jersey was one of 10 states selected to receive a Technical Assistance grant from Pew Fund through the Robert Wood Johnson Foundation, entitled 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 the Connecting NJ system.

During the COVID-19 pandemic, Connecting NJ programs/services transitioned to remote work. Services were sustained and maintained as most of their work is done via phone and continued through 2021. Outreach and Engagement efforts were adapted through virtual and social media platforms. Texting was also incorporated as an effective outreach strategy. Connecting NJ hubs were able to enhance their outreach and engagement efforts through virtual events via zoom and Facebook live. The hubs were able to pivot and sustain program without major disruption due to referral infrastructure of Connecting NJ system since the Prenatal Providers are a primary referral source linked to the Connecting NJ data system. In CY2020, despite the COVID-19 pandemic, 914 children received support through the Connecting NJ system. In CY2021, 1,232 children were provided developmental screening at no cost by Early Childhood Specialists. Connecting NJ hubs have infused the implementation of developmental health promotion and screening policies within the Connecting NJ hubs statewide and will continue to maintain this service for NJ's children birth to five years.

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 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 (5) Placed Based Community (PBC) team Connecting NJ leads developed, implemented, and tested strategies for universal developmental health promotion and screening within their Connecting NJ hubs. The hubs utilized the online Ages and Stages Questionnaire Family Access Portal through Brookes Publishing[35].

Successful testing and implementation of the system took place between January 2018 and July 2019 with the PBCs completing 156 developmental screenings for children birth to five years. In September 2019, the ECCS work expanded beyond the five PBCs to the entire statewide Connecting NJ system in all 21 counties with support and implementation by the Early Childhood Specialist. The Early Childhood Specialist expanded Connecting NJ'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 CY020, despite the COVID-19 pandemic, 914 children were provided developmental screening at no cost by Early Childhood Specialists. 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 Connecting NJ hubs funded through the Preschool Development Grant resulted in 97% increase in reach from 2019 to 2020. Connecting NJ hubs have infused the implementation of developmental health promotion and screening policies within hubs statewide and will continue to maintain this service for NJ's children birth to five years.

Early Childhood Integrated Data System (ECIDS)

The *NJ Enterprise Analysis System for Early Learning (NJ-EASEL)*, which is New Jersey's 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. 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 Family Support Services partners with school districts and community providers throughout the State to operate SBYSP. SBYSP services are available to all enrolled students in participating school buildings 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

[35] Available online at https://agesandstages.com/.

development, recreation, and information/referrals. The funding for these programs is a combination of state and federal Temporary Assistance for Needy Families (TANF) funds.

During the height of the COVID-19 pandemic, SBYSP sites adapted a hybrid approach to supporting students, providing virtual activities such as, clubs and counseling as well as, in person support for school districts that practiced 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. During the 2020-2021 school year, many school districts struggled with student attendance due to rising COVID-19 cases in their communities. Many students were responsible to care for siblings and other family members in the home which caused a lot of stress and anxiety for students. The School Based Programs continue to utilize a hybrid (in-person and virtual learning for students) approach for students by engaging through various activities like virtual painting and cooking classes; groups for both males and females that focused on anger management; low self-esteem; anxiety/depression; leadership and career development. For the 2021-2022 school year, all SBYS programs sites are operating out of their spaces (within their host schools), offering in person supports to students, social and emotional Learning workshops in classrooms and student assemblies.

Parent Linking Program (PLP)

There are a sub-set of SBYSPs 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.

Programs are 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-child care system was introduced to PLP, with the goal to promote continuity of childcare during the summer months when most programs are closed. E-child care 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. 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.

All PLP sites are fully operational, and children are enrolled in fulltime services. 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 are currently operating to model fidelity and sites are near capacity in their enrollment of students. PLP sites are utilizing the Partner with Teen Parents and Safe Dates curricula. All sites are participating in required networking meetings to stay abreast of best practices.

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.

In addition to caseworker activities, 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 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 adoptive parents through services that are available for any adoptive family in the state regardless of the source of the adoption. Adoption and Kinship resources can be found through a CP&P contract with Children's Aid and Family Services, who provides a NJ Adoption Resource Clearing House (NJARCH), as well as Kin-Connect. They provide a free lending library on adoption related topics, referrals to support groups and clinical service providers that specialize in adoption and kinship related needs. Both Kin-Connect and NJARCH provide family trainings and educational resources. In addition, inter-country adoptive families can also access a multitude of services provisions through DCF, e.g., help with adolescent and, child behavioral health, and educational services, etc.

In the case of an international adoption that disrupts after the child is adopted in the United States and the child enters into CP&P placement, the agency will make every effort to place with the Kin of the child's adoptive family. If Adoption dissolution occurs and it is not in the best interest of the child to achieve legal permanency with their adoptive kin, and the child has a pre-existing relationship with a biological family member out of Country, this relative/kin would be considered for an adoptive placement. In order to facilitate this assessment and Home Study process, the agency would contact the Department of State's Office of Children's Issues to request approval from the Secretary of State and the relevant foreign authorities for the child to return to the country of origin. Once those approvals have been received, the agency would contact International Social Services (ISS). DCF staff, through Interstate Services, will work with ISS, regarding intent to assess and place for adoption (CP&P IV-C-9-100). CP&P will work closely to facilitate the placement and supportive services to transition the child back to their family and country of origin for the purpose of legal permanency.

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 34, 33, 36 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 34

Children aged 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 35

Children Under 1 and 1-5 who achieved Permanency within 12 Months																		
	2012		2013		2014		2015		2016		2017		2018		2019		2020	
Under 1	1050		948		955		883		816		761		720		608		468	
	399	38%	342	36%	339	35%	292	33%	302	37%	257	34%	247	34%	178	29%	128	27%
1 year to 5 years old	1503		1482		1443		1259		1206		1117		902		656		383	
	662	44%	649	44%	635	44%	593	47%	501	42%	472	42%	404	45%	261	40%	138	36%

Figure 36

Median Length of Stay under 1 and 1 to 5								
	2012	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
	All Entries	**All Entries**	**All Entries**	**All Entries**	**All Entries**	**All Entries**	**All Entries**	**All Entries**
Under 1	15	14.8	16.4	17.2	15	16.5	15	20.1
1 to 5	10.3	10.6	11.5	9.9	12	12.5	11.4	12.9

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 of *Goal 2* in this 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

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 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. For additional information and updates, please refer to the *Service Coordination for Families in the Community* section of this report.

Single Point of Entry for Early Childhood Services: Connecting NJ

Connecting NJ (formerly known as 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. For additional information and updates, please refer to the *Service Coordination for Families in the Community* section of this report.

Early Childhood Specialists (ECSs)

The Early Childhood Specialist supports referrals for children birth through five years of age and women who are pregnant. Their primary population is 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, or a referral to Early Intervention. The ECS will help to facilitate communication and teaming between our early childhood system of care at Connecting NJ and CP&P. With the caregiver's consent, the ECS will provide timely feedback regarding information and service linkages made. For additional information and updates, please refer to the *Service Coordination for Families with Active Child Welfare System Involvement* section of this report.

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 Service (DHS), 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.

Parent Linking Program (PLP)

There are a sub-set of SBYSPs 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. Programs are required to provide family-centered childcare services for infants and toddlers six weeks to 36 months old. For additional information and updates, please refer to the *Service Coordination for Families in the Community* section of this report.

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 updated 2020-2024 Health Care Oversight and Coordination Plan.

In-Home Recovery Program (IHRP)

IHRP is an innovative program seeking to improve outcomes for parents who have a 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 Division[36] and initially targeted children under 36 months. DCF sought 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.

Recognizing that attachment is critical to healthy development and that substance use treatment works, IHRP teams are comprised of two clinicians: one to address caregiver substance use and one to address the parent and child relationship[37]. Additionally, a Family Support Specialist provides case management services. IHRP teams work intensively with families for up to 12 months. 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 Nicholson Foundation developed the initial Request for Proposals (RFP) for New Jersey and funded Preferred Behavioral Health Group to work with CP&P to implement the IHRP program as a pilot in Ocean County, an area disproportionately impacted by the opioid epidemic. The Yale Child Study Center, with funding from Nicholson Foundation, provided consultation to inform implementation of the program and direct-service levels.

In order to sustain the IHRP, DCF published a RFP for the program in December 2020. Preferred Behavioral Health, the contracted provider for the Nicholson Foundation-funded pilot, was awarded the DCF contract grant in February 2021 and continues serving a minimum of 24 CP&P-referred families per year in Ocean County. The target population now includes expanded eligibility for families with children ages birth to six years. Additionally, DCF funding sustains ongoing training, technical assistance, and reflective supervision from the Yale Child Study Center. Rutgers University School of

[36] Additional information can be found online at http://www.familyct.org/programs/family-based-recovery/.

[37] 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

Social Work implements a mixed methods evaluation and continuous quality improvement process for the IHRP, with financial support from DCF, since the program's pilot inception. Evaluation findings indicate that while enrolled in IHRP, caregiver substance use decreased, children remained living with their biological caregivers and the vast majority of caregivers (98%) experienced no re-reports to CP&P. Stakeholders maintain regular communication to ensure coordination and timely problem-solving.

Looking forward, DCF plans to expand IHRP services to Union County, an area known to be lacking substance use disorder treatment services for CP&P-involved parents/caregivers.

Efforts to Track and Prevent Child Maltreatment Deaths

One of the core functions of DCF is the protection of children from maltreatment. Child fatalities resulting from maltreatment, while relatively rare in New Jersey[38], are a priority for the Department.

From January 2010 until December 2021, 203 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 203 cases referenced above:

- Manner of Death: Other Homicide accounted for 27%. Child Maltreatment accounted for 34% of fatalities.
- Age at Death: Children less than 1 year of age accounted for 44% of the fatalities.
- Gender: Male children accounted for 55% of the fatalities.
- Race: White children accounted for 44% while Black/African American children accounted for 45%. For comparison, in 2020, white, non-Hispanic children accounted for 45% of New Jersey's child population; black, non-Hispanic children accounted for 13%.[39]
- Hispanic: Hispanic children account for 20%. For comparison, in 2020, Hispanic or Latino children accounted for 28% of NJ's child population.[39]
- Gender and Race combined: White Females accounted for 22% and Black/African American Males accounted for 28% of fatalities.

Currently, child fatalities are reported to the DCF Fatality and Critical Incident Review Unit (FCIRU) by many different sources including DCF's State Central Registry, law

[38] 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.

[39] The Annie E. Casey Foundation Kids Count Data Center, https://datacenter.kidscount.org/data#NJ/2/0/.

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.

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, and includes 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. Two subcommittees, Sudden Unexpected Infant Death (SUID) and Suicide, as well as three Regional Community-Based Review Teams (North, Central and South) operate under the aegis of the CFNFRB. Their composition mirrors that of the CFNFRB. The CFNFRB also functions as a citizen review panel and conducts monthly meetings. The CFNFRB looks for barriers, determines whether current protocols and procedures should be modified, identifies new resources that may be needed, and analyzes 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 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 the remainder of our CARES Act funding to provide aid to DOW through Family Violence Prevention and Services Act (FVPSA) for COVID-19-related cleaning and PPE, hotel/motel stays and additional staff hours. In addition, this funding supported monitoring NJ Family Strengths and Needs in the COVID-19 Pandemic Project, Peer Recovery through Family Support Organizations and Developing Resiliency with Engaging Approaches to Maximize Success (DREAMS).

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 C, the NJ DCF 2023 APSR PSSF 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 C 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, New Jersey continues to see a decline in the number of children entering out-of-home placement. *Figure 4* illustrates a 73% reduction in the number of children entering out of home placement from the onset of the DCF reform in 2003 with over 13,000 children in placement to 3,501 as of September 2021.

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 2020” report published by the Administration for Children

and Families (ACF)[40] New Jersey's average child maltreatment victimization rate per 1,000 children stands as one of the lowest in the nation at 1.9% compared to the national average victimization rate of 8.4%. NJ's child fatality rate per 100,000 is 0.88% compared to the national child fatality rate of 2.38%.

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.

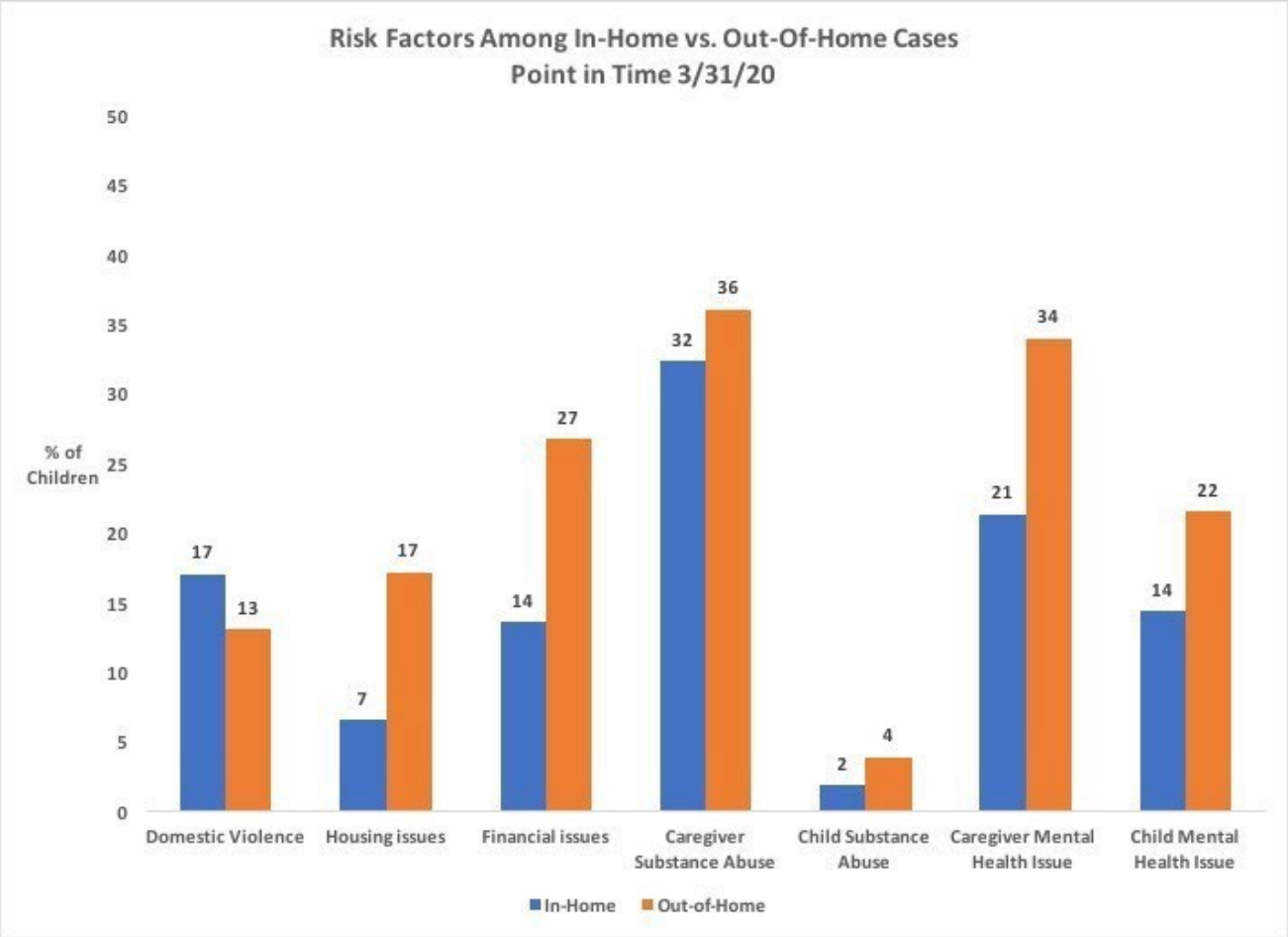
IV-B subpart 2 funding percentages will continue to be maintained above 20% and are outlined in the OMB CFS-101, Part I.

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 37 provides a visual of these risk factors.

[40] U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). Child Maltreatment 2020. Available from https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2020.pdf.

Figure 37



**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 Resilience[1] (OOR) to coordinate statewide efforts across State agencies and to collaborate with philanthropic and private partners to host, coordinate and facilitate efforts to raise 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. OOR constructed an Inter-Agency Team comprising representatives of key government offices and, in February 2021, with the Governor, First Lady, Lt. Governor and DCF Commissioner, 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 Action Plan is available online at: *https://www.nj.gov/dcf/documents/NJ.ACEs.Action.Plan.2021.pdf*. Throughout 2021, OOR continued to engage with and deepen connections to communities and agencies across the state around the Action Plan. DCF and the ACE Funders Collaborative launched a new statewide campaign, "Actions 4 ACEs," targeted to teachers and law enforcement, to increase their understanding of ACEs and how they can assist in preventing ACEs. Additional information can be found at: https://actions4aces.com.

- Beginning in 2020 and continuing throughout 2021, 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 implemented 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 April 2021, Central Jersey Family Health Consortia (CJFHC) was selected through a competitive process to provide the home visiting services. CJFHC is an established provider and implements several Connecting NJ hubs and another evidence-based home visiting program in Middlesex County. Following selection, DCF and partners completed all contracts and memorandums of understanding, allowing CJFHC to begin hiring nurses for the program. In 2022, nurses began having home visits with Mercer County families.

- In early 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. In 2021, PRSS became available in an additional 24 local offices, thereby allowing all DCF local offices access to PRSS.

- Throughout 2021, 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/.

- Throughout 2021, DCF sustained 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 2020 and 2021, in collaboration with local Human Services Advisory Councils, DCF completed a statewide comprehensive Needs Assessment, which combines quantitative data with qualitative information gathered from constituents, community leaders, service providers and others in the community. In 2021, DCF reviewed all county reports and, in partnership with Rutgers University- School of Social Work, produced and disseminated a statewide synthesis report. DCF and county partners are using the findings to 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 to participate in Round 2 of the Children's Bureau's *Thriving Families, Safer Children* initiative. DCF's demonstration project, Powerful Families, PowerfulCommunities launched in 2021 and relied on human centered design methods to develop new ways of working with families to co-design strategies of engagement and intervention in an effort to eliminate the need for family separation. The initiative focuses on 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.

- In 2021, DCF created two new offices within the Division of Family and Community Partnerships: The Office of Housing and the Office of Family Preservation and Reunification. The Office of Housing serves as the central hub for the Department's housing programs and related services. The Office of Housing works to enhance service coordination and operations and align housing services with prevention-related outcomes. The Office of Family Preservation and Reunification works in partnership with the Division of Child Protection and Permanency to develop, manage and provide oversight of contracted services for children, youth and families involved with child welfare. This office is committed to collaborating with state and local partners to promote the delivery and enhancement of high quality, efficient and effective resources to families, youth/young adults, and 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 DCF's 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 22 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. Families can connect with their regional Kinship Navigator Program by contacting the 211 Helpline, the DCF website or reaching out to regional provider directly (by phone or walk-in). 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.

Between October 1, 2020-September 30, 2021, the NJ Kinship Navigator Programs provided Information and Referral services to 6,772 unduplicated families, assisted 306 unduplicated families with Kinship Legal Guardianship applications, and processed and awarded 2,518 unduplicated families with the kinship wraparound stipends.

Updates on Activities Implemented During FY 2020 NJ Kinship Navigator Program Grant

DCF continued to attend to the practice, implementation supports and evaluation of the NJ KNP; however, due to the COVID-19 pandemic, project timelines needed to be adjusted for all deliverables. In Spring 2020, DCF requested and was granted a no-cost extension through March 31, 2021. Outlined below are the FY20 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.

Teaming	• DCF continued to utilize the following teaming structure to attend to all aspects of NJ KNP program development and evaluation: ○ **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.
Practice Model Logic Model and Practice Profile	• 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: ○ 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. • Short and intermediate outcomes for the NJ KNP logic model were created with DCF's research partners, Senator Walter Rand Institute (WRI). • DCF continued its partnership with the Institute for Families at Rutgers University to finalize the KNP operations manual.
Implementation Supports Competency, Organizational, Fidelity	• DCF continued its partnership with the Senator Walter Rand Institute for Public Affairs at Rutgers University to finalize KNP fidelity tools. • DCF continued its partnership with the Institute for Families at Rutgers University to finalize and launch a series of training and coaching modules to increase staff competencies and support sustainability. Training and coaching include: ○ **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. • In May 2021, DCF launched the Web-based training course for staff and supervisors, with 100% completion from the provider network. • DCF continued to partner with MTX to design and build NJ KNP Connex (Salesforce), a web-based data collection and reporting system to align with NJ's KNP Evaluation Plan. (Work will continue into FY21 grant.)
Evaluation Plan and CQI	• DCF partnered with the Senator Walter Rand Institute for Public Affairs at Rutgers University to complete the following activities: ○ Completed a comprehensive evaluation plan for a process and outcome evaluation of the NJ Kinship Navigator Program that included a rigorous quasi-experimental component. ○ Finalized necessary evaluation tools to be built into the NJ KNP Connex data system.

Updates on Activities Implemented or Currently Being Implemented During FFY 2021 NJ Kinship Navigator Program Grant

DCF is committed to supporting the development, enhancement, and evaluation of its NJ KNP model. During the FFY21 grant period, DCF implemented or is currently implementing the following activities:

- Finalized and disseminated the program manual. All KNP providers were emailed a copy of the manual. Additionally, the manual will be available for download on DCF's website.
- The KNP All Staff and KNP Supervisors training modules were launched with 100% response/participation from the provider network.
- 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.
- DCF finalized and executed a contract with identified research partners, Walter Rand Institute (WRI) and Urban Institute (UI). Research partners will complete the following:
    - WRI to submit a report detailing their analysis of training evaluation data (pre/posttests and satisfaction survey completed during the all-staff and supervisor's trainings).
    - UI to conduct a feasibility study to determine whether a rigorous impact evaluation of the KNP program is possible. They will also conduct a process evaluation to assess whether the KNP model is being implemented as intended and to identify barriers and facilitators to implementing the practice.

Teaming	• DCF will continue utilizing the following teaming structure to attend to all aspects of NJ KNP program development: ○ **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.
Implementation Supports Competency, Organizational, Fidelity	• KNP providers received 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	• DCF partnered with Urban Institute to conduct a feasibility study to determine whether a rigorous impact evaluation of the KNP program is possible. • Urban Institute is reviewing and refining the evaluation plan (created in FY19-20 grant) for the impact evaluation of the NJ Kinship Navigator Program • Urban Institute is conducting a process study using interviews and analysis of administrative data. • DCF is developing processes and procedures for ongoing continuous quality improvement activities, analyze data and begin to conduct CQI cycles • Walter Rand Institute is analyzing and will produce a report of training evaluation outcomes including knowledge gained and trainee satisfaction.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

In FFY21, the Caseworker Visit Grant was used to fund the training rollout and implementation of Solution Based Casework (SBC), providing critical support to caseworker skill development, and enhancing capacity to observe for safety and behavioral change during visits. Additionally, this grant funded ongoing use of the Alert Media application, which is a safety application installed on staff members' mobile devices to use along with a tether to immediately notify the need for law enforcement assistance in emergency or life-threatening situations, especially during field visits, and

relay caseworker details for quicker emergency response. DCF also used these funds to purchase car seats for use by CP&P staff members to transport children.

In order to meet statutory performance standards and ensure 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.

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

Adoption and Legal Guardianship Incentive Payments

During the first few years of DCF's 2020-2024 CFSP, 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. During SFY20, these programs were defunded in an effort to assess how the agency might better serve children in placement throughout their permanency journey and provide a more streamlined service framework. Currently, the adoption incentive payments have not been utilized and have been carried forward into the next fiscal year. This affords DCF the opportunity to explore a clinical framework that can provide the support and stabilization for youth in their resource as well as kinship and adoptive placements.

Adoption Saving Expenditures

Similar to the Adoption and Legal Guardianship Incentive Payments, the Adoption Savings methodology, savings payments received were previously utilized to support Post Adoption Counseling services. These services were reconfigured in SFY20.

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. We have not spent the account for this year as the agency explores potential clinical and evidenced-based frameworks to support and stabilize this population of youth and their families.

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

Family First Prevention Services Act (FFPSA) Transition Grants

In 2021, DCF resumed FFPSA planning activities. Using FFPSA Transition Grant funds, in Fall 2021, DCF procured consulting firm, North Highland to help DCF develop plans for its short-term information technology priorities and long-term information management strategic plan, both of which are needed to support development of data architecture needed for FFPSA claiming and reporting. Future expenditures are likely to include costs associated with implementation, data infrastructure, 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) continues to administer and supervise the implementation of the Chafee program and plan in all 21 counties of the state. However, during FY 22, DCF restructured and created several new program offices to streamline oversight and coordination of services and ensure the quality of services offered to New Jersey's children, youth, and families. Since the restructuring, OAS operates as an office within the Division of Child Protection and Permanency (CP&P). The restructured OAS Team now has approximately six staff that support the Chafee program and plan statewide. 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.

As mentioned previously, in 2021 DCF created two new offices within the Division of Family and Community Partnerships: The Office of Housing and the Office of Family Preservation and Reunification. The Office of Housing serves as the central hub for the Department's housing programs and related services, including adolescent housing. The Office of Family Preservation and Reunification works in partnership with CP&P to develop, manage and provide oversight of contracted services for children, youth and families involved with child welfare. As such some of the non-housing contracted Chafee services are overseen by this office, including life skills and the Pathways to Academic and Career Exploration to Success (PACES) programs. OAS works collaboratively with divisions and offices across the Department to ensure that the implementation of the Chafee plan is 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.

OAS 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 40: 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. 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 FY21, a new program, LifeSet[41], was implemented and the contracted agencies began providing services to youth on October 1, 2020. The LifeSet program helps 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.

Division X: Supporting Foster Youth and Families through the Pandemic Act

Supplemental funding provided by Division X during FY21 allowed DCF to provide:

- One-time payment of $700 to eligible 18- 22-year-olds who were open with child welfare
- One-time payment of $1,000 or assistance up to $1,000 for identified needs to eligible young adults 18-26 who were no longer open with child welfare

As of September 30, 2021, the Department was able to assist approximately 1,240 young adults with direct financial assistance in the total amount of $987,600. The Department has demographic information of the youth who were assisted and will review that data as the remaining funds continue to be distributed. In addition to the financial assistance, 51 young adults elected to reopen their child welfare case. Although the federal moratorium for extending cases for 21-year-olds ended in September 2021, DCF continued to provide the opportunity for eligible youth to extend on a case-by-case basis. The child welfare staff along with their leadership were able to determine if a young adult had outstanding needs, such as stable housing or transitioning to adult services, and, if so, the case could remain open for an identified period of time. The Department has a long-standing policy to request extensions for youth to receive child welfare services beyond the age of 21. Those requests are submitted for review and approval by OAS and the CP&P Assistant Commissioner or designee.

During Summer 2021, the Department hired two Youth Ambassadors with lived experience to assist in the public campaign, as well as track requests and follow-up with young people and providers. The Youth Ambassadors were instrumental in developing the social media content and worked closely with the DCF's Communication team to create the social media posts. The Department also received information from *Think of Us* with names and contact information of youth from NJ who heard about the assistance and wanted to obtain funding. DCF established an email address as well as a phone number for young people to call to request assistance as well.

[41] https://www.youthvillages.org/services/lifeset/

The remaining funds will be utilized by September 30, 2022, as the Department continues to provide financial support to Chafee eligible adolescents ages 14-21 in alignment with the purposes of the Chafee program. This can include educational attainment, career exploration, vocational training, assisting youth in having connections to caring adults, training, and opportunities to practice daily living skills, assisting youth to engage in developmentally appropriate activities and experiential learning. The child welfare staff working with adolescents will help youth identify opportunities and areas where this funding can be used, and a contracted provider will coordinate with the staff to disburse the funds for the identified needs. One of the takeaways from participating in the Peer-to-Peer calls hosted by the Capacity Building Centers, was hearing how, in order to be equitable, other jurisdictions did not have a designated amount that was provided to each youth, but rather based the amount of assistance on an individual basis. The Department plans to incorporate that method for the remaining funds.

The Department did experience some difficulties in assisting all of the young people who were eligible for funds. This was due to the lack of up-to-date contact information for the young adults whose cases were closed. As a result, DCF relied on the public campaign, as well as child welfare and contracted community providers to market the opportunity. In addition, due to the procurement guidelines and require approvals due to the pandemic, coordination of disbursement of the funds took longer than anticipated.

Supplemental Funding

The supplemental funding was available to young adults ages 18 through 26 and was used in the following ways:

- To provide cash payments to Chafee eligible young adults 18 through 26, and
- To provide financial assistance for identified concrete needs such as housing, transportation, education, cell phones, food, child related expenses, etc.

Like 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 pandemic 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 Office of Family Voice 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.

Youth Councils

In December 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 2022 Update: Strategy 1

The Chafee Advisory Group (CAG) continues to meet to discuss updates and provide feedback on the nine strategies and activities in the Chafee/ETV plan. The CAG met three times in 2021 and one time thus far in 2022. 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) 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 2023)
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 2022 Update: Strategy 2

The Office of Family Voice (OFV) ensures the voices of those who have lived experience with the child welfare system are heard. In December 2018, after hearing from more than 500 parents and young people, Commissioner Beyer committed to elevating youth and family voice by creating the OFV. OFV's goal is to ensure that parents and youth have a seat at the table and input on the policies, practice and supports that can impact and improve their lives. Now, more than ever, the voices of families with lived experience are essential to helping guide DCF through important decisions to support parents and youth.

To achieve authentic engagement and shared leadership across individual, peer and systems levels, OFV has developed a statewide Youth Council that kicked off in January

2020. The Council's feedback and expertise is used to improve existing programs and planning, determine what new supports and services may be necessary, identify how best to achieve positive outcomes, and evaluate system reforms. OFV also 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. OFV facilitates a subcommittee of the FEC consisting of fathers with lived experience. The fathers discuss their history and experience working with the DCF and CP&P and speak openly about the challenges they have experienced.

Statewide Youth Council

As part of New Jersey's 21st Century Child Welfare System, the DCF Office of Family Voice (OFV) ensures the voices of those who have lived experience with the child welfare system are heard. To achieve authentic engagement and shared leadership across individual, peer and systems levels, OFV has developed a statewide Youth Council. The Youth Council began in January of 2020 and members were asked to serve a two-year term. This December the first cohort of youth council members successfully graduated with a Proclamation of thanks from Governor Phil Murphy. In January 2022, Commissioner Beyer welcomed the next youth council cohort as they kicked off the new term. The Youth Council consists of 20 young people with lived experience with Child Protection and Permanency (CP&P), Children's System of Care (CSOC), and/or the Office of Education (OOE) and three coaches, elevated former council members.

During the period under review, the Youth Council continued its work to elevate the voices of youth directly impacted by DCF, making several contributions to DCF's work. The full Youth Council continued to meet monthly. Commissioner Beyer joins those meetings on a bimonthly basis. During these meetings, the council members provide updates on their subcommittee work and often participate in listening and focus sessions with external agencies and stakeholders. During the period under review Youth Council members:

- Participated in the Children in Court Improvement Committee (CICIC) focus group conducted by the Administrative Office of the Courts AOC
- Reviewed and made recommendations for the tool that the Human Services Advisory Council (HSAC) will use for the upcoming focus groups
- Conducted the Youth Council Briefing titled Power of the Youth: The Impact of Our Voices. This can be viewed on YouTube here.
- Helped design the application and participated in the interview process for the 2022 cohort of Youth Council members
- Graduated - the first cohort of members graduated in December of 2021
- Kicked off the new 2022 class
- Met with Assistant Commissioner Mollie Green and representatives from Children System of Care and discussed their experience with CSOC

During this reporting period, the Youth Council were able to meet in person for the first time since February 2020. Moving forward, Council members will have in person meetings every three months.

With the full support of DCF's executive management team, the three Youth Council subcommittees continued to meet, moving forward with implementation of their earlier recommendations, as follows:

- *The Sibling and Advocacy Subcommittee* continued to work on the Peer-to-Peer (P2P) mentoring program. The model developer, Children's Village is helping implement three regional P2P programs that will operate in selected counties in the southern, central, and northern regions of the state. The program will 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 and will be supported by a practice model that aligns with the subcommittees vision. The Sibling and Advocacy Subcommittee provide their lived experience expertise in areas such as hiring protocol referral process, model design, and training coaching to name just a few.
- *The Sibling and Advocacy Subcommittee* has also continued to work with the Office of Communications and the Office of Policy and Regulatory Affairs and have finalized the bill for the proposed Sibling Bill of Rights which was introduced in the new Jersey Legislature in December of 2021. Members have met with senate and assembly members to advocate for their bill. The Sibling and Advocacy Subcommittee has continued with the new youth council cohort.
- *The Resource and Kin Parent Training Subcommittee* provided recommendations on the current training curriculums for resource parent and kinship providers. The subcommittee finished reviewing the Parent Resources for Information, Development and Education (PRIDE) training curriculum. The subcommittee presented their feedback to the Office of Resource Families (ORF) and the Assistant Commissioner of CP&P, which highlights their recommendations related to the PRIDE curriculum.
- *The Aging Out and Communications Subcommittee* continued to work with Office of Information Technology (OIT), Office of Communications and OAS, as well as the New Jersey Office of Information Technology (NJOIT), to update the design and content of the New Jersey Resource Spot website to make the site more youth friendly. The subcommittee meets weekly and has written content for the website in language aimed at other youth that will assist with resources for education, life skills, housing and much more. The subcommittee also was given a grant by the AOC to develop an app that will help youth find resources. This subcommittee continued its work with the new youth council cohort.

Throughout the next year council members will continue to advance the work of their subcommittees and identify additional areas for change.

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. [42]

Fiscal Year 2022 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 last 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 Teamwork. OAS intends for this strategy to be completed by December 2022.

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)

[42] Ginwright, Shawn, Flourish Agenda, Healing Centered Engagement, 2019 [webinar]

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 2023)
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 (completed September 2021)

Fiscal Year 2022 Update: Strategy 4

The Office of Adolescent Services (OAS) began working with Mathematica in July 2021 to provide consultation for facilitating a short-term process using human-centered and evidence-informed approaches to refine and revise services and supports for transition aged youth. This framework and a process for designing and carrying out program changes is called Learn, Innovate, Improve (LI2) and was created in partnership with the U.S. Administration for Children and Families (ACF) and several state human services agencies, and Mathematica.

The LI2 framework is being used to update life skills, with a focus on the Youth Thrive protective and promotive factors, so that appropriate skill development within the context of family, peer, and community relationship can happen. The new intervention will be for adolescents ages 13-17 since there are other programs that support older adolescents (i.e., PACES and LifeSet).

An implementation team was developed to work with Mathematica to go through the Learn and Innovate phases. The team is comprised of young adults with lived experience and representatives from the Department as well as the Center for the Study of Social Policy. The team identified the Youth Thrive Protective and Promotive Factors that would be integral to the proposed intervention, identified outcomes and specific areas that would be included or focused on through the model. In addition, the team did some research on existing models that were similar to what the group is interested in offering. The proposed intervention, which centered around a concierge/navigator model, was shared with the DCF Youth Council to obtain feedback. Mathematica will be providing DCF with a guidebook that outlines the LI2 steps taken, the information gathered and discussed and a recommended pathway for moving forward to finalize the intervention and begin testing.

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+ (December 2023)
b) Reviewing and updating aftercare services for youth 18+ to more comprehensively support a youth's transition to adulthood (completed July 2021)

Fiscal Year 2022 Update: Strategy 5

Aftercare Services for Youth 18+

DCF began piloting the LifeSet model in October 2020. Four contracted providers throughout the state have been serving young people in LifeSet since it launched in October 2020.Throughout the COVID-19 pandemic, services began remotely, and based on CDC guidance were then offered both remotely and in person. At this time, services are back to fully in person.

Since launching in October 2020, LifeSet in NJ has served over 302 unduplicated young adults. The First Annual Key Performance Indicators (KPIs) show that over 85% of youth are discharging with a safe place to stay, almost 80% are discharging with employment and that 98% of youth have avoided legal involvement or arrests during their time in LifeSet.

One aspect of participating in the pilot of the LifeSet program in NJ included a randomized control trial evaluation to learn about the effectiveness of the LifeSet intervention. This evaluation is called the Young Adult Services Study (YASS) and it began in August 2021. To date the evaluation team has randomly assigned over 360 youth, with those assigned to the treatment group receiving a LifeSet referral and those assigned to the control group continuing in or beginning DCF services as usual. It is hoped that the lessons learned through YASS will improve services for youth here in New Jersey and across the country.

The LifeSet provider agencies in NJ went through their first Annual Program Model Review with Youth Villages at the end of 2021. All four providers were above the 80% required threshold indicating they are all implementing LifeSet to model fidelity. The model review included interviewing LifeSet participants to get their feedback on the program, goals, and how they felt the program was helping them. Below are two quotes from young people in LifeSet.

- Q-Would you recommend the LifeSet program to others who could use something similar? "I definitely would, yeah. In about 1.5 months, I've gotten a job, enrolled in school, got my Social Security card, and have a test for my permit coming up in December. I'm accomplishing a lot, and I can't really say anything bad about LifeSet or my specialist at all! It's nice that you're checking in on this. Not a lot of people follow up on programs that I've been a part of to make sure it's going well!
- Q-What do you think your biggest accomplishment has been since being enrolled in the LifeSet program? "I would say she brought me out of a bubble. I barely came outside, talked to people, and felt like I was in a rut for a long time, or in a

depression where I couldn't get things started for me. She gave me a lot of good resources on my plate. Overall, I feel I'm better mentally, physically, and emotionally."

DCF is also embarking on a new project of to promote the benefits of the program from the direct experiences of those that have participated. DCF will be developing videos that highlight young people who are or have been involved with the NJ LifeSet program. The videos will be shared with youth who are eligible to be referred to the program as one source of information. More information about LifeSet in NJ can be found on the DCF website at https://www.nj.gov/dcf/adolescent/lifeset.html.

Housing for Youth 18+

DCF has finalized agreements for Phase I of providing the HUD Foster Youth to Independence (FYI) initiative to young adults who are aging out of care in New Jersey. DCF is partnering with Public Housing Authorities in the City of Newark and Camden and Hudson Counties for phase I of this initiative. Through phase I, DCF expects to provide housing via FYI vouchers for up to 25 youth in each area, totaling 75.

In February of 2022, the DCF Office of Housing held kick-off meetings with CP&P Local and Area Office staff from each of the three identified cities/counties. Meetings were also held with respective partnering Public Housing Authorities and Service Providers. Identification and certification of eligible youth has begun. DCF expects the Public Housing Authorities to apply for FYI vouchers for eligible youth in late March or early April. Two of the three Public Housing Authorities have applied for the vouchers and are awaiting a response. Once accepted, the PHA and identified Service Providers will work with young adults on the application and apartment finding processes.

In addition, DCF is working in refining the Connect to Home housing model to increase engagement of young people in the program as well as their participation in services. Mathematica is also assisting a team of both internal and external stakeholders in facilitating the full LI2 process (Learn, Innovate, Improve) to identify the barriers, develop a plan to address the barriers and then to test the plan. The Connect to Home LI2 team determined it would be beneficial to obtain feedback from the young people who are in the program. A survey was developed to gain an understanding of the young people's view of the program, obtain feedback on the level of engagement, as well as services. This information will be utilized to inform changes to the model and help inform any new housing programs that are developed for young people.

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 2022)
b) Refining and implementing marketing strategies of Chafee services to Chafee eligible youth whose child welfare cases are closed (August 2022)
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 2022 Update: Strategy 6

The Children's System of Care Office of Integrated Health and Wellness develops and administer programs that deliver quality prevention, intervention, primary care, and healthcare management services that promote the safety and well-being for children and families. Some of the responsibilities of this office are child and family health, adult and youth substance use, suicide prevention and Medicaid. As such, the Office is leading the Medicaid continuity of coverage initiative. This initiative includes the requirement for Medicaid be offered to eligible young adults formerly in foster care who move to a new state and who have turned 18 on or after January 1, 2023. Some states may opt to cover youth who have already turned 18 and meet all other eligibility criteria. The youth may need to provide documentation of eligibility to the state in which they reside, including a termination of service letter provided by DCF.

Initial efforts have begun to analyze the existing framework supporting Medicaid for former foster youth and collaborating with the state's Medicaid agency, the Division of Medical Assistance and Health Services (DMAHS). Ongoing meetings are held with DMAHS to identity the process and platform that will be utilized. Once finalized, enrollment guidelines and outreach efforts will be developed to share with eligible current and former foster youth about applying for Medicaid in other states. This resource will include information on documentation needed to determine eligibility as a young adult formerly in foster care, application websites and contact information for each state.

Strategy 7: Technology

In 2015, a new youth-specific website, the New Jersey Youth Resource Spot (NJYRS) 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 (June 2022)
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 2023)
c) Posting NYTD data on public DCF and NJYRS websites. Send notifications through DCF listserv when data is posted (Summer 2023)
d) Developing online access for youth to complete the NYTD Follow Up survey (October 2022)

Fiscal Year 2022 Update: Strategy 7

Please see updates in Strategy 2 regarding the Youth Council and the New Jersey Resource Spot website.

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 (December 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 (Summer 2022)
c) Share NYTD data and information with the Statewide Youth Council (Summer 2022)
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 2022 Update – NYTD Data Sharing

Please see updates in *Section: Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth*.

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 2023)
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 2023)

Fiscal Year 2022 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 four
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: NJ researched online portals and systems in varied jurisdictions. In year four 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 four

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 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.

Fiscal Year 2022 Update

In December 2021, DCF hired an Adolescent Program Evaluator within the Office of Research, Evaluation and Reporting. The Adolescent Program Evaluator is responsible for analyzing NYTD data as well as other adolescent data the Department captures and creating data visualizations to share with internal and external stakeholders. In addition, this role will be responsible to design and participate in continuous quality improvement processes related to DCF adolescent programs and services. With the addition of this position, the continuous quality improvement work continues. A logic model will be finalized and continued utilization of data to improve program performance and outcomes is moving forward.

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. There are several services that continue to work with our young people who are no longer in care, including housing services, LifeSet, PACES and NJ Foster Care Scholars. Through these programs, DCF is able to share information about resources and services, including mental health resources, that are available for young people. In addition, there is information on mental health on the NJ Youth Resource Spot website. DCF is also developing a plan to have more intentional and structured connection to and communication with youth who are and/or were in foster care to hear about identified needs and challenges and to share information about existing or new resources and services.

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 40 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 pandemic; 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 38 and 39, which provide data on the number of youth in foster care by county from 2017-2020, ages 14-17 and 18-21.

Figure 38

Youth in Foster Care Ages 13-17, 2017-2020
Source: NJ Child Welfare Data Hub

County	2017	2018	2019	2020
Atlantic	49	46	43	45
Bergen	49	36	28	24
Burlington	51	55	45	32
Camden	108	100	113	84
Cape May	28	30	21	15
Cumberland	53	47	41	34

Essex	178	179	147	112
Gloucester	68	68	51	47
Hudson	78	65	59	48
Hunterdon	<10*	<10*	<10*	<10*
Mercer	80	59	54	44
Middlesex	69	40	45	45
Monmouth	68	58	36	37
Morris	26	28	17	18
Ocean	55	51	52	37
Passaic	54	59	49	39
Salem	16	19	17	12
Somerset	10	15	11	12
Sussex	<10*	10	<10*	<10*
Union	69	51	50	38
Warren	23	18	13	<10*
Totals**	**1132**	**1034**	**892**	**723**

** In order to protect the privacy of children and families represented, data suppression has been activated for this report. For suppressed data displayed in the table, these values are displayed as "<10*."*

***Please note totals are slightly higher after adding counties with <10 youth.*

Figure 39

Youth in Foster Care Ages 18-21, 2017-2020 ***Source: NJ Child Welfare Data Hub***				
County	**2017**	**2018**	**2019**	**2020**
Atlantic	<10*	11	11	13
Bergen	24	24	22	15
Burlington	21	16	10	<10*
Camden	33	31	25	24
Cape May	<10*	<10*	<10*	<10*

Cumberland	15	12	12	12
Essex	60	56	50	39
Gloucester	17	19	13	<10*
Hudson	33	29	28	13
Hunterdon	<10*	<10*	0	<10*
Mercer	15	13	12	14
Middlesex	16	13	11	11
Monmouth	19	15	10	<10*
Morris	<10*	10	<10*	<10*
Ocean	<10*	14	13	18
Passaic	17	15	15	15
Salem	<10*	<10*	<10*	<10*
Somerset	<10*	<10*	<10*	<10*
Sussex	<10*	<10*	<10*	<10*
Union	26	24	20	24
Warren	<10*	<10*	<10*	<10*
Totals**	**296**	**302**	**252**	**198**

**In order to protect the privacy of children and families represented, data suppression has been activated for this report. For suppressed data displayed in the table, these values are displayed as "<10*."*

***Please note totals are slightly higher after adding counties with <10 youth.*

Assessments and Tools to Determine Individualized Needs

FY2022 Update

DCF will be using the Youth Thrive survey as the Independent Living Assessment for adolescents, 14-21 years old, as a starting point to understand a young person's overall well-being and to identify any protective and promotive factors that need to be bolstered. The information from the Youth Thrive survey can be used to assist with transition planning, connections to services and supports and in helping a young person prepare for adulthood. Contracted providers will continue to utilize the Casey Life Skills toolkit, as appropriate to assist youth in increasing their knowledge and skills.

The transition planning information has been incorporated into the new SBC Case Plan and provides an opportunity for the adolescent/young adult and their team to include a summary of assessed needs related to the domain, the adolescent/young adults perspective related to that domain and any identified goals/tasks. Existing training for both DCF staff and providers will be updated to reflect the changes.

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).

Services to Support LGBTQI+ Youth and Young Adults

New Jersey's Department of Children and Families (DCF) is committed to provide appropriate and affirming services to all children and youth regardless of sexual orientation status, gender identity, or gender expression. The Division of Child Protection

and Permanency (CP&P) has a LGBTQI Safe Space Program and a LGBTQI Statewide Safe Space Coordinator who oversees the program. The Safe Space Program was created over a decade ago and is dedicated to creating and affirming culture for LGBTQI people served by DCF. While this benefits all children, youth and families served by DCF, this is especially important for youth who are in out-of-home care settings are part of the LGBTQI community, as they are some of the most vulnerable and overrepresented youth in care.

The Safe Space Program provides specially trained CP&P staff who assume the additional role as Safe Space Liaisons (SSL). The SSLs are available to support local CP&P office staff in advocating for LGBTQI children, youth, and families. SSLs attend LGBTQI focused meetings, trainings, and are expected to stay abreast of reputable and affirming services for the LGBTQI community in NJ. Child Protection & Permanency staff can consult an SSL or the LGBTQI Statewide Coordinator if they are unsure how to proceed with any issues or questions regarding LGBTQI topics.

DCF also has a LGBTQI Policy which has been in circulation since 2015. The policy covers areas focused on non-discrimination and affirming practices for LGBTQI people who have contact with, work for, or are served by DCF. The policy highlights strict guidelines protecting all persons based on their sexual orientation, gender identity, and gender expression. policies are publicly accessible by anyone and therefore it is encouraged by DCF that individuals and families be provided the LGBTQI Policy or told how to access this, when at all possible.

All youth, age 12+, are provided The Youth Bill of Rights which is housed under DCF's policies once they enter an out-of-home placement setting. In the Youth Bill of Rights document, the introduction explicitly states the following regarding DCF's stance on affirming and non-discrimination practices for all LGBTQI youth in resource care, "Further, your out-of-home placement shall not discriminate against you based on your age, race, color, national origin, disability, gender identity, gender expression, religion, or sexual orientation."

The New jersey Department of Children and Families website has an icon that states "DCF Supports LGBTQI" in rainbow colors, both on the intranet and extranet pages, displaying support of the LGBTQI community. When clicked, users are taken to a list of LGBTQI related resources. These resources are updated and vetted by the LGBTQI Statewide Coordinator and Communications at DCF. These resources include:

- Babs Siperstein PROUD Center
- HiTOPS
- Hetrick Martin Institute
- The Pride Center of New Jersey
- Garden State Equality
- NJ Gay Life (NJ Based Community Board)
- PFLAG
- GLSEN
- Equality Federation
- Human Rights Campaign

- NALGAP: The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies
- Substance Abuse and Mental Health Service Administration - U.S. Department of Health and Human Services
- The Trevor Project (NYC based)
- Edge New Jersey
- The Anti-Violence Project (NYC based)

The Transgender Training Institute (TTI) partners with DCF and external partners to offer support, training, and resources. Through a grant, the Division on Women (DOW) and TTI continue to partner to provide opportunities for NJ community members, external and internal partners, and anyone interested in learning about the transgender and non-binary community and how to utilize best practices and affirming care when working with people who are part of this community. A website was created for NJ community members to have access to these training opportunities.

DCF continues to participate in the Human Right's Campaign All-Children-All-Families Program (ACAF). DCF has been recognized as a child welfare serving agency partner that is committed to creating an affirming culture for LGBTQI people. DCF has access to special webinars and resources through the partnership with the ACAF Program accessible to all DCF staff.

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:

One Simple Wish (OSW)

DCF 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+.

Roots and Wings

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. In March 2022, OAS had the opportunity to participate in the CICIC Conference as a panelist in a workshop entitled "Redefining How We Think about Permanency and APPLA". Some of the other panelists were Youth Council members who shared their own experiences and thoughts about obtaining permanency. OAS shared information about services and supports for adolescents.

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.

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. This data will be

analyzed by the adolescent research evaluator and results and information will be incorporated into planning discussions. 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 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.

Enhancing Career Planning and Supports

The New Jersey Career Assistance Navigator

DCF has a partnership with Rutgers University and Department of Education to have administrative access and technical support for the New Jersey Career Assistance Navigator (NJCAN) website. NJCAN is a website designed for youth in middle school through college-age who are interested in career readiness and/or post-secondary education. OAS staff have administrative access to NJCAN and can setup CP&P staff or contracted provider staff with portfolios so they can create accounts for young people they serve. With an account, young people, staff, providers, or caregivers have full access to the tools featured on the website.

Anyone can access and use the NJCAN website but unless a person has a profile or account, they will not have full access to what the site has to offer. Additionally, when a person has their own account, which must be created by an administrator, all the features they use will be saved in their account. Student's, caregivers, teachers, or providers can use NJCAN as a resource to track, plan, and guide career or educational goals from middle school through goal completion. Some career readiness tools include:

- Career Cluster Inventory
- Reality Check Guide
- Occupations Guide
- Occupation Sort
- Resume Creator
- Interest Profiler
- Work Importance Locator
- Workplace Employability Skills

Many CP&P staff, contracted providers, and resource parents utilize the NJCAN website with young people to explore both career and secondary-education options for their future.

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.
- Payperks (through Conduent), providing TA regarding the NJ Money Skills online financial literacy program.
- Mathematica, providing TA regarding re-envisioning life skills as well as refining the Connect to Home model.

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 year four.

Preventing Homelessness and Promoting Housing Stability for Youth in Foster Care

DCF has several key partnerships with housing stakeholders statewide as well as contracts with service providers in nearly all 21 counties. The goal is to prevent homelessness and promote housing stability by providing both transitional and supportive housing opportunities for young adults aging out of the foster care system.

DCF's Office of Housing works collaboratively with the Department of Community Affairs (DCA), New Jersey's State Housing Authority, to provide nearly 100 Section-8 Housing Choice Vouchers and supportive services to high-needs young adults aging out of the system. The target population includes but is not limited to young adults who are pregnant and/or parenting, those with mental health or substance use challenges and those with arrest histories. In addition, DCF contracts with service providers to provide approximately 300 units of transitional housing (18-36 months) and support services for approximately 80 units (designated for young adults) with SRAP vouchers. DCF is also a participant in HUD's FUP-FSS (Family Unification & Family Self-Sufficiency Programs) demonstration, partnering with the Lakewood Housing Authority and a local Service Provider to provide ten units of housing and supportive services in Ocean County.

Through the Office of Housing, DCF continues to strengthen and expand its relationship with Continuum of Cares (CoCs) statewide to better coordinate youth housing resources and ensure that youth experiencing housing instability are appropriately assessed. During the pandemic, DCF partnered with DCA to provide Rapid ReHousing (RRH) vouchers to a subset of young adults in need of temporary rental assistance and stabilization services who may have been residing in emergency shelters, motel placements, their car, or the street.

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 four.

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 Service~~s~~ 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 40 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 40

Chafee Services and Eligibility				
Support	**Youth that have experienced foster care at age 14 up to age 21**	**Youth who aged out of foster care at 18**	**Youth who exited foster care for adoption or KLG after 16+**	***2020-2024 Plan for Extended Eligibility*** **Youth who exited care to reunification at 14 or older**
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 independent living placement	Yes, if the youth is in an eligible independent living arrangement	No	No
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

The ETV Strategy Team began meeting again during this period. the ETV Strategy Team consisting of a multidisciplined collaborative group that share connections and work directly with youth transitioning to adulthood to strengthen program goals and establish program functioning. The team will review available ETV data and update goals and outcomes of the program, coordinate and leverage education, training, financial aid/scholarship programs through public and private resources, enhance career and planning supports and apprenticeships, review placement data and trends to determine updates needed for ETV eligibility and explore extending ETV through age 26.

As College Campus' opened with in person attendance, many students choose to return to college campus with direct support from the NJ Foster Care Scholars Coordinators. Needs were addressed according to support student's wellbeing and academic success. reported they had their basic needs met and had the technology and internet connectivity to attend classes remotely.

Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act

The supplemental Division X funding for ETV students is being distributed over five semesters at $98,420 each semester to cover the Division X timeframes for the increase ETV funding (October 2020 through September 2022). The number of ETV students per semester will determine the amount each student will receive. All Division X funding received by eligible youth was provided by direct deposit and used for living expenses or personal needs.

All Division X ETV funding for the Fall 2020, Spring 2021, Fall 2021 and Spring 2022 semesters has been dispersed to eligible ETV students. The Fall 2022 funding will be dispersed that semester after all enrolled ETV students are confirmed. All of the Division X ETV funding will be utilized.

The number of students who received Division X funding thus far is shown in figure 41.

Figure 41

Demographics of Youth who Received Division X Funding

		Age Category			
Gender	Race/Ethnicity	17-21	22-24	25-27	Grand Total
Female	Black/ African American	239	72	20	331
	White	126	40	9	175
	Hispanic	161	26	12	199
	Another Race/Unable to Determine	29	9	2	40
	Total	555	147	43	745
Male	Black/ African American	153	35	7	195
	White	88	20	2	110
	Hispanic	99	15	3	117
	Another Race/Unable to Determine	14	7		21
	Total	354	77	12	443
Grand Total		909	224	55	1,188

Count of NJS DATA MATCH broken down by Age Category vs. Gender and Race/Ethnicity. Color shows count of NJS DATA MATCH. The marks are labeled by count of NJS DATA MATCH.

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 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, qualifying students 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. 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 ages 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

Embrella collaborates with the Red Hawks Fellows Program and colleges in NJ each year regarding retention and support on campus and works with Residence of Life Offices to coordinate housing efforts. Embrella, also, performs outreach to admission offices for presentations and materials to send to students for enrollment requirements

The NJFC Scholars application is sent to students who were enrolled within the past 3 academic years as a NJFC Scholar for incentive to re-enroll and as a reminder of eligibility. The Scholarship Administrative Coordinator also conducts outreach to students who are close to aging out of their funding type to re-engage in the program. Supplemental follow-up was also provided to ETV eligible students regarding Division X funding and inquiry on their enrollment status.

Application Process

The NJFC Scholars application is web-based, allowing convenient access and an expedited application process. The online application is found on Embrella's website. 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 Free Application for Federal Student Aid (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.

Demographics of NJ ETV Recipients:

- 40% of ETV participants are freshman, 20% are juniors, 23% are sophomores, 10% are seniors and 7% attend technical or career institutions
- 87% attend an in-state post-secondary institution
- 30% are connected to the Equal Opportunity Fund (EOF) Program
- 6% are registered in remedial courses

Methods to Ensure ETV Funding Doesn't Exceed Total Cost of Attendance (COA)

Embrella uses a "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 they 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, reside in a DCF or federally funded housing program, or receive Independent Living Stipends from CP&P as an aging-out youth) 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 NJ Foster Scholars are participants. Embrella works with the Red Hawk Fellows Program (Montclair State University) and the Price Family Fellows (Rutgers University) each year regarding retention and support on campus. NJFC Scholarship Coordinators connect students with EOF offices as well as the Dean of Students. Direct assistance was provided during the pandemic by providing Cares Act funding information for students to follow up with Financial Aid and collaborating with Residence Life Offices to coordinate Gap Housing efforts. At the beginning of each academic year, the Scholarship Coordinators as well as the director send outreach to all Financial Aid contacts to request information and to provide opportunities for on-campus meetings and NJFC Scholars presentations. Yearly outreach to Admissions Offices for presentations and materials to send to students is conducted by the director of Embrella.

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 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.

Additionally, OAS has begun initial discussions with the Office of Training and Professional Development to develop an adolescent learning path. This would provide an opportunity to update the content or structure of the adolescent trainings that are currently offered including *Youth Thrive, Got Adolescents*? and the Casey Life Skills/Transitional Plan for YOUth Success. With the need to adapt trainings due to the COVID-19 pandemic, as well as the desire to provide training through various methods, it is an opportune time to assess relevant information and training methods (asynchronous, synchronous, short videos, in person, virtual, etc.).

All training programs are highlighted below.

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 2020, the Youth Thrive trainings were canceled due to the COVID-19 pandemic. 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. The training is currently being offered virtually to CP&P staff and contracted providers.

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 pandemic. This 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 FY2022 Update

In March 2022, the TPYS/CLSA trainings were canceled due to the changes with the transitional plan and the independent living assessment. DCF will be using the Youth Thrive survey moving forward. OAS and OTPD are working together to update the training to include information about the Youth Thrive survey, the Solution Based Casework Case Plan adolescent transition section, as well as utilizing the Casey life skills toolkit for providers.

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

Safe Space Program and Training Update FY 2022 – see information in the Services to Support LGBTQI+ Youth and Young Adults section.

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 2020, the LGBTQI trainings were canceled due to the COVID-19 pandemic, and this was extended through the remainder of 2020. During this time, the training transitioning 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 training has since relaunched.

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 Fall 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 Adolescent Networking Conference entitled, "Supporting Youth for A Better Tomorrow: Health, Hope, Justice and Connection took place on May 4th & 5th, 2021 via Zoom. The conference aimed to further DCF's mission to keep all New Jersey residents, including our adolescents and young adults, safe, healthy, and connected. There was 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 2020, this training was canceled due to the COVID-19 pandemic, 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 Summer 2022.

Chafee Training Plan 2020-2024

DCF continues to develop a training titled Shared Leadership, that will strategize differently regarding how individuals with lived experience are informing the work of the Department. It will include strategic sharing as well as methods on how to work with individuals with lived experience DCF wants to ensure that staff is aware of and individuals with lived experience are able to:

- Craft a message that educates the audience
- Tell their stories in a way in which their voices can be heard
- Ensure their message accomplishes its goal
- Ensure their well-being is protected

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 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.
- **Youth and youth serving adults training:** 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. As a result, 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.

However, 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.

Consultation and Coordination Between States and Tribes

New Jersey has three state recognized tribes, officially recognized by the Attorney General's Office in 2018 and 2019: The Nanticoke Lenni-Lenape Indians, Powhatan Renape Indians, and Ramapough Lenape Indian Nation. Each has two member representatives on the New Jersey Commission on American 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.

During 2021, in an ongoing effort to build collaborative relationships with Indigenous communities throughout New Jersey, DCF has had representatives from its Office of Legal Affairs and the Office of Interstate Services re-engaged with the New Jersey Commission on Indian Affairs in their bi-monthly virtual meetings. Participation in these meetings provides opportunities for DCF to learn about the needs of these communities, share information regarding the agency's resources, and find common areas in which to collaborate and solutions to legal barriers. Additionally, the Administrator for the Office of Interstate Services, where the NJ Central Liaison to the Bureau of Indian Affairs sits, has reached out to other states' liaisons to determine how they engage with their state-recognized tribes to discover what tools might be useful in New Jersey. Engagement with these communities is also a focus of DCF's Race Equity Steering Committee and, in particular, its Practice and Policy Subcommittee as it evaluates the legal and procedural barriers to engagement and how best to overcome them.

Regarding the implementation of ICWA requirements, 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. As referenced above, 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, housed in DCF's Office of Interstate Services, 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. The BIA continues to provide training as needed to the Liaison.

On-going training regarding ICWA continues for all new adoption workers, discussing the rules and guidelines of ICWA. Additionally, 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. In ongoing practice, the courts and the Deputy Attorneys General apply the provisions ICWA 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.

In 2021, ICWA referrals were made for 50 children representing 40 families. Ninety-one letters were sent to individual Native American Tribes and Nations. The BIA was contacted on 9 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 New Jersey'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, New Jersey 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, screening[43] and investigation[44] of reports of child abuse or neglect
3. Case management[45], including ongoing case monitoring, and delivery of services and treatment provided to children and their families
7. 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
10. 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 to include but not limited to the *DCF Family Success Centers*, collaborative training opportunities for investigative workers as well as community stakeholders such as *Finding Words*; services to assist with high risk factors for families such as *Domestic Violence* public awareness services such as the *Child Assault Program*.

In New Jersey, 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)[46]. 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.

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.

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[43] DCF Policy: Screening - https://www.nj.gov/dcf/policy_manuals/CPP-II-A-1-100_issuance.shtml
[44] DCF Policy: Investigations - https://www.nj.gov/dcf/policy_manuals/CPP-II-C-2-200_issuance.shtml
[45] DCF Policy: Case Management - https://www.nj.gov/dcf/policy_manuals/CPP-I-A-1-200_issuance.shtml
[46] Additional information about Law Guardians in NJ can be found online at https://www.nj.gov/defender/structure/olg/.

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) 2021

The New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) and DCF is pleased to submit a program report for the Children's Justice Act (CJA) grant. In FFY 2021, 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
- handling of cases of suspected child abuse or neglect related fatalities
- investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation
- handling of cases involving children with disabilities or serious health-related problems who are victims of abuse or neglect

CJA FFY 2021 Grant Activities

In FFY 2021, 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 2021, 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 RATAC and subsequently disseminated by the National Child Protection Training Center (NCPTC).

The goal of the project is to train frontline professionals involved in the investigation and prosecution of child abuse to conduct an effective and legally defensible interview of alleged child sexual abuse victims of various ages and prepare children for court. At the completion of the five-day training, participants have a meaningful understanding of important concepts and practices including child abuse dynamics, children's language and development, memory and suggestibility, the impact of questions on the process of abuse disclosure and factors associated with a credible and reliable child statement.

Forensic Interviewing is one of the steps in most child protective services investigations, including those conducted by DCF's Child Protection & Permanency (CP&P). A professional investigator interviews a child to ascertain whether that child has been abused or neglected.

Forensic interviewing not only brings out information that is needed to determine if abuse or neglect has occurred, but 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. Please see figure 42 for a total list of participants by county.

Figure 42

Total Attendees by County	**Participants**	**Total Attendees by County** (cont'd)	**Participants**
Atlantic	7	Middlesex	14
Bergen	8	Monmouth	6
Burlington	10	Morris	8
Camden	10	Ocean	6
Cape May	5	Passaic	4
Cumberland	6	Salem	4
Essex	9	Somerset	3
Gloucester	6	Sussex	5
Hudson	3	Union	10
Hunterdon	2	Warren	2
Mercer	6		
		Total:	**134**

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 CP&P 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 750 professionals in the field of child welfare. These events were held on October 19 and 28, 2021.Entitled *"Finding System Resilience Through COVID-19,"* 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:

- Dr. Janet Cahill, Professor Emerita Rowan University. Dr. Cahill discussed the challenges that individuals connected to the child welfare system faced and continue to face during this time, how stress and anxiety related to COVID-19 can affect the mental health of these individuals in particular, and how trauma can affect the personal and professional lives of those working in the child welfare system after COVID-19;
- Allen E. Lipscomb, PsyD, LCSW, Associate Professor of Social Work and Director of Online and Offsite MSW Programs, Director of Minority Male Mentoring (M3), Student Success Allies (SSA), California State University Northridge. Dr. Lipscomb discussed the negative effects of COVID-19 felt by the children, families, and communities whom child welfare workers serve and how the pandemic has

affected minority communities. Dr. Lipscomb also discussed how the trauma caused by COVID-19 can be addressed;
- Mary L. Pulido, PhD, Executive Director, The New York Society for the Prevention of Cruelty to Children. Dr. Pulido discussed how COVID-19 has and will continue to negatively affect the mental and physical health of New Jersey's child welfare system workforce. Dr. Pulido discussed ways to counteract these effects and reduce trauma by promoting methods of increasing wellness for those in the field of child welfare;
- Jennifer Vazquez, LCSW, Individual & Child/Family Therapy, Center for Bereavement Counseling. Jennifer discussed how to cope with COVID fatigue, grief, and loss, and offered strategies to assist with the burdens of COVID in the

Target Population

Professionals in child protection, law enforcement, social work, educators and daycare providers, professionals in the fields of 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 challenges that individuals connected to the child welfare system continue to face, how stress and anxiety related to COVID-19 can affect mental health, and how the trauma associated with COVID-19 may remain with workers in their personal and professional lives after COVID-19.

Frontline workers gained a deeper understanding of the emotional consequences and trauma associated with COVID-19, and felt by children, families, and, in particular, minority communities in New Jersey.

Participants learned about the implications of COVID fatigue, coping with grief and loss, and other strategies to assist with the burdens of COVID in the future.

Outcome

- 350 child welfare professionals attended each individual session.
- Attendees learned ways to counteract the lasting negative effects of COVID-19 and reduce trauma by promoting methods for increased wellness in the workforce.
- 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. Frontline workers will benefit from the knowledge of how stress and anxiety related to COVID-19 can affect mental health so that they may seek assistance for themselves or the families they serve. By providing training and information about the emotional consequence and trauma associated with COVID-19 felt by children and families, particularly in minority communities, child protection professionals will be better able to understand and address the impact.

As a recommendation of the NJTFCAN in their 2021-2024 Three-Year Assessment, DCF/NJTFCAN continues to provide a biennial statewide multidisciplinary training conference on child maltreatment for professionals.

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 DCF 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, Children's System of Care workers, DCP&P frontline supervisors, and DCP&P frontline workers and CSOC provider staff.

Approach

In FFY21, 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 continue to 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 on an ongoing basis to analyze casework and decision influences from a systems perspective. Preliminary results from the review processes and ongoing implementation updates have been 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.

To date, 51 cases have been presented to the Multi-Disciplinary Team. The cases that continued through the process resulted in debriefings with 41 staff, resulting in over a 50% participation rate for this voluntary process. Surveys of staff who have participated in the process revealed positive feedback, staff are comfortable in sharing their experience and believe their participation will shape change in the agency. The three regional mapping teams completed 21 mappings and continue to meet monthly to further analyze events from a systems perspective.

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 workgroup to act upon those recommendations, and the work towards that end is underway. 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 commenced in late Spring 2021, with the first CSOC MDT meeting being held in October 2021. Additional DCF staff is being hired to support this process. The mapping team meeting following the October 2021 MDT meeting, was scheduled for January 2022; However, due to COVID-19 related staffing shortages, there were challenges with CSOC providers committing staff with lived

experience to participate in the mapping process. As a result, three new staff members were hired to support DCF's review process for both CP&P and CSOC.

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 how DCF responds to critical incidents, and how DCF will continually analyze and improve responses in the future.

Online Mandated Reporter Training

Statement of Purpose

All residents of New Jersey are mandated reporters, meaning that any person who has a reasonable cause to believe that a child has been subjected to acts of abuse or neglect are required to immediately report this information to the proper authorities. This training provides a short but comprehensive overview on what mandated reporting is, what behaviors or physical symptoms may constitute abuse and neglect, how to report reasonable suspicions to authorities, and what to expect when reporting. The training takes approximately 20 minutes to complete and consists of five short modules, including videos and short quizzes.

Target Population

The target population includes NJ Mandatory Reporters with a strong focus on educators and child care providers.

Approach

This training can be completed online, either on a computer or a mobile device.

Impact on the Child Protection System

- Educational professionals will be better informed about mandatory child abuse reporting in New Jersey.
- Participants will learn about physical indicators of child abuse, as well as how and when to report child abuse to authorities.

Outcomes

Participants will be able to print a completion certificate once the training is successfully completed.

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 regarding reporting requirements for educational professionals.

As a recommendation of the NJTFCAN in their 2021-2024 Three-Year Assessment, CJA funds were used to fund the continued operation of the Online Mandated Reporter Website to support resources and training for school personnel in decision-making regarding reporting child abuse and neglect, consistent with the mandatory reporting laws.

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 abuse assessment and substance abuse treatment. At least one CPSAI staff member, who conducts substance 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 D, the NJ DCF 2023 APSR 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 Reponses

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: Eleventh Annual Report July 1, 2020-June 30, 2021

https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/njtfca_reports.html

SORS: Fifteenth Annual Report July 1, 2020- June 30, 2021

https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/njtfca_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 E, F, G 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 implemented 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:26[47], Substance Affected Infants on January 16, 2018. This rule sets forth 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 substance exposed infant (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 2021, New Jersey identified 2,238 substance exposed newborns using a manual tracking system; 1,937 had a Plan of Safe are and 1,688 were referred to appropriate services.

Plans of Safe Care Protocol Summary

[47] N.J.A.C. 3A:26

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 sections
    - 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 Connecting NJ hubs 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 platform[48], 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.

DCF Office of Early Childhood

The DCF Office of Early Childhood obtained funding to support the statewide network of Connecting NJ hubs, hiring Early Childhood Liaisons who actively participate in the

[48] http://rwjms.rutgers.edu/community_health/project-echo

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, childcare, 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 DCF's Office of Research Evaluation and Reporting who will collect for NCANDS reporting.

Monitoring

Plans of Safe Care are monitored at multiple levels within 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 are being utilized 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. This workgroup reconvened in the beginning of 2022 and will be meeting monthly to fine tune the plans of safe care process for CP&P and the families they serve.

Children's Bureau Site Visit

In 2018, CSOC staff met with Children's Bureau staff to share NJ DCF's approach to implementing new management and reporting requirements related to CARA. No follow up action items were identified or discussed during that site visit.

The American Rescue Act Funding

With the availability of additional CBCAP 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.

DCF is still determining how best to use the additional CAPTA State Grant funding pursuant to the American Rescue Plan Act of 2021 to improve child protective services statewide. To utilize the supplement CBCAP funding, DCF released two Requests for Proposals (RFPs) to help strengthen families and prevent child maltreatment. Each RFP will result in between 4 and 8 awards. One RFP is aimed at strengthening the network of primary and secondary prevention programs in communities with specific needs and target populations varying across applications. The second RFP targets families with children aged 0 to 5. The program models must be grounded in an evidence-based Strengthening Families Approach with focus on five specific protective factors: building parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and emotional competence for children.

CAPTA Coordinator/State Liaison Officer:

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Targeted Plan Updates

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

DCF's Office of Integrated Health & Wellness (OIHW) within CSOC, 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. CSOC is New Jersey's public youth mental health system designed to serve children, youth and young adults with behavioral health, substance use challenges, and/ or 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 pandemic. 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 Emergency Management Mapping & Information Tracking (EMITT) from the NJ State Police, state Office of Emergency Management (NJOEM). DCF OEM is expanding outreach and partnerships to include county and local OEMs for planning and resource purposes. This will facilitate interaction with county entities and ensure participation in the planning process for a whole community approach. 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 when necessary. Technology continues to be leveraged (Zoom, TEAMS, video conferencing) to support remote work functions as needed. As a result of the return to office work, updated guidance relative to COVID-19, including Human Resources information relative to return to office, Notification Protocols and Return to Office FAQs was provided to DCF staff. Updated 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 and maintains "Safe Work Playbook" which entails a timeline of what the State and DCF haves done during the pandemic, identifying human resources and checklists for staff to navigate during the COVID–19 emergency. DCF continues to engage in new/existing partnerships with NGOs 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 also facilitated the support of two local schools impacted by Hurricane Ida with the provision of backpacks and school supplies. As a part of response protocol, DCF OEM works in conjunction with local health departments for COVID-19 reporting and to obtain guidance and situational awareness. 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 2021 to the present.

- The DC Civil Unrest (4/20/2021)
- Tropical Storm Elsa (7/8/2021)
- Tropical Storm Henri (8/21/2021)
- Hurricane Ida, FEMA Declaration (DR-4614) (9/1/2021-9/3-2021)
- Nor'easter (10/25/2021)
- Severe Weather (10/29/2021)
- Winter Storm (1/3/2022)
- Winter Storm (1/6/2022)
- Winter Storm (1/28/2022)
- Winter Storm FEMA Declaration (DR 4597) (1/31/2022-2/2/2022)
- Winter Storm (2/4/2022)
- Winter Storm (2/18/2022)
- Winter Storm (2/24/2022)
- Peoples Convoy, Northeast Region (3/5/2022)
- Winter Storm (3/12/2022)

The DCF Plan was utilized to effectively sustain Departmental operations. DCF was able to maintain continuity of operations and ensure mission essential functions 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 is in the process of transitioning from the EMAG system to Everbridge. To further enhance communications, DCF is ensuring the inclusion of DCF contracted staff into the Everbridge system. DCF OEM maintains weather preparedness/readiness via NJOEM/National Weather Service (NWS) conference calls, monitoring of NWS briefings and NJ State Emergency Operations Center (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 2022-2023 Disaster Plan.

Training Plan

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). 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 pandemic, OTPD continued to offer 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 annually for all 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)

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:
    i. Judgment/Decision Making
    ii. Oral Communication
    iii. Problem Analysis
    iv. Interpersonal Responsiveness
    v. Organization
    vi. 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:
    vii. Review employment application for completeness.
    viii. Review and verify documents (valid driver's license, social security card, college transcript, list of references).
    ix. Ensure candidate signs necessary releases, consents, and affidavits.
    x. 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 43-46:

- 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

Figure 43

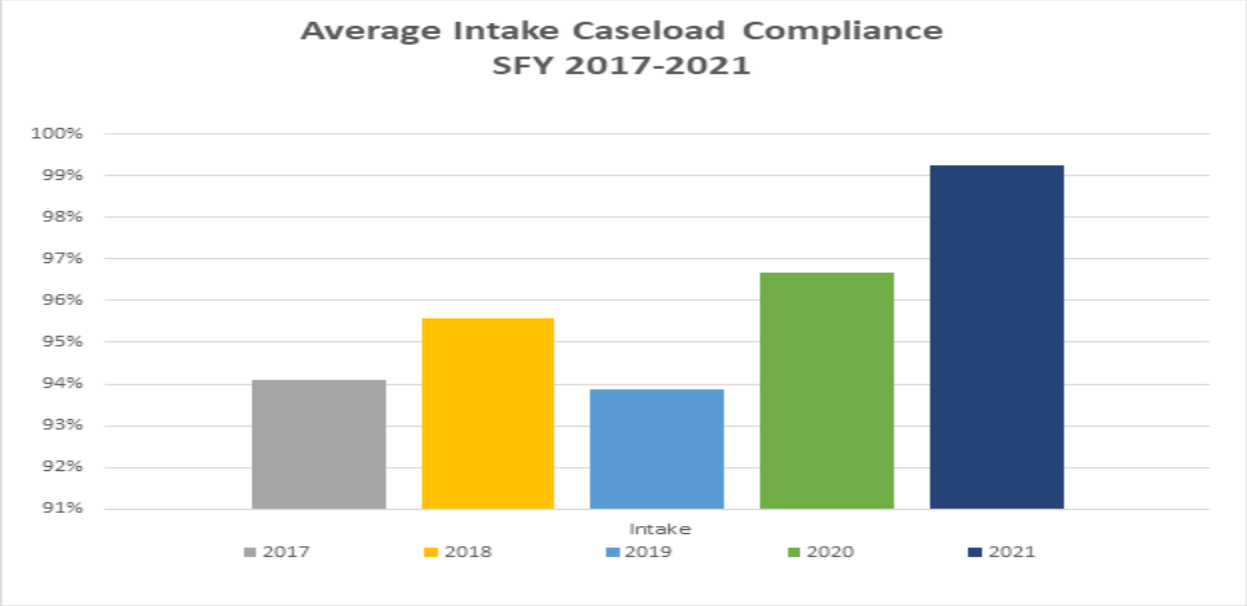


Figure 44

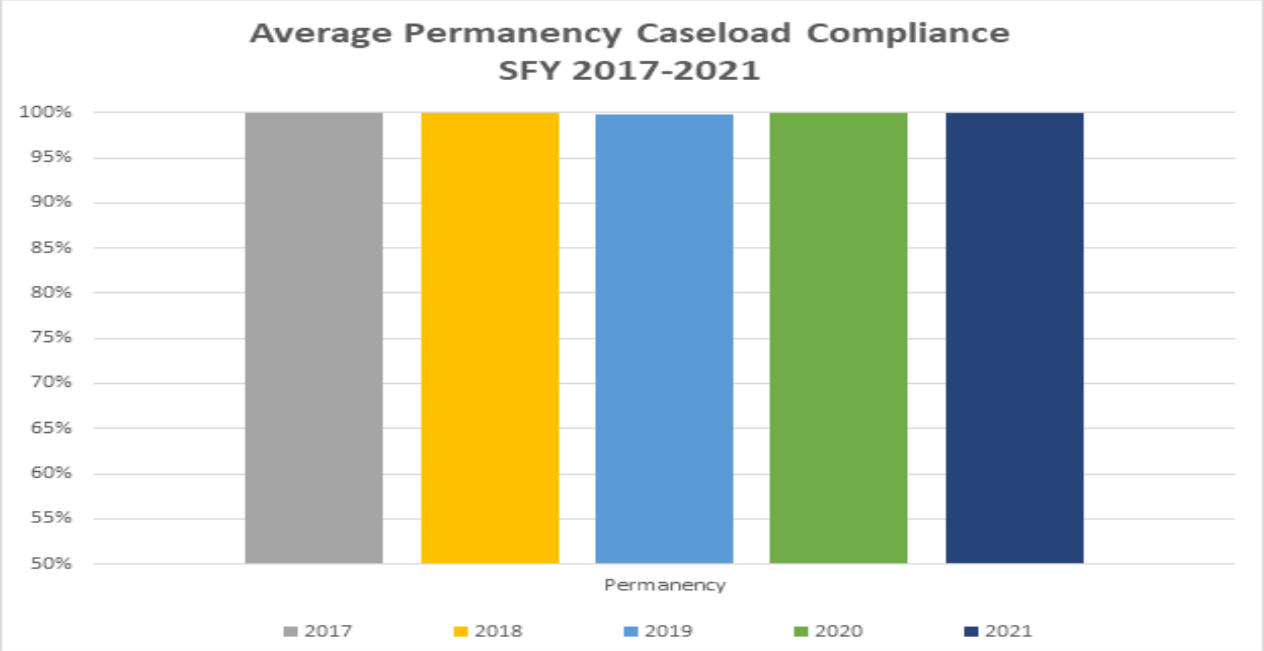


Figure 45

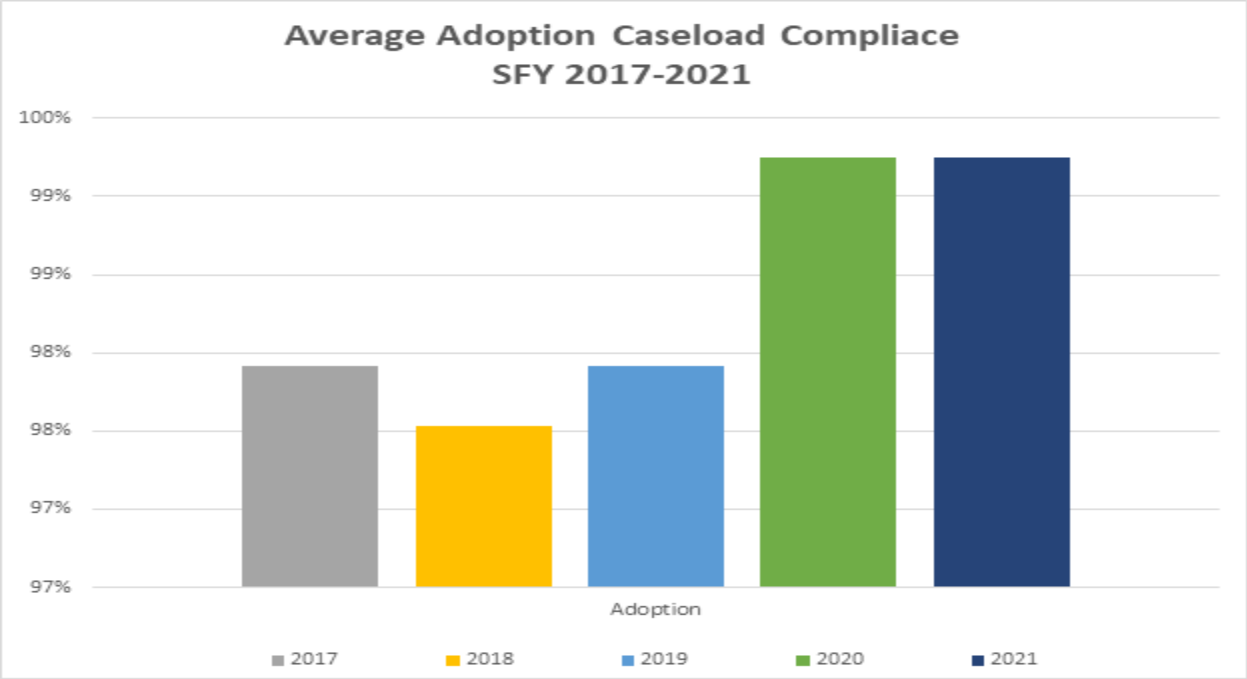
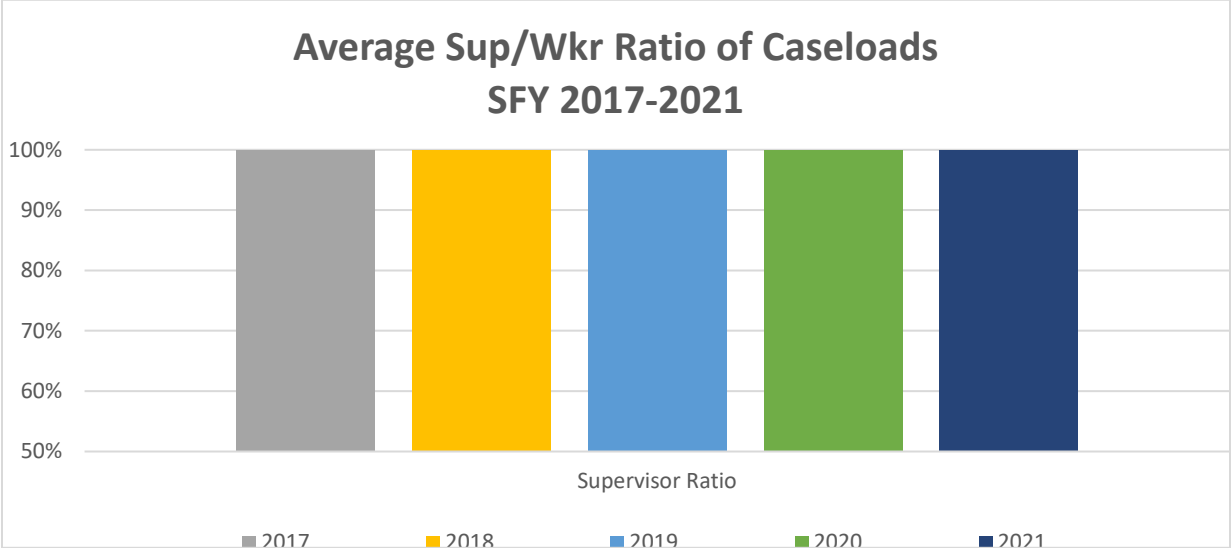


Figure 46



The education and demographic information of the workforce are identified in figures 47-58.

Figure 47

All Child Welfare Staff by Job Function as of September 30, 2021	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Adoption Worker	20	16	36	121				**193**
Adoption Supervisor	9	4	8	24			1	**46**
Intake Worker	82	92	168	773			6	**1121**
Intake Supervisor	23	26	29	157			2	**237**
Permanency Worker	86	105	190	800		1	9	**1191**
Permanency Supervisor	42	26	28	186	1		2	**285**
Resource Family Worker	18	24	42	191		1	4	**280**
Resource Family Supervisor	4	8	5	31				**48**
Local Office Support Staff	15	20	16	143			4	**198**
Local Office Support Supervisor	3	2	3	23	1		2	**34**
Case Practice Specialist	17	8	8	39				**72**
Case Work Supervisor	36	26	18	119	1		2	**202**
Local Office Manager	13	7	5	19			1	**45**
Area Office Support Staff	8	11	5	34	1		2	**61**
Area Office Manager	8	1	4	5				**18**
Degree Totals	**384**	**376**	**565**	**2665**	**4**	**2**	**35**	**4031**

Figure 48

New Hires by Job Function for October 1, 2020 through September 30, 2021	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Adoption Worker								**0**
Intake Worker			1					**1**
Permanency Worker	3		13	2				**18**
Resource Family Worker								**0**
Local Office Manager								**0**
Area Office Support Staff								**0**
Degree Totals	**3**	**0**	**14**	**2**	**0**	**0**	**0**	**19**

Figure 49

All Child Welfare Staff by Job Title as of September 30, 2021	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Family Service Specialist Trainee	3		14	4				**21**
Family Service Specialist 2	162	199	349	1523		1	16	**2250**
Family Service Specialist 1	57	60	91	518	1	1	7	**735**
Front Line Supervisor (SFSS 2)	81	66	74	419	2		7	**649**
Case Practice Specialist (CSS)	20	9	9	44				**82**
Case Work Supervisor (SFSS 1)	36	27	18	121	1		2	**205**
Local Office Manager	13	7	5	19			1	**45**
Area Office Support Staff	4	7	1	13			2	**27**
Area Office Manager	8	1	4	4				**17**
Degree Totals	**384**	**376**	**565**	**2665**	**4**	**2**	**35**	**4031**

Figure 50

New Hires by Job Title for October 1, 2020 through September 30, 2021	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Family Service Specialist Trainee	3		14	2				**19**
Family Service Specialist 1								**0**
Family Service Specialist 2								**0**
Local Office Manager								**0**
Area Office Support Staff								**0**
Degree Totals	**3**	**0**	**14**	**2**	**0**	**0**	**0**	**19**

Figure 51

All Child Welfare Staff by Job Title as of September 30, 2021						
Female	**Asian**	**Black**	**Hispanic**	**Native American**	**White**	**Total Female**
Family Service Specialist Trainee		3		2	13	18
Family Service Specialist 2	47	811	22	44	926	1850
Family Service Specialist 1	20	248	19	3	335	625
Front Line Supervisor (SFSS2)	11	218	16	2	313	560
Case Practice Specialist (CSS)		22			49	71
Case Work Supervisor (SFSS1)	8	58	2		110	178
Local Office Manager		11			24	35
Area Office Support Staff		9			12	21
Area Office Manager		2			13	15
Totals	**86**	**1382**	**59**	**51**	**1795**	**3373**

Figure 52

Male	Asian	Black	Hispanic	Native American	White	Total Male
Family Service Specialist Trainee					2	2
Family Service Specialist 2	7	201	6	9	177	400
Family Service Specialist 1	5	42	5	1	57	110
Front Line Supervisor (SFSS2)	2	29	2		56	89
Case Practice Specialist (CSS)		4			7	11
Case Work Supervisor (SFSS1)	3	10			14	27
Local Office Manager		4			6	10
Area Office Support Staff	2	1			3	6
Area Office Manager		1			1	2
Totals	**19**	**292**	**13**	**10**	**323**	**657**

Figure 53

Non-Binary	Asian	Black	Hispanic	Native American	White	Total Non-Binary
Family Service Specialist Trainee					**1**	**1**
Family Service Specialist 2						**0**
Family Service Specialist 1						**0**
Front Line Supervisor (SFSS2)						**0**
Case Practice Specialist (CSS)						**0**
Case Work Supervisor (SFSS1)						**0**
Local Office Manager						**0**
Area Office Support Staff						**0**
Area Office Manager						**0**
Totals	**0**	**0**	**0**	**0**	**1**	**1**

Figure 54

All Staff	Staff Totals
Family Service Specialist Trainee	21
Family Service Specialist 2	2250
Family Service Specialist 1	735
Front Line Supervisor (SFSS2)	649
Case Practice Specialist (CSS)	82
Case Work Supervisor (SFSS1)	205
Local Office Manager	45
Area Office Support Staff	27
Area Office Manager	17
Totals	4031

Figure 55

New Hires by Job Title for October 1, 2020 through September 30, 2021						
Female	Asian	Black	Hispanic	Native American	White	Total Female
Family Service Specialist Trainee		3		1	12	16
Family Service Specialist 1						0
Family Service Specialist 2						0
Local Office Manager						0
Area Office Support Staff						0
Totals	0	3	0	1	12	16

Figure 56

Male	Asian	Black	Hispanic	Native American	White	Total Male
Family Service Specialist Trainee					2	2
Family Service Specialist 1						0
Family Service Specialist 2						0
Local Office Manager						0
Area Office Support Staff						0
Totals	0	0	0	0	2	2

Figure 57

Non-Binary	Asian	Black	Hispanic	Native American	White	Total Non-Binary
Family Service Specialist Trainee					1	1
Family Service Specialist 1						0
Family Service Specialist 2						0
Local Office Manager						0
Area Office Support Staff						0
Totals	**0**	**0**	**0**	**0**	**1**	**1**

Figure 58

All Staff	Staff Totals
Family Service Specialist Trainee	**19**
Family Service Specialist 1	**0**
Family Service Specialist 2	**0**
Local Office Manager	**0**
Area Office Support Staff	**0**
Totals	**19**

As a department, DCF did not experience any layoffs as a result of the COVID-19 pandemic. DCF temporarily suspended hiring “new” Family Service Specialist (FSS) Trainees while developing a revised process for training and mentoring these “new hires” due to remote work adjustments in CP&P operations. This included FSS Trainees that participated in the Baccalaureate Child Welfare Education Program (BCWEP). Hiring resumed in late Summer/early Fall 2021 (see Figure 58). Utilizing data, DCF continues to evaluate the operational needs of offices, caseloads and staffing and vacancies across the agency to ensure appropriate staffing is maintained.

Figure 59

New hires by Month Oct 1, 2020, through September 30, 2021	Oct - 20	Nov - 20	Dec - 20	Jan - 21	Feb - 21	Mar - 21	Apr - 21	May - 21	Jun - 21	Jul - 21	Aug - 21	Sep - 21	Total
New Hires	0	0	0	0	0	0	0	0	0	2	0	17	**19**

Juvenile Justice Transfers

During this reporting period, there were two children in placement under the legal authority of CP&P that were 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 60 provides the total unduplicated number of youth who received Education and Training Vouchers, and new recipients for the 2020-2021 and 2021-2022 school years.

Figure 60

	Total ETVs Awarded (Regular & Division X funding)	**Number of New ETVs**
Final Number: **2020-2021 School Year** (July 1, 2020 to June 30, 2021)	181	75
2021-2022 School Year* (July 1, 2021-June 30, 2022)	175	67

**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 FFY21, 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 FY22 in a separate submission by December 15, 2022, as outlined in the program instructions.

Financial Information

Title IV-B Subpart 1 – Payment Limitations

The amount of FY05 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 FY05 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 FY20 amount of state expenditures for the purposes of Title IV-B, subpart 2 totaled $82,995,000.

Additional financial information can be reviewed in the FY23 Budget Request—CFS-101, Parts I and II and FY20 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: December 31, 2021

Reporting period[1]: July 1 – December 31, 2021

PIP effective date: June 1, 2019

End of PIP implementation period: November 30, 2021[2]

End of non-overlapping year: May 31, 2023

Children's Bureau (CB) Onsite Monitoring Visits[3]: February 10, 2020, February 16, 2021, June 22, 2021

[1] DCF reports to CB on a biannual basis. During calls between DCF and CB on December 5, 2019 and May 29 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. The third report covered activities that took place between July 1-December 31, 2020. This fourth report covers activities that took place between January 1-June 30, 2021.

[2] On March 24, 2021, DCF requested a six-month extension to New Jersey's PIP implementation period as permitted by 45 CFR 1355.35(d). On April 7, 2021, CB approved DCF's request for an extension, thereby extending the end of the PIP implementation period from May 31, 2021 to November 30, 2021 and the end of the non-overlapping evaluation year from September 30, 2022 to May 31, 2023.

[3] The meetings between DCF and CB in February and June 2021 were completed virtually as a result of the COVID-19 pandemic. In addition to the monitoring calls listed here, DCF and CB had multiple additional calls between February 2020 and February 2021 to renegotiate the terms of DCF's PIP.

Progress for Goals, Strategies and Activities

During the last quarters 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 continued to manage in an ever-evolving COVID-19 pandemic, which continues to be classified as a national emergency as of the writing of this report. The public health crisis impacted all aspects of life for children and families in New Jersey. It 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 6,600 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. On March 24, 2021, DCF requested a six-month extension to the PIP implementation period as permitted by 45 CFR 1355.35(d). On April 7, 2021, CB approved DCF's request for an extension, thereby extending the end of the PIP implementation period from May 31, 2021 to November 30, 2021. On November 22, 2021, CB approved additional modifications to DCF's PIP activities.

Throughout the PIP implementation period, DCF has remained committed to the goals and strategies outlined in the PIP and continues to execute the activities while maintaining Departmental operations in a protracted national emergency.

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-June 30, 2021
Extension Period: **Q9:** July 1-September 30, 2021
Q10: October 1-November 30, 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 continue to be included in this report.

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.	Q1&2: NJ asserted this activity is complete. CB agrees.
1.1.1b	Add safety component to Family Agreement.	Q8*	Complete	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. During Q5-Q6, DCF planned for the development and roll-out of the new case plan and family agreement, which is being renamed the "Individual and Family Agreement". Individual Family Plan (IFP). The IFP will ultimately replace the Family Agreement. See 2.1.3, below. 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.	Q1&2: NJ requested renegotiated due date. CB suggested completion date be moved from Q3 to Q6 and NJ DCF concurred. CB approves. Q5&6: NJ asserts that this key activity is complete. CB agrees.
1.1.1c	Create protocol for workers to review progress on the enhanced Family Agreement with caregivers at each home visit	Q8*	Complete	In Q10 a process was developed for the use and review of the Enhanced Family Agreement/Action. This information is discussed in the training and in the SBC/CPM Crosswalk document. This activity is complete.	
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	Q1&2: NJ requested renegotiated due date. CB suggested

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.	completion date be moved from Q3 to Q6 and NJ DCF concurred. CB approves. Q5&6: NJ asserts that this key activity is complete. CB agrees.
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.	Q5&6: NJ asserts that this key activity is complete. CB agrees.
1.1.2	**Train and coach staff to practice expectations**				
1.1.2 A1	**A. 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. This training is complete for all executive level staff, including Area Directors, Assistant Area Directors and Local Office Managers.	Q5&6: NJ reported that the training has been rolled out to all staff; it was provided to all but a few supervisors prior to COVID, but those staff have now completed it. One challenge was household composition but has been resolved. Staff believe the concepts are clear and assessing safety throughout case has been well received.
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	Q6*	Complete	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 Evident Change (formerly CRC,) which addresses use of and practice expectations for the revised SDM tools.	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
	on safety and risk assessment and intervention throughout the life of the case, and appropriate use and duration of Safety Protection Plans.			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-Q8, all casework supervisors, supervisors and field staff completed this virtual training.	
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.	Q5&6: NJ asserts that this key activity is complete. CB agrees.
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*	Complete	Q10: This has been completed. Conversations about ongoing assessment of safety are occurring during supervisory conferences.	Q1&2: NJ requested renegotiated due date. CB suggested completion date be moved from Q2 to Q3 and NJ DCF concurred. CB approves.
1.1.2 B2	Tools: Supervisory Observation Tool will be updated to include observation of safety/risk assessment	Q8*, ++	Complete	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 decided to merge the development of these tools to coincide with the rollout of SBC. During Q7-Q8, DCF determined that they will utilize supervisory observation tools, as well as SBC skill-based observation tools. Design and development of both sets of tools is complete. Supervisors will be oriented to and begin using the supervisory observation tools in early 2022. While the updating of the tool is complete, the release and utilization of the SBC skill-based observation tools will take place in early to mid-2022 to coincide with SBC going into practice. See 2.2.1b through 2.1.6, below. Per ACF correspondence dated December 21, 2020, monitoring of the implementation of this activity will be via the APSR.	
1.1.2 B3	Tools: Casework Supervisor Observation Tool will be created to record observation of supervisor/ worker conferences.	Q8*, ++	Complete	DCF created supervisory observation tool, which will go into use in early 2022. See 1.1.2B2, above. While the creation of the tool is complete, per	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				ACF correspondence dated December 21, 2020, implementation of the tool will be monitored in the APSR.	
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 Supervisors will discuss SDM assessments (Conversation will be documented in supervisor conference notes)	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. While supervisors are discussing SDM assessments with workers during conferences, the portion of this activity that is related to the use of the updated supervisory observation tool is tentatively projected to launch between January – March 2022. Per ACF correspondence dated December 21, 2020, the implementation of the supervisory observation tool will be monitored in the APSR.	
1.1.3	**Assess fidelity to the practice model**				
1.1.3a	Casework supervisor will directly observe individual supervisor/worker conferences utilizing the Casework Supervisor Observation Tool.	Q2-Q5++	Partially complete, in progress	DCF completed creation of revised supervisory observation tools, which will go into use in early 2022. See 1.1.2B2, above. At that time, practice implementation can begin, followed by fidelity of assessment. This activity is tentatively projected to launch between January – March 2022. Per ACF correspondence dated December 21, 2020, this activity will be monitored in the APSR.	
1.1.3b	Casework supervisor will collect & assess supervisory observation tools	Q3 & ongoing++	Partially complete, in progress	DCF created supervisory observation tools, which will go into use in early 2022. See 1.1.2B2, above. At that time, practice implementation can begin, followed by fidelity of assessment. This activity is tentatively projected to launch between January – March 2022. Per ACF correspondence dated December 21, 2020, this activity will be monitored in the APSR.	
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	Q7 and ongoing*, ++	Partially complete, in progress	DCF created supervisory observation tools, which will go into use in early 2022. In early 2022, AQCs will begin to track the use of and findings from supervisory observation tools, as well as findings related to coaching. The findings from these reviews will be incorporated into the new CQI processes that DCF is developing. At the same time, AQCs will begin to	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
	assessment, and appropriate use of Safety Protection Plans			review records to assess for quality of safety and risk assessments and appropriate use of Safety Protection Plans. See 1.1.2B2, above. AQCs completed the review of records by 11/30/21. Per ACF correspondence dated November 22, 2021, AQCs' work to track use of and findings from supervisory observation tools will be monitored in the APSR.	
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.	Q5&6: NJ asserts this activity is complete. CB agrees.
1.1.3e	Casework supervisor will use SafeMeasures report to monitor frequency and duration of Safety and Protection Plans	Q7*	Complete	Casework supervisors began using the SafeMeasures report upon release of same in September 2021. As of Q10, this activity has been completed.	
1.1.4	**Create or Adapt Decision Support Data**				
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.	Q5&6: NJ asserts this activity is complete. CB agrees.
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 Agreement will undergo major revisions during the implementation of SBC. See 1.1.1b, above, and Strategy 2.1, below.	Q5&6: NJ asserts this activity is complete. CB agrees.
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.	Q5&6: NJ asserts this activity is complete. CB agrees.
1.1.4d	SafeMeasures will include a new report that monitors completion and duration of Safety Protection Plans	Q7*	Complete	In the wake of the deployment of the NJS revisions in November 2020, SafeMeasures was updated to include a report of Safety Protection Plans that allows casework supervisors to monitor frequency and duration. During Q7-Q8, DCF worked with the vendor to develop this report. This	Q5&6: NJ reported this is actively being worked on and developed; they are working with the vendor on adjustments. It is currently on track to meet target completion.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				report has been completed and became operational on 09/15/2021 (Q10).	
1.1.5	**Make use of Facilitative Administration**				
1.1.5a	Local Office Managers will regularly review SafeMeasures report with Deputy Attorney Generals (DAG)	Q7*	Complete	Local office managers have begun reviewing the SafeMeasures report with DAGs. This activity rolled out in concurrence with the release of the Safe Measures report. The activity has been completed.	Q1&2: NJ requested renegotiated due date. CB suggested completion date be moved from Q3 to Q4 and NJ DCF concurred. CB approves.
1.1.5b	SafeMeasures reports on use of Safety Protection Plans will be regularly reviewed by CP&P leadership	Q7*	Complete	This activity was contingent upon the release of the new SafeMeasures report. CP&P leadership began regularly reviewing the SafeMeasures report upon release. As of Q10: this has been completed; data is reviewed regularly by Area Directors, Local Office Managers (independently and via Statewide meetings) and DCPP Central Office.	
1.1.5c	Supervisor/Caseworker team meetings will incorporate discussion of feedback and learning from training, coaching, and fidelity assessment	Q7*	Complete, ongoing	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 is now complete, supervisory team meetings have begun to incorporate discussions of learning from the training. Discussions now include coaching and fidelity assessment. Discussions based on the new SafeMeasures report are incorporated into these meetings. As of Q10, this has been completed.	
1.1.5d	Area Quality Coordinator (AQC) will share review findings with LOM & AD locally and at Statewide AD meeting	Q7*	Complete	AQCs reviewed records to assess for quality of safety and risk assessments and appropriate use of Safety Protection Plans. Information was disseminated in November 2021. As of Q10, this activity has been completed.	
1.1.5e	Continuous Quality Improvement (CQI) teams/local PIP process will incorporate work on safety and risk throughout the life of the case	-	Complete	DCF's pre-COVID CQI processes were suspended during the COVID-19 national emergency and new procedures were developed. DCF incorporated review and planning related to safety and risk throughout the life of the case into the new processes. Beginning in Fall, 2020, DCPP undertook a concerted SDM CQI effort to ensure that (1) Safety Protection Plans were established appropriately; (2) revised SDM model was being used to fidelity; and (3) workers had	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				sufficient contact with children who are in families who are rated as high or very high risk. With respect to (1), in Q10, each local office reviewed each active Safety Protection Plan noted in the new Safe Measures report, and either validated the need to continue the plan or discontinued the plan accordingly. With respect to (2), in Fall 2020 DCF's Office of Quality undertook reviews of Safety Protection Plans as well as risk assessments, contacts and supervision for in-home cases. In Spring/Summer 2021, DCF engaged Evident Change, the developer of SDM, to conduct a case reading to assess fidelity to the SDM model. Findings from the study were disseminated to DCPP leadership in August 2021. The review found substantial fidelity to the SDM model in both safety and risk assessments. With respect to (3), DCF developed a DCPP Dashboard displaying multiple data elements related to safety and risk, which was disseminated to DCPP leadership weekly at the beginning of the pandemic and is now disseminated monthly. DCPP leadership reviews the dashboard data with Central Office management, Area Directors, and Local Office Managers at least monthly. Area Directors and Central Office leadership identify any local offices that are struggling, and enact improvement plans, which are tracked for progress at the Central Office level. With these comprehensive adjustments to the State's CQI processes in place, this activity is complete.	
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	-	Complete	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. In Q9 and Q10, DCPP, the Office of Quality and the Office of Research, Evaluation and Reporting completed the design of a revised methodology. This activity is complete.	
1.1.6	**Identify and Manage Systems Interventions Needed to Support the Practice**				
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	Q6*	Complete	In Q2, ORPD, CP&P, OIT, the Training Partnership, and OTPD completed the recommended policy changes. In November 2020, while the revised SDM tools were released, DCF released updated policies related to the SDM tools.	Q1&2: NJ requested to update narrative for policy to align with IT systems with an expected

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
	tools, supervisory conferences that include a discussion of the SDM tools, etc.)				completion date of Q5. CB approves. Q5&6: NJ asserts this activity is complete. CB agrees.
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*	Complete	Caseworkers, supervisors and casework supervisors are expected to conference all Safety Protection Plans with DAGs in current practice. Once adaptations to SafeMeasures were complete, see 1.1.4d, above, CP&P leadership and the Office of the Attorney General (OAG) have begun collaborating to assess and ensure consistent practices relating to Safety Protection Plans. As of Q10, this activity has been completed.	
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, while the revised Safety Protection Plan was released, DCF released updated policies related to Safety Protection Plans.	Q5&6: NJ asserts this activity is complete. CB agrees.

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	**Ensure Practice Expectations are Clearly Defined**				
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.	Q1&2: NJ asserts that activity is complete. CB agrees.
2.1.1b	DCF will work with model developers to incorporate evidence informed case planning into New Jersey's practice model	Q8*	Complete	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	Q5&6: NJ reported that work with the model developer had to switch to remote due to pandemic. New work plan is in

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				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. 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. 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 implementation. In Q6, DCF took the necessary steps to secure approval for expenditure of additional costs associated with remote facilitation. In Q7-Q8, the SBC Implementation Team and all workgroups continued to work towards implementation, updating policies, protocols, processes, and forms. See 2.1.2 through 2.1.6, below. During Q9 and Q10, final steps to incorporate SBC practices into the established DCPP practice model were completed. The resulting practice model was codified via "Did You Know" emails to staff, a crosswalk of SBC practice and the previous practice model, and videos discussing the intersection of SBC and the previous model, and modifications to the FTM	place. Subcommittees continue to work on forms and policies. NJ has finalized a new case plan and a new family agreement. They have finalized the content. They are moving to SPRINT. The rollout to the state is in June. NJ is also making significant changes to case notes and court order to infuse SBD language into practice.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				practice, and an orientation to all new forms that are modified as a result of SBC. This activity is complete.	
2.1.2	**Train and coach staff to practice expectations**				
2.1.2	Training and coaching strategy to be developed Q2-4; roll out TBD	To be developed Q6*; training of trainers Q8*	Complete	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-Q8, the SBC Champions completed the train-the-trainer process with the model developer. The Training and Coaching Team designed the training roll-out plan for all existing staff, including separate learning paths for caseworkers and for supervisors. At the end of Q8, staff were enrolled into SBC cohorts. The SBC Champions rolled out the training plan via virtual platform. DCF expects that statewide training for existing staff will continue throughout Q9-Q10. Additionally, the Training and Coaching Team will collaborate with our university partners to integrate SBC into the pre-service training program for new workers. SBC training was completed as of 11/19/21.	Q5&6: NJ elaborated on the "SBC Champions". A total of 54 people will be trained, and they represent all local offices. Initially NJ asked for volunteers then those individuals were interviewed; it will be determined after training who will become a coach. Discussion regarding staff certification occurred. NJ reported that if staff are certified it will look different; they will not be a formal certification, but it will be determined if proficient with expectations in their reviews. In addition, new staff will have to show proficiency to get through training.
2.1.3	**Assess fidelity to the practice model**				
2.1.3	Model fidelity tools and practices to be developed jointly with model developer	Q8*	Complete	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,	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				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. In Q7, the determination was made that the work related to measurement and CQI will take place at the executive level with leadership from CP&P and Operations. In Q7-Q8, this team planned for the development of a CQI structure; the initial framework is near finalization. The team concluded that DCF will utilize the fidelity tools developed by SBC to measure adherence to the model. The SBC skill-based observation tools are complete; they will go into use in early-mid 2022 and will continue to be utilized until all permanency and adoption staff are certified in SBC. Regarding data systems, DCF determined that, during the initial phase of implementation (through at least June 2022,) CP&P will use the SBC Implementation Website, which will be designed to meet the unique needs of DCF's roll-out and implementation. This website will be used to track caseworker certification in the SBC model, a critical first step in achieving ongoing fidelity. In Q9, DCF closely collaborated with the model developer to design and build DCF's SBC Implementation Website. With this tool being available to commence monitoring worker skill acquisition, the activity is complete.	
2.1.4	**Create or Adapt Decision Support Data Systems**				
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*	Complete	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,	Q1&2: NJ requested renegotiated due date. CB suggested completion date be moved from Q2 to Q6 and NJ DCF concurred. CB approves.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				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 family agreement, which will be renamed the "Individual and Family Assessment" and "Individual and Family Agreement," respectively. In Q5-Q6, the Data Support Team planned for the development and roll-out of the new documents. The revisions related to SBC will be rolled out in two-phases. The first phase was rolled out in July 2021 (Q9). During this phase, OIT released an interim Individual and Family Assessment, which includes online case plan assessment window enhancements, as well as an enhanced Individual and Family Agreement window, which will allow staff to upload the new form. At this point, all needed forms have been developed and NJ SPIRIT has been modified so that workers can upload these forms (e.g., Individual and Family Assessment and Individual and Family Agreement, modified court reports, etc.), which then become part of the formal NJ SPIRIT record.	
2.1.4b	Rollout of changes TBD depending on complexity	TBD	Complete	The major changes needed have been identified and plans established to address them as described above. This activity is complete as of Q10.	
2.1.5	**Make Use of Facilitative Administration**				
2.1.5	Specific action steps to be co-developed with model developer and CP&P	Q8*	Complete	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. In Q7-Q8, that communication plan was executed.	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				In Q7-Q8, the systems integration team, which was expanded to include representatives from multiple provider agencies, developed an external communication plan, outlining methods and timeframes to manage the flow of information and required resources to support engagement of external stakeholders. The team initiated the development of various training materials, including training videos, a provider desktop guide and FAQ document. The team's provider representatives were charged with vetting communication and provider training materials to ensure that they are responsive to providers' needs while in service to SBC's installation. In Q9 and 10 the internal processes team reviewed and modified policies to support rollout of SBC. They worked with the DCF Office of Contracting to modify the standard contract templates to include language supporting the SBC practice. This activity is now complete.	
2.1.6	**Identify and Manage Systems Interventions Needed to Support the Practice**				
2.1.6	Specific action steps to be co-developed with model developer and CP&P	Q8*	Complete	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. The SBC model developer presented the model to Judicial stakeholders during the Statewide CICIC conference in March 2021, as well as a separate presentation to Courts. DCF also developed a video to support ongoing training of DCF providers, customized by service type. New Jersey stakeholders were informed of NJ's progress with SBC via the Regional Forums in November 2021; this presentation and video recording are available to the public via the ACNJ website. This activity is complete.	

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	**Ensure Practice Expectations are Clearly Defined**				
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.[4]	-	Complete	The CICIC is incorporating father engagement into its ongoing permanency work. In Q7, a CICIC subcommittee was restructured into the "Youth, Family and Community Voice (YFCV) Subcommittee." This group, which began meeting in February 2021, is working to incorporate youth, family and community voices into statewide and local court improvement work. As an element of its five-year strategic plan, the group will work to increase early father and relative engagement.	
2.2.2	**Train and Coach Staff to Practice Expectations**				
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	Complete	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 now offered as two sessions. This training, which began in Q6, continued to be delivered on a monthly basis throughout Q7-Q8. DCF expects that monthly training will continue throughout Q9-Q10 for remaining staff to participate. In Q4, the support and accountability package for this training was finalized. The goal of the fatherhood support and accountability package	

[4] 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
				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 • 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 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. During Q6, the "road show" had visited five of nine areas. During Q7, the road show concluded, after visiting the remaining four areas. In Q8, CP&P and OTPD met with each area to assess progress on the delivery of the support and accountability package. Early reports indicate that local office leaders successfully integrated the support and accountability package into existing staff meetings. CP&P and OTPD will continue to support area and local office leaders to ensure sustainability of these early efforts.	
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.	Q1&Q2: NJ asserts that this activity is complete. CB agrees.
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. Their practice will be further enhanced with the use of modified NJ SPIRIT report identified in 2.2.4a, below.	
2.2.2 B2	Tools: Supervisory Observation Tool will be updated to include observation of use of father engagement practices	Q8*, ++	Complete	DCF created supervisory observation tools, which will go into use in early 2022. See 1.1.2B2, above. This activity is tentatively projected to launch between January – March 2022. Per ACF correspondence dated December 21, 2020, this activity will be monitored in the APSR.	

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 in early 2022. See 1.1.2B2, above. This activity is tentatively projected to launch between January – March 2022. Per ACF correspondence dated December 21, 2020, this activity will be monitored in the APSR.	
2.2.3	**Assess fidelity to the practice model**				
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. In early 2022, casework supervisors will begin to collect and assess practice through use of the tools. See 1.1.2B2, above.	Q3&4: NJ asserts this activity is complete. CB agrees.
2.2.3b	Casework supervisor will collect and assess supervisory observation tools	Q3 and ongoing++	Partially complete, in progress	DCF created supervisory observation tools, which will go into use in early 2022. See 1.1.2B2, above. At that time, practice implementation can begin, followed by fidelity of assessment. This activity is tentatively projected to launch between January – March 2022. Per ACF correspondence dated December 21, 2020, this activity will be monitored in the APSR.	
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++	Partially complete, in progress	DCF created supervisory observation tools, which will go into use in early 2022. In early 2022, AQCs will begin to track the use of and findings from supervisory observation tools, as well as findings related to coaching. The findings from these reviews will be incorporated into the new CQI processes that DCF is developing. See 1.1.2B2, above. At that time, practice implementation can begin, followed by fidelity of assessment. This activity is tentatively projected to launch between January – March 2022. Per ACF correspondence dated December 21, 2020, this activity will be monitored in the APSR.	
2.2.3d	AQC for each Area will review sample of records	Q7 and ongoing*	Complete	DCF created supervisory observation tools, which will go into use in early 2022. In early 2022, AQCs will begin to track the use of and findings from supervisory observation tools, as well as associated record reviews. The findings from these reviews will be incorporated into the new CQI processes that DCF is developing. See 1.1.2B2, above. At that time, practice implementation can begin, followed by fidelity of assessment. AQC completed the review of records by 11/30/21.	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
2.2.4	**Create or Adapt Decision Support Data Systems**				
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*	Complete	In the wake of the deployment of the NJS revisions in November 2020, SafeMeasures is being updated to include a mechanism to track visits with mothers and fathers separately. During Q7-Q8, DCF worked with the vendor to incorporate these changes into several existing visitation screens in SafeMeasures. DCF will vet the screens before they become available to staff in Q10. Q10: This has been completed and became operational on 11/23/2021.	
2.2.5	**Make use of Facilitative Administration**				
2.2.5 A1	**A. Elevate father engagement as a priority area for County level PIPs** 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.	Launched; to be maintained ongoing	Complete, ongoing	OOQ & CP&P Central Office Leadership agreed that counties must incorporate father engagement into the county PIP process if it is 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.	Q3&4: NJ asserts this activity as complete. CB agrees.
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.	Q3&4: NJ asserts this activity as complete. CB agrees.
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	Q3&4: NJ asserts this activity as complete. CB agrees.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				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	**B. Statewide Fatherhood Engagement workgroup will be strengthened and expanded to include stakeholders with lived experience:** The workgroup will be expanded to ensure stakeholder representation for internal and external partners, fathers and community partners	Launched	Complete, ongoing	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 is led by the Office of Family Voice (OFV) and includes representatives from multiple DCF offices, including, but not limited to: CP&P, Office of Adolescent Services (OAS), OOQ, Office of Licensing, OPRD, and the Division on Women (DOW), as well as external partners, including the New Jersey's Division of Family Development (DFD), Division of Labor, Office of Probation Services, Office of Child Support, Office of Faith Based Initiatives (OFBI), New Jersey Head Start and the non-profit sector. The FEC began meeting in 2019 and continued to meet through early 2020. (See DCF's first biannual report for details of earlier meetings.) Due to the COVID-19 pandemic, the FEC's meetings were temporarily suspended. In December 2020, the FEC reconvened, conducting bimonthly meetings since that time. In Spring 2021, the FEC welcomed new members from DCF's Office of Family and Community Partnerships and the Huddle of South Jersey of Salem/Cumberland County. Additionally, in August 2019, DCF established a subcommittee of the FEC consisting of fathers with lived experience and, in February 2020, hired a Fatherhood Engagement Advisor (FEA). In Q3, the subcommittee began meeting. When in-person meetings were suspended due to COVID-19, the subcommittee met virtually, discussing experiences and articulating recommendations. Throughout the pandemic, the FEA had consistent communication with the members of the subcommittee, providing fatherhood advocacy and COVID-19 resource assistance. With the support of FEC members, fathers from Mercer, Atlantic, Somerset and Burlington counties were recruited and engaged. In 2021, the FEA worked with Essex County Resource Development Specialists to recruit	Q3&4: NJ asserts this activity as complete. CB agrees.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				and engage three new fathers from Essex County. In Spring 2021, the FEC worked with the FEA to finalize an online application for additional fathers to apply to be on the subcommittee.	
2.2.5 B2	Workgroup to establish year one and year two goals.	Q6-Q8*	Complete	In December 2020, the FEC reconvened. In Q7, the FEC established goals for the next year. The workgroup's goals for 2021 are for fathers with lived experience and internal and external partners to share learning and to develop recommendations that will help transform DCF's policy and practice. The FEC is charged with working collaboratively with DCF leadership to provide recommendations that identify key issues for father engagement, such as supporting fathers' voices in case planning. System partners are encouraged to convey their data to assist in further understanding barriers to father engagement. The FEC will work to build the capacity of fathers by providing resources and knowledge that enables them to take action, influence and make decisions on critical issues.	
2.2.5 B3	The workgroup will be charged with partnering with external stakeholders (e.g. father, community providers) to share learning and develop recommendations, including: **B3**. System partners will be invited to bring their data to assist in further understanding barriers to father engagement	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. DFD provided information about the clients they serve. In Q7-Q8, a number of system partners shared information with the FEC. OFBI presented regarding the office's purpose and new funding initiatives. The Probation Ombudsman spoke to the workgroup about the *JOBS* program initiative and available opportunities for parents on probation or parole. The Child Support Enforcement Unit, in collaboration with DFD, provided an overview of their current systems and discussed ways to improve father engagement.	Q3&4: NJ asserts this activity as complete. CB agrees.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				Additionally, in March 2021, the lived experience subcommittee presented at the Children in Court Virtual Education Conference, Through the Lens of Lived Experience. In May 2021, a subcommittee father was invited to speak as guest panelist at the New Jersey Child Placement Advisory Council conference. For both conferences, the fathers spoke about their lived experience and level of engagement as father with a CP&P case and provided their perspective on the importance of listening to constituents with lived experience.	
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.	Q3&4: NJ asserts this activity as complete. CB agrees.
2.2.5 B5	The workgroup will be charged with providing at least annual update/recommendation to executive management	Ongoing	Complete, ongoing	The FEC continues to work in collaboration with the 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. Beginning in December 2020 and continuing throughout Q7-Q8, the FEC worked with the lived experience subcommittee to review the subcommittee's recommendations. FEC members, as well as DCF staff from OPRD, DOW, CP&P and OAS, met with the subcommittee and provided professional expertise to help craft the father's experiences into specific recommendations to address systemic issues, improve father engagement and transform DCF's practices. The subcommittee will present their recommendations to the Commissioner in August 2021.	Q3&4: NJ asserts this activity as complete. CB agrees.
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	Staff from OPRD sit on the FEC. In addition, during Q7-Q8, OPRD began meeting with the lived experience subcommittee to discuss what the office does, how policy is crafted, how to locate policy via DCF platforms, and how OPRD can better include and engage fathers in policy decision-making. The lived experience subcommittee emphasized the importance of locating and engaging non-residential fathers, and as a result, ORPD will revise policy around missing persons.	Q3&4: NJ asserts this activity as complete. CB agrees.
2.2.6	**Identify and Manage Systems Interventions Needed to Support the Practice**				

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
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 updates 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.	Q3&4: NJ asserts this activity as complete. CB agrees.
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.	Q3&4: NJ asserts this activity as complete. CB agrees.

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.	Q5&6: NJ reported that in January over 50% of kids were placed with relatives/kinship. NJ asserts this activity as complete. CB agrees.
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.	Q5&6: NJ asserts this activity as complete. CB agrees.
3.1.2	**Train and Coach Staff to Practice Expectations**				

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
3.1.2a	Develop DCF staff skills in holding straightforward conversations for concurrent planning ("Talking with families about concurrent planning"):	-	Complete	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.	Q3&4: NJ asserts this activity as complete. CB agrees.
3.1.2c	Push out webinar content through existing CP&P staff meeting structure	Q5*	Complete	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. In Q7, concurrent planners facilitated the Difficult Conversations webinar during local office staff meetings. OTPD will continue to provide support to concurrent planners to ensure sustainability.	
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.	Q5&6: NJ asserts that this key activity is complete. CB agrees.
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.	Q1&2: NJ asserts this activity as complete. CB agrees.
3.1.3	**Assess Fidelity to the Practice Model**				
3.1.3a	Supervisors will observe workers using Supervisory Observation Tool, to address conversations about concurrent planning	Q3 and ongoing++	Partially complete, in progress	DCF created supervisory observation tools, which will go into use in early 2022. See 1.1.2B2, above. At that time, practice implementation can begin, followed by fidelity of assessment. This activity is tentatively projected to launch between January – March 2022. Per ACF correspondence dated December 21, 2020, this activity will be monitored in the APSR.	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
3.1.3b	AQC will track resource worker attendance at identified enhanced reviews	Q6 and ongoing*	Complete	DCF created supervisory observation tools, which will go into use in early 2022. In early 2022, AQCs will begin to track the use of and findings from supervisory observation tools, as well as findings related to worker attendance at identified enhanced reviews. See 1.1.2B2, above. At that time, practice implementation can begin, followed by fidelity of assessment. Resource AQC staff have been attending enhanced reviews as of Q9 and Q10. This activity is complete.	
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++	Partially complete	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. This assessment will be included on the CICIC meeting agenda in Q9 and a new timeframe will be established for the assessment via survey. The NJ CIP will assess the impact of the Parent's Handbook and Calendar through the use of a parent survey in the first half of 2022. Survey responses will then be collected and analyzed. Per ACF correspondence dated November 22, 2021, this activity will be monitored in the APSR.	
3.1.4	**Create or Adapt Decision Support Data Systems**				
3.1.4	No adaptations to data systems/reports needed.	-	-	N/A	
3.1.5	**Make Use of Facilitative Administration**				
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.	Q1&2: NJ asserts that this activity is complete. CB agrees.
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.	Q3&4: NJ asserts this activity as complete. CB agrees.
3.1.6	**Identify and Manage Systems Interventions Needed to Support the Practice**				
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.	Q1&2: NJ asserts that the key activity is complete. CB agrees.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
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.	Q3&4: NJ asserts this activity as complete. CB agrees.
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.	Q1&2: NJ asserts that the key activity is complete. CB agrees.
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.	Q3&4: NJ asserts this activity as complete. CB agrees.

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	**Ensure Practice Expectations are Clearly Defined**				
3.2.1a	CP&P will review the case practice around the utilization of PROMIS/ Gavel background checks for	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	Q1&2: NJ asserts that this key activity is complete. CB agrees.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
	prospective kin caregivers, and establish specific, standard guidance for same.			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	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. Related kinship work 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 temporarily suspended due to the COVID-19 pandemic but resumed in Q5. This pilot concluded in Q8. CP&P plans to replicate statewide the restructuring and specialization of the resource units designed in the pilot. In Q7-Q8, CP&P completed a statewide staffing analysis for resource units that will allow for manageable caseloads and support increased contact with resource families	Q3&4: NJ asserts this activity as complete but ongoing. CB agrees.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				CP&P will also design a statewide concurrent licensing process for presumptive kinship placements statewide. DCF expects that this will allow barriers to be identified sooner in the licensing process, thereby reducing timeframes to licensing for kinship caregivers. **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. In Q2, CP&P began working to develop a kinship training for staff incorporating a 5-part video series developed by Dr. Joseph Crumbley (*Engaging Kinship Caregivers: Managing Risk Factors in Kinship Care*, 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. In Q7, ChildFocus developed the train the trainer session, which was delivered to 25 select staff across the state in June 2021. These 25 staff, which includes trainers from the OTPD, will begin training staff in July 2021. 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	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				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. In February 2021, CP&P provided training to resource staff. In June 2021, CP&P began training resource parents. 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. In Q7-Q8, CP&P and OTPD continued to work with the Training Partnership to update all pre-service, foundations and an array of elective services for virtual delivery. Online trainings continued throughout Q7-Q8. **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. DCF expects to complete the procurement process in Q9. CP&P and OIT continue to work on updates to NJS windows related to relatives and rule outs. See 3.2.5b, below. 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.	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				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 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. 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. DCF updated the Department's policies on ruling out potential relative placements. This policy was finalized in February 2021. See 3.2.5b, below.	
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.	Q3&4: NJ asserts this activity as complete. CB agrees.
3.2.1d	CP&P will establish written practice expectations for use of KLG	Q4^	Complete	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.	Q1&2: NJ requested renegotiated due date be moved from Q1 to Q4. CB approves. Q5&6: NJ asserts this activity as complete, but the

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				All of the updated policies have been finalized and released.	document is pending additional review. NJ to follow-up with CB Q7&8 reporting period.
3.2.2	**Train and Coach Staff to Practice Expectations**				
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.	Q3&4: NJ asserts this activity as complete. CB agrees.
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.	Q3&4: NJ asserts this activity as complete. CB agrees.
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 is responsible for ongoing tracking and management of the OKRs. Updates on the OKRs are presented to executive management at least quarterly. DCF Commissioner will be responsible for addressing any challenges with senior leaders directly.	Q3&4: NJ asserts this activity as complete. CB agrees.
3.2.4	**Create or Adapt Decision Support Data Systems**				
3.2.4	No adaptations to data systems/reports needed.	-	Complete	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)	Q3^	Complete	In August 2020, DCF released a new concurrent planning policy. In February 2021, DCF released a policy pertaining to rule outs. See 3.2.6, below.	Q1&2: NJ requested to move completion of draft Rule Out Letter from Q1 to Q3. CB approves.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
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	Q8*, ++	Complete	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, entitled the "Child Connections" window, that will be used to identify relatives and community resources for the child. The Child Connections window will maintain a history of agency reviews, including rule out reasons, and allow staff to upload supporting documentation, i.e., signed rule out letters, CARI results and fingerprint results. During Q5-Q6, window design, development and analysis continued, and mock-ups were completed. The Race Equity Steering Committee reviewed the proposed changes. In Q7-Q8, OIT finalized design and undertook development. DCF expects the window to be released in Q9-Q10. A window was developed in NJS and deployed 10/04/2021. This is complete.	Q5&6: Letter not put into application, put pause until determined where it should land (VENTI instead of SPIRIT) NJ would like to report on in the APSR instead of during extension request as they will know what they are doing with it but will not be developed by Q8. CB agrees with moving reporting in the APSR if get to May and know more of what is happening.
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	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. During Q7-Q8, development was completed. In July 2021, the updated window was rolled out.	Q3&4: NJ asserts this activity as complete. CB agrees.
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	OPRD, CP&P, and OLA reviewed the rule out and waiver policy. In June 2020, a revised kinship waiver policy was released. In February 2021, the rule out policy was released. Waiver/rule out presentations have been completed at the following practice forums prior to and during PIP implementation period: • CWS Summit- April 5, 2019	Q3&4: NJ asserts this activity as complete. CB agrees.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				• 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, May 2020 and March 2021. This conference engages hundreds of judiciary stakeholders, including judges, court staff, attorneys, advocates and others. The May 2020 and March 2021 CICIC conferences were 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 meetings. (See DCF's first, second and third biannual report for details of additional presentations to judicial stakeholders.) In February 2021, CP&P and OLLA presented to the Judiciary regarding regulatory and policy changes that support DCF's goal of increasing kin placements.	Q3&4: NJ asserts this activity as complete. CB agrees.

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	**Ensure Practice Expectations are Clearly Defined**				
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	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. The CICAC expanded review to cases where children have been in placement for 30-36 months to determine what steps	Q1&2: NJ requested renegotiated due date. NJ and CB suggested updated narrative to distribution status of finalized protocol for Q3. CB approves.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
		due to the AOC Q3		can be taken to achieve permanency. These reviews continue on an ongoing basis with counties submitting quarterly reports. Additionally, throughout Q7-Q8, counties continued to present at both the statewide CICIC meetings as part of the standing agenda item "Timeliness to Permanency," as well as to other counties at virtual "Lunch and Learn" sessions for CICACs. The CICACs track their data for decision points by race and ethnicity, includes entries, time in placement, re-entries, permanency outcomes, and placement types. In Fall 2021, counties will begin reporting on this data twice per year and will work on specific change goals for children in care for three or more years.	Q3&Q4: NJ asserts this activity as complete. CB agrees.
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.	Q3&4: NJ asserted key activity as complete. CB agrees.
3.3.2	**Train and Coach Staff to Practice Expectations**				
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.	Q3&4: NJ asserted key activity as complete. CB agrees.
3.3.3	**Assess Fidelity to the Practice Model**				
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. During Q7-Q8, the data reports workgroup focused on the new permanency data report. The workgroup designed the report, which was developed by the AOC. OLLA and the AOC worked together to negotiate a new data use agreement (DUA). The AOC shared this report with DCF and the workgroup will work together to further vet and improve the report. In Q8, the workgroup had further conversations about the variables to be included in the modified appellate data report and the AOC further explored technical aspects of modifying the existing report. The data reports workgroup will continue to meet every 2-3 weeks to	

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				continue to move the work forward. In Q10 the permanency data report has been sent from AOC to DCF. Ongoing discussions of the data elements within the report are continuing, along with analyzing the data. The final step will be to coordinate how it will be disseminated. Per ACF correspondence dated Nov 22, 2021, this activity will be monitored via the APSR.	
3.3.4	**Create or Adapt Decision Support Data Systems**				
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 did not have the resource capacity to advance the work at that time, they 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. Ultimately, the COVID-19 pandemic required the IT departments at DCF and the AOC to devote time and resources to immediate management of the pandemic's impacts, i.e., the conversion to work-from-home, updates to data systems, etc. While both teams remained committed to this activity the passage of time since initial planning required re-scoping. DCF and the AOC met to re-scope this effort during Q10. Testing is under way to begin enhancements to the NOP and NOC data interface, including but is not limited to, return of docket numbers, return of signed court orders, electronic filings of court reports The AOC has agreed to allocate sufficient resources to complete the project and agreed to resume planning in June of 2022. Per ACF correspondence dated Nov 22, 2021, this activity will be monitored via the APSR.	Q1&Q2: NJ requested to revisit key activity completion date closer to Q5. CB approves.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
3.3.4b	The Judiciary to provide data indicating the amount of guardianship appeals compared to amount of guardianship orders entered in Superior Court	Q5 proposed at this time	Complete	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. This has been completed and a weekly report is sent to DCF.	
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. The permanency data report has been sent from AOC to DCF. In Q10 ongoing discussions of the data elements within the report are continuing, along with analyzing the data. The final step will be to coordinate how it will be disseminated to the local Children in Court committees. Per ACF correspondence dated November 22, 2021, this activity will be monitored via the APSR.	
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.	Q1&2: NJ asserts that the key activity is complete. CB agrees.
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. CICACs continue to present their quarterly reports and findings to the CICIC for feedback. See 3.3.1a, above.	Q1&2: NJ asserts that the key activity is complete. CB agrees.
3.3.5c	The Judiciary will work with DCF to include workshops reinforcing practice related to timely permanency in the annual CICIC conference.	-	Complete	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.) The 2020 CIC Conference, held virtually in May 2020, included the following permanency topic areas: 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. The 2021 CIC Conference took place virtually in March 2021. DCF requested that timely permanency be woven into as many workshops as possible. Workshop topic areas included: race equity, lived experiences of parents and	Q3&4: NJ asserts this activity as complete. CB agrees.

Activity No.	Key Activity	Target Completion Date	Current Status	Progress to Date	CB Comments
				children, prevention work and pre-petition litigation, SBC, virtual hearing and same day court orders. See 3.2.6b, above.	
3.3.6	**Identify and Manage Systems Interventions Needed to Support the Practice**				
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.	Q1&2: NJ asserts this activity as complete. CB agrees.
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!YZkov2iqiWicFzbDAnzVFcvPwyLGLZU54jI7VrL74r_jXwOnYED77rMX5tdu4tzXTKV85A$	Q3&4: NJ asserts this activity as complete. CB agrees.
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.	Q3&4: NJ asserts this activity as complete. CB agrees.

Attachment B. Supplemental Information Related to Specified PIP Activities

In the wake of the COVID-19 pandemic, DCF and the Children's Bureau renegotiated timeframes associated with some PIP activities, extending the PIP implementation period for specified activities to November 30, 2021. For other activities, where completion is expected beyond November 2021, DCF will continue to provide status updates in APSRs. The following tables summarize DCF's progress on the PIP activities in the latter category. This information, which summarizes progress between January 1 and June 30, 2022, is supplemental to the information provided in Attachment A, NJ DCF's CFSR PIP Progress Report, dated December 31, 2021.

Supervisory Observation Tools (SOTs)	
As DCF's plans for the roll out of the Structured Decision Making (SDM) tools and implementation of Solution-Based Casework (SBC) shifted in response to the circumstances of the COVID-19 pandemic, DCF merged the development of the SOTs to coincide with the rollout of SBC. Amongst other thing, the SOTs evaluate staff's assessment of safety throughout the life of a case, father engagement practices, and concurrent planning. (2.2.2B2). Between January - June 2021, DCF determined that they will utilize SOTs, as well as SBC skill-based observation tools. Between July and December 2021, DCF designed and developed both sets of tools. (1.1.2B3) During the first six months of 2022, the new SOTs were released. Casework supervisors and supervisors were oriented to and began using the new SOTs. As such, supervisors now observe caseworkers in the home using the supervisory observation tool (1.1.2B4, 2.2.2B1, 2.2.2B3, 3.1.3a) and casework supervisors observe individual supervisor/worker conferences using the casework supervisory observation tool (1.1.3a, 2.2.2B1). DCF designed and is utilizing a survey process for collection of information related to the SOTs. Caseworkers and supervisors are able to access the data and DCF is determining how to best review aggregate data. DCF will incorporate the information collected through the survey into its new Collaborative Quality Improvement (CoQI) process, which involves both casework supervisors and Area Quality Coordinators (AQCs.) (1.1.3b, 1.1.3c, 2.2.3b, 2.2.3c).	
Related PIP Activities:	
1.1.2 B3	Tools: Casework Supervisor Observation Tool will be created to record observation of supervisor/worker conference.
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 Supervisors will discuss SDM assessments. *
1.1.3a	Casework supervisor will directly observe individual supervisor/worker conferences utilizing the Casework Supervisor Observation Tool.
1.1.3b	Casework supervisor will collect & assess supervisory observation tools.
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.*
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.
2.2.2 B2	Tools: Supervisory Observation Tool will be updated to include observation of use of father engagement practices.
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.)*
2.2.3b	Casework supervisor will collect and assess supervisory observation tools.
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.
3.1.3a	Supervisors will observe workers using Supervisory Observation Tool, to address conversations about concurrent planning.

Children in Court Improvement Committee (CICIC) Assessment of Amended Parent Calendar	
The amended parent calendar is complete and the CICIC is in the process of assessing 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 shifted to provision of an electronic survey to parents. Between January and June 2022, the CICIC widely distributed the survey. The CICIC disseminated approximately 2,500 surveys, including 50 Spanish translations. There were approximately 470 responses (19.1% response rate.) Over the next 3-6 months, the CICIC will analyze the results. (3.1.3c)	
Related PIP Activities:	
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.

DCF/Administrative Office of the Courts (AOC) Data Sharing and Interface

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. During 2021, the data reports workgroup focused on the new permanency data report. The workgroup designed the report, which was developed by the AOC. DCF's Office of Legal and Legislative Affairs and the AOC worked together to negotiate a new data use agreement (DUA). Between July and December 2021, the AOC began transmitting this report to DCF. Between January and June 2022, DCF undertook efforts to clean the data and identify the analysis to follow. That analysis will look to examine: the length of time for each entry cohort to achieve permanency, the length of time between permanency hearings, and the length of time between guardianship filing and case disposition. DCF plans to separate the data by county to gain a better understanding of local practice and challenges. Next steps include reviewing findings with DCF executive leadership, engaging AOC leadership around the data, and strategizing with the AOC about dissemination. (3.3.3, 3.3.4c).

Additionally in 2021, the workgroup had conversations about the variables to be included in the modified appellate data report and the AOC explored technical aspects of modifying the existing report. The AOC utilizes an outside vendor in connection with this data. The AOC plans to have a series of working meetings related to the technical requirements of this report. Within the next 4-6 months, the AOC expects to draft the requirements and receive updated and additional data extracts. Upon receipt of the extracts, the workgroup will discuss how to best use the data to modify the existing appellate data report. Additionally, DCF engaged with the Office of the Attorney General around solutions for improved tracking of appeals and appellate milestones. (3.3.3, 3.3.4c).

While the AOC did not have the resource capacity to advance the interface work at the onset of the PIP implementation period, they 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. The COVID-19 pandemic required the Information Technology departments at DCF and the AOC to devote time and resources to immediate management of the pandemic's impacts, i.e., the conversion to work-from-home, updates to data systems, etc. Both groups expressed ongoing commitment to these efforts. In late 2021, DCF and the AOC met to re-scope this effort. DCF and the AOC exchanged letters of commitment related to the project. DCF and the AOC are met in mid-June 2022 to plan next steps. In July 2022, DCF secured a contract for an IT project management vendor. A project management office is being set up, which will assist with this project. DCF and the AOC will meet monthly on these efforts, beginning in September 2022. (3.3.4a).

Related PIP Activities:

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.*
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)
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.*

*** Other components of this activity have been or will be completed by the end of the PIP implementation period and, therefore, are not addressed in this table.**

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						FFY21 (October 1, 2020-September 30, 2021) Actual Clients Served			FFY22 (October 1, 2021-September 30, 2022) Anticipated Clients Served	
Relevant Service Category	**Provider Name**	**Program Name**	**Description of Service**	**Population Served**	**Geographic Area**	**Individuals**	**Families**		**Individuals**	**Families**
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.	Statewide	85	23		80	21
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	Statewide	790	Not Available		400	Not Available
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	10	10		14	14
FPS	Burlington County Community Action Prorgram	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	204	102		150	75
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	59	20		30	20
FPS	Center For Family Services	Healthy Families TIP - Camden	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	352	176		250	125

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						FFY21 (October 1, 2020-September 30, 2021) Actual Clients Served			FFY22 (October 1, 2021-September 30, 2022) Anticipated Clients Served	
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	Individuals	Families		Individuals	Families
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	320	160		206	103
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	109	38		84	30
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 12monthes 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	330	165		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	160	80		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, indivduals, 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 adress 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)	Not Available	246		Not Available	275
FPS	Oaks Integrated Care	Focus	Intensive In-Home Therapeutic Services	Ages 5-21	Burlington, Camden,and Cumberland counties	4	1		2	1

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						FFY21 (October 1, 2020-September 30, 2021) Actual Clients Served			FFY22 (October 1, 2021-September 30, 2022) Anticipated Clients Served	
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	Individuals	Families		Individuals	Families
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	182	91		120	60
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	416	208		292	146
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	444	222		366	183
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	99	22		96	34
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)	170	85		120	60

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						FFY21 (October 1, 2020-September 30, 2021) Actual Clients Served			FFY22 (October 1, 2021-September 30, 2022) Anticipated Clients Served	
Relevant Service Category	**Provider Name**	**Program Name**	**Description of Service**	**Population Served**	**Geographic Area**	**Individuals**	**Families**		**Individuals**	**Families**
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)	244	122		190	95
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	53	53		39	39
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	Not Available	36		Not Available	20
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, Glocuester, Salem	488	244		520	260

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						FFY21 (October 1, 2020-September 30, 2021) Actual Clients Served			FFY22 (October 1, 2021-September 30, 2022) Anticipated Clients Served	
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	Individuals	Families		Individuals	Families
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	284	142		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	216	108		156	78
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	Not Available	10		Not Available	10
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	220	110		252	126
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)	302	151		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)	402	201		290	145

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	FFY21 (October 1, 2020-September 30, 2021) Actual Clients Served: Individuals	Families		FFY22 (October 1, 2021-September 30, 2022) Anticipated Clients Served: Individuals	Families
					Actual FFY21 totals	**5,943**	**2,826**	**Est. FFY22 Totals**	**4,503**	**2,343**
					APSS	**885**	**33**	**APSS**	**494**	**35**
					FPS	**3093**	**1738**	**FPS**	**2336**	**1422**
					FRS	**53**	**89**	**FRS**	**39**	**59**
					FSS	**1912**	**966**	**FSS**	**1634**	**827**
					Actual FFY21 Totals	**5,943**	**2,826**	**Est. FFY22 Totals**	**4,503**	**2,343**

Department of Children and Families Child Protection Substance Abuse Initiative						FFY21 (October 1, 2020-September 30, 2021) Actual Clients Served			FFY22 (October 1, 2021-September 30, 2022) Anticipated Clients	
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.	PRSS: Essex County (Newark)	1,722	Not Available		2,800	Not Available
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	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	PRSS: Camden, Gloucester Atlantic and Cape May Counties	1,771	Not Available		5,100	Not Available
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.	3,957	Not Available		7,800	Not Available
					Actual FFY21 Totals	**7,450**	**N/A**	**Est. FFY22 Totals**	**15,700**	**N/A**

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

PHIL MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

June 24, 2022

Laura Brennan, MD, Chair
New Jersey Child Fatality and Near Fatality Review Board
P.O. Box 717
Trenton, NJ 08625

Dear Dr. Brennan,

Thank you for the Child Fatality and Near Fatality Review Board's 2019 annual report. The report contained recommendations for the New Jersey Department of Children and Families to which a written response was requested.

Recommendation #1: The CFNFRB recommends that poison and prevention information should be provided to families with toddlers and preschool age children in the home. This should include information on safe storage of medication when there are small children present.

DCFs Response to Recommendation #1:

DCF worked with the Office of the Attorney General on a safe storage of medication campaign which is shared on DCF and OAG website and social media accounts – Facebook, Instagram, Twitter, and LinkedIn, as well as NextDoor. The educational information has been sent out to the full NJ Legislature and shared with DCF and OAG listserv of stakeholders. A free poster is available for order with the clear and direct message that "misuse or unsafe storage of opioids and other prescription drugs can kill children." https://www.nj.gov/dcf/news/publications/substance_abuse.html

In addition, all resource parent applicants are educated on the expectations of medication administration and storage for all children in placement. Education on these expectations is conducted by local office resource staff during the initial home study process, the initial home inspection conducted by the Office of Licensing as well as the annual re-evaluation and inspection of a resource home. These expectations can be found in CP&P policy CP&P Form 5-34, Checklist of Standards for Resource Family Homes - CPP-X-A-1-5.34 (nj.gov) and the Office of Licensing Manual of Requirements for Resource Family Parents which is provided to every resource family and reviewed during every resource family home inspection (see Foster Home Regulations (nj.gov).

Finally, the NJ Home Visiting network conducts a home safety checklist with the families and provides information/education to families in the prevention of accidents that may occur if dangerous items objects such as, medication, cleaning supplies, paint, plants, and other household items that are dangerous to young children is not contained and properly stored.

Recommendation #2: The Board supports the continuation of public outreach campaigns regarding pool and water safety.

DCFs Response to Recommendation #2:

The Board's report indicated 9 deaths were due to drowning, highlighting the importance of pool and water safety. DCF continues to support the Summer Safety for Kids and Families campaign. The campaign gives tips and reminders for parents and caregivers including information on pool and water safety, reminders to never leave children unattended in a car and other safety tips. These important messages continue to be distributed to the public through statewide stakeholder publications, such as the NJ County Biz (NJ Association of Counties/June edition) magazine, and the NJEA Review Magazine that shared it via their social media. Publications are available for free and can be ordered by visiting https://www.nj.gov/dcf/news/publications/safety.html.

Recommendation #3: The Board recommends that day care facilities provide families with car seat safety education and training on how to properly install and use car seats for children of all ages including infant, toddler, and school age.

DCFs Response to Recommendation #3:

In New Jersey, child care centers serving six or more children under the age of 13 must be licensed by DCF. A regulation change would be necessary to require licensed child care centers to provide families with car seat safety education and training. All proposed changes to regulations must be published in the New Jersey Register, an official publication of the Office of Administrative Law, and made available for public comment. In the meantime, DCF will encourage child care providers to link families to available community resources to support car seat safety.

Recommendation #4: The Board recommends that when there is an initiative to train people in infant CPR, safe sleep should be included. The Board would support a collaboration between DCF and the American Heart Association to implement the combined training.

DCFs Response to Recommendation #4:

With more than half of the fatalities reviewed by the Board involving children under 1 year old, infants are truly our most vulnerable population. DCP&P has taken steps to protect this population by ensuring all substance affected newborns have a Plan of Safe Care. The plans, developed collaboratively by the worker with the parents, documents the guidance that workers share with parents regarding Safe Sleep, Car Seat Safety, what to

do when the baby cries and safe storage of medication. The policy is available at https://www.nj.gov/dcf/policy_manuals/CPP-II-C-2-800_issuance.shtml. DCF will look to expand this practice to all child welfare involved families with children under 1 year old.

Annual Trainings/Resources on Safe sleep are provided to the Home Visiting network and is a benchmark that we are required to report on to HRSA. We are currently at 80% in our performance, so there is room for improvement. This topic can be added to home visiting CQI committee work and included as a standing agenda item for conversation at home visiting quarterly supervisor's meetings to enhance improvement in this area. This can also be added to the CQI dashboard.

PCANJ receives Parent Education and Technical Assistance (PETA Program) funding for community education through DCF, and DCF can seek to establish a requirement to partner with another organization regarding infant CPR. We can also seek to require that PCANJ's contract with DCF include provision of training more broadly regarding safe sleep/Infant CPR.

DCF typically partners with vendors to provide CPR training to staff but has recently trained a core of DCF employees as trainers in CPR, which creates a more sustainable training capacity for the Department. DCF is exploring the incorporation of safe sleep content in this training effort.

DCF welcomes the opportunity to discuss the recommendations and responses with the Board.

Thank you for the continued interest in preventing child deaths and improving services and care for New Jersey's children and families.

Sincerely,

Christine Beyer

Christine Norbut Beyer, MSW
Commissioner

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES

PHIL MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

June 9, 2022

Mary Coogan
Co-Chair, New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)
Vice President
Advocates for Children of New Jersey

Dear Ms. Coogan,

I am in receipt of the 11th Annual NJTFCAN report for the period between July 2020 and June 2021. On behalf of the New Jersey Department of Children and Families (NJ DCF), thank you and the members of the Task Force for your ongoing partnership, assistance and advocacy in support of New Jersey's children and families.

Among the report recommendations, the Task Force has indicated a particular interest in the work the Department is engaging around Adverse Childhood Experiences, or ACEs. As you know, New Jersey is among the vanguard of states stepping up their practice specifically in the area of ACEs, resiliency and healing-centered practice. The Office of Resilience has advanced a Statewide ACEs Action Plan, and has engaged in several statewide training sessions in the community, training more than 2,000 individuals, and empowering an additional 200 trainers to continue spreading information about the impact of ACEs.

The Department is also working to ensure that all staff receive training around ACEs, to align their work in a healing-centered model that acknowledges and addresses the potential for negative economic, emotional, physical and mental health outcomes that adversity in an individual's childhood can have into their adulthood.

I would also like to acknowledge the work of the Prevention Subcommittee of the Task Force in developing a 2022-2025 NJ Statewide Prevention Plan to guide our work in a proactive manner. I believe that prevention strategies point the way for the future of New Jersey's child welfare system, as we pivot from a safety-first mindset to a prevention-first mindset. By engaging families through evidence-based, strengths-based prevention strategies, we can build on the families' inherent strengths and avoid deeper involvement with the child welfare system.

I look forward to our continued partnership in these and other areas important to New Jersey's families, in order to help all New Jerseyans to be safe, healthy, and connected.

Sincerely.

Christine Beyer

Christine Norbut Beyer, MSW
Commissioner, NJ Department of Children and Families

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CHRISTINE NORBUT BEYER, MSW
Commissioner

June 9, 2022

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 15th Annual NJTFCAN Staffing Oversight and Review Subcommittee (SORS) report for the period between July 2020 and June 2021. As always, thank you and the members of your committee for your continued diligence and dedication in support of the hard-working public servants of the New Jersey Department of Children and Families.

The 2020-2021 SORS report covers the early months of the COVID-19 public health crisis in New Jersey, and the report recognizes the challenges that the DCF workforce encountered when supporting New Jersey's families through a once-in-a-century pandemic. Despite these challenges, NJ DCF continued to make progress around key areas of our Strategic Plan, including the implementation of the Solutions-Based Casework model, the increasing use of kinship resource homes to reduce trauma from out-of-home placements, work to prioritize staff health and wellbeing, and efforts to ensure a more equitable and inclusive system for families and children of color.

Partly in response to the progress achieved during the pandemic, NJ DCF, along with Judge Stanley Chesler, federal monitor Judith Meltzer, and Marcia Lowry, plaintiff's attorney in the Charlie and Nadine H. civil suit, were able to announce in March of 2022 the pending exit from federal oversight for New Jersey's child welfare system.

As you are aware, NJ DCF is at a critical juncture in its existence. In order to be successful in this effort, and to ensure that NJ DCF remains a national leader in child welfare outcomes, the work of SORS will be vitally important in the months and years ahead to review and track the Department's ongoing work around staff wellbeing and retention, in addition to performance data, in order to ensure the highest standards of service and care to New Jersey's children and families.

Thank you for your ongoing partnership to support families by supporting a thriving and healthy child welfare workforce. I look forward to further discussions with you about our vision for the future of NJ DCF – a future in which DCF can stand on its own, absent federal monitoring, and continue to help children, youth and families be safe, healthy, and connected. Your continued partnership will be a crucial component in our success moving forward.

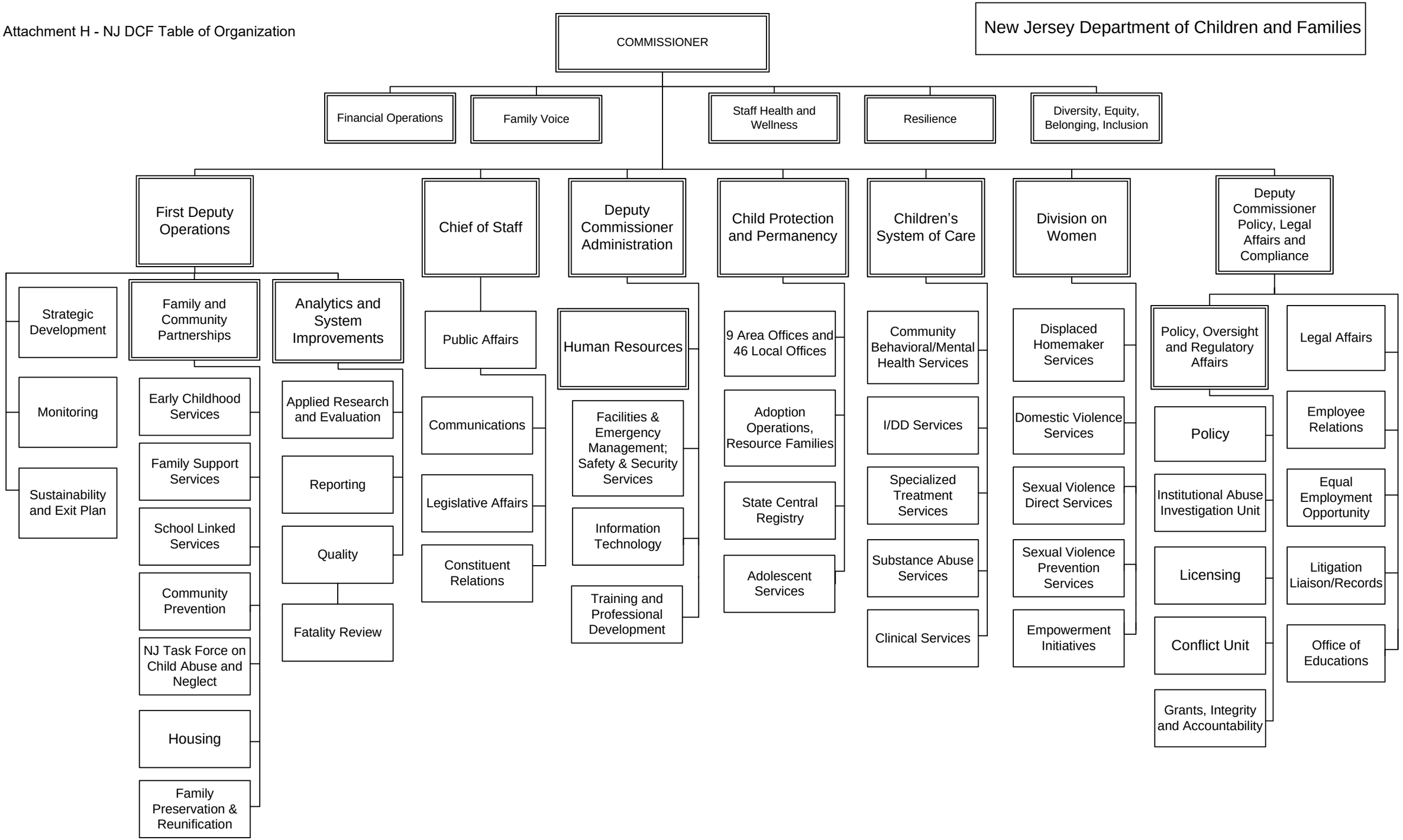
Sincerely.

Christine Beyer

Christine Norbut Beyer, MSW
Commissioner, NJ Department of Children and Families

Attachment H - NJ DCF Table of Organization

New Jersey Department of Children and Families



AAAQ	Availability, Accessibility, Acceptability and Quality
AAICPC	American Association of Administrators of the Interstate Compact for the Placement of Children
ACAF	All-Children-All-Families Program
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
APHSA	American Public Human Services Association
APPLA	Another Planned Permanent Living Arrangement
APRI	American Prosecutors' Research Institute
APSR	Annual Progress and Service Report
AQC	Area Quality Coordinator
ARC	Attachment, Regulation, and Competency Framework
ARFS	Area Resource Family Specialist
ASFA	Adoption and Safe Families Act
ASQ	Ages and Stages Questionnaire
AVP	Anti-Violence Project
BBB	Books, Balls and Blocks
BFPP	Birth and Foster Parent Partnership
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
CCR&R	Child Care Resource and Referral
CCWIS	Comprehensive Child Welfare Information System
CCYC	County Councils for Young Children
CDC	Centers for Disease Control and Prevention

CE	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
CHCS	Center for Health Care Strategies
CHRI	Criminal History Record Information
CHU	Child Health Unit
CI	Central Intake
CIC	Children in Court
CICAC	Children in Court Advisory Committees
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
CoP	Community of Practice
CoQI	Collaborative Quality Improvement
COVID-19	Coronavirus Disease 2019
CP&P	Division of Child Protection and Permanency
CPM	Case Practice Model
CPRB	Child Placement Review Board
CPS	Child Protective Services
CPSAI	Child Protection Substance Abuse Initiative
CQI	Continuous Quality Improvement
CRC	Children's Research Center
CSE	Coordinated State Evaluation
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
DMAHS	Division of Medical Assistance and Health 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
DREAMS	Developing Resiliency with Engaging Approaches to Maximize Success Initiative
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
EMAG	Enterprise Messaging Access Gateway
EMITT	Emergency Management Mapping & Information Tracking
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
FCIRU	Fatality and Critical Incident Review Unit
FCP	Division of Family and Community Partnerships
FEA	Fatherhood Engagement Advisor
FEC	Fatherhood Engagement Committee
FEMA	Federal Emergency Management Agency
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
FSS	Family Self-Sufficiency Program
FSS1	Family Service Specialist 1
FSS2	Family Service Specialist 2
FSST	Family Service Specialist Trainee
FTM	Family Team Meeting
FUP	Family Unification Program
FVPSA	Family Violence Prevention and Services Act
FYA	Foster Youth in Action
FYI	Foster Youth to Independence Initiative
GEAR UP	Gaining Early Awareness and Readiness for Undergraduate Programs
GED	General Educational Development
GENLV	General Leave
GLSEN	Gay, Lesbian and Straight Education Network
GPA	Grade Point Average
GPS	Goal Plan Strategy
HESAA	Higher Education Student Assistance Authority
HF-TIP	Healthy Families- TANF Initiative for Parents
HIPPA	Health Insurance Portability and Accountability Act
HMFA	Housing and Mortgage Finance Agency
HMG NJ	Help Me Grow New Jersey
HMIS	Homeless Management Information System
HRSA	Health Resources and Services Administration
HSAC	Human Service Advisory Councils
HUD	Housing and Urban Development
HV	Home Visiting
IAIU	Institutional Abuse Investigation Unit
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
IPS	Improvement Planning Session
IRECW	Intent to Remain Employed in Child Welfare
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
KPIs	Key Perfomance Indicators
KPMG	Klynveld Peat Marwick Goerdeler LLP
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex
LI2	Learn, Innovate, Improve Framework
LIS	Licensing Information System
LLC	Limited Liability Company
LMS	Learning Management System
LOM	Local Office Manager
LWOP	Leave Without Pay
M3	Minority Male Mentoring
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
NALGAP	National Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies
NCANDS	National Child Abuse and Neglect Data System
NCFAS	North Carolina Family Assessment Scale
NCPTC	National Child Protection Training Center
NCSACW	National Center for Substance Abuse and Child Welfare
NEICE	National Electronic Interstate Compact Enterprise
NFR-CRS	National Fatality Review Case Reporting System
NGA	National Governors Association
NGO	Non-governmental Organization
NIRN	National Implementation Research Network
NJAC	New Jersey Administrative Code
NJARCH	NJ Adoption Resource Clearing House

NJCAN	New Jersey Career Assistance Navigator
NJCAP	New Jersey Child Assault Prevention Program
NJCJJSI	New Jersey Council on Juvenile Justice System Improvement
NJCWTP	New Jersey Child Welfare Training Partnership
NJCYC	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	New Jersey Office of Emergency Management
NJOIT	New Jersey Office of Information Technology
NJS	NJ SPIRIT
N.J.S.A.	NJ Statutes Annotated
NJSEOC	NJ State Emergency Operations Center
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	Office of Housing
OOL	Office of Licensing
OOM	Office of Monitoring
OOQ	Office of Quality
OOR	Office of Resilience
OPD	Office of the Public Defender
OPRD	Office of Policy and Regulatory Development
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
P2P	Peer-to-Peer
PAC	Post Adoption Counseling
PACES	Pathways to Academic and Career Exploration Success
PAP	Predict-Align-Prevent
PARCC	Partnership for Assessment of Readiness for College and Careers
PBC	Place-Based Communities
PCA-NJ	Prevent Child Abuse NJ
PDG	Preschool Development Grant
PDGB-5	Preschool Development Grant Birth-5
PDSA	Plan-Do-Study-Act
PEP	Parents Empowering Parents
PFLAG	Parents, Families and Friends of Lesbians and Gays
PHA	Public Housing Authorities
PIP	Program Improvement Plan
PLP	Parent Linking Program
PPE	Personal Protective Equipment
Project HOPE	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
QPR	Quality Performance Review
QR	Qualitative Review
RATAC	Rapport, Anatomy Identification, Touch Inquiry, Abuse Scenario, and Closure Protocol
RCT	Randomized Controlled Trials
RER	Office of Research, Evaluation and Reporting
RFP	Request for Proposals
RRH	Rapid ReHousing
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
SPP	Safety Protection Plan
SRAP	State Rental Assistance Program
SSA	Student Success Allies
SSL	Safe Space Liaisons
STEM	Science, Technology, Engineering and Mathematics
SUD	Substance Use Disorder
SUID	Sudden Unexpected Infant Death
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
TTI	Transgender Training Institute
TTT	Train-the-trainer
TW	Tuition Waiver Program
UAT	User Acceptance Testing
UHV	Universal Home Visiting
UI	Urban Institute
VSA	Voluntary Services Agreement
WRI	Walter Rand Institute
YAN	Youth Advisory Network
YASS	Young Adult Services Study

YPP	YAN Program Plans